KOLAR Document ID: 1949928

Notice: *Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.*

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD

K.A.R. 82-3-117

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 32933
Name: Miller, Todd dba Speedy Well Service
Address 1: 402 W ELM ST
Address 2:
City: SEDAN State: KS Zip: 67361 + 8864
Contact Person: Todd Miller
Phone: (620) 725-3631

Type of Well: *(Check one)* ☑ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic
☐ Water Supply Well ☐ Other: ☐ SWD Permit #:
☐ ENHR Permit #: ☐ Gas Storage Permit #:
Is ACO-1 filed? ☑ Yes ☐ No If not, is well log attached? ☐ Yes ☐ No

Producing Formation(s): List All *(If needed attach another sheet)*
Depth to Top: Bottom: T.D.
Depth to Top: Bottom: T.D.
Depth to Top: Bottom: T.D.

API No. 15 - 15-019-24049-00-00
Spot Description:
NW - SE - SE - SE Sec. 19 Twp. 33 S. R. 11 ☑ East ☐ West
392 Feet from ☐ North / ☑ South Line of Section
449 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
County: Chautauqua
Lease Name: HOUCHIN/PETTIGROVE Well #: 6-A
Date Well Completed:
The plugging proposal was approved on: *(Date)*
by: *(KCC **District** Agent's Name)*
Plugging Commenced: 5/15/2026
Plugging Completed: 5/15/2026

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		*Casing Record (Surface, Conductor & Production)*			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

1790ft 20 sacks, mud spacer, perfed 1000ft 20 sacks, mud spacer, perfed 550ft to surface 45 sacks, cut covered plugged 5-15-26

Plugging Contractor License #: 35463 Name: SWS Operations LLC
Address 1: 315 N HOOPER ST Address 2:
City: SEDAN State: KS Zip: 67361 + 1224
Phone: (620) 249-7938
Name of Party Responsible for Plugging Fees: Todd Miller
State of KS County, , ss.
(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically