

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 #: _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

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 - _____

Spot Description: _____

____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ ☐ East ☐ West_____ Feet from ☐ North / ☐ South Line of Section_____ Feet from ☐ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW

County: _____

Lease Name: _____ Well #: _____

Date Well Completed: _____

The plugging proposal was approved on: _____ (Date)

by: _____ (KCC District Agent's Name)

Plugging Commenced: _____

Plugging Completed: _____

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.

Plugging Contractor License #: _____ Name: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Phone: (_____) _____

Name of Party Responsible for Plugging Fees: _____

State of _____ 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

STATEMENT

15860

RECEIVED MORE'S INC.

Box 87 - 776 HWY 99
APR 27 2026 Sedan, KS 67361
Cell: (620) 249-2519

Date

3-31-26

BY:

Customer Parkins Oil Enterprise
Address _____
City _____ State _____ Zip _____

Qty.	Description	Price	Amount
6	hr Pulling Unit	125. ⁰⁰	750. ⁰⁰
3	hr Cement Pump	125. ⁰⁰	375. ⁰⁰
3	hr Water Truck	85. ⁰⁰	255. ⁰⁰
1	Sk Coel	16. ⁰⁰	16. ⁰⁰
40	SKS Cement	16. ⁰⁰	640. ⁰⁰
1	hr Backhoe	85. ⁰⁰	85. ⁰⁰
1440'	1" Tubin	.20	288. ⁰⁰
1	Dug Up + Cut off Casings	200. ⁰⁰	200. ⁰⁰
			2609. ⁰⁰
	Plug Job Bliss Co	Tax .15	195. ⁶⁸
	Ran 1" to 1440' Coel	\$	2804. ⁶⁸
	Hole Spotted 5 SKS Cement		
	Pulled Up to 800' Spotted 5 SKS		
	Cement Pulled Up to 275' Cemented		
	To Surface With 30 SKS Cement		
	Sucked Out + Closed Pit Dug Up		
	+ Cut off Casings.		

Thank You - We appreciate your business!

Rec'd. by _____

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.

STAPLES STORE #0501 (918) 335-9135

RECEIVED

APR 27 2026

BY: 5373