

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

Summary of Changes

Lease Name and Number: JENSEN 3

API/Permit #: 15-047-21453-00-00

New Doc ID: 1954146

Parent Doc ID: 1918407

Correction Number: 1

Field Name	Previous Value	New Value
Approved Date	03/30/2026	06/01/2026
CasingRecordCasing_1		Surface
CasingRecordCasing_2		Production
CasingRecordSetting_1		430
CasingRecordSetting_2		4570
CasingRecordSize_1		8.625
CasingRecordSize_2		4.5
Date Plugging Commenced	01/16/2026	1/7/2026
Date Plugging Completed	01/21/2026	1/16/2026
Plugging Description	Set bridge plug at 4300' with 2 sx of cmt on top.	Set CIBP at 3,400' with 2 sx cement on top.
ProducingFormationsBottom_1	Perf csg at 1350', 4366	Set CIBP at 2,400' with 4572

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
ProducingFormationsBottom_2		3849
ProducingFormationsFormation_1	Mississippian	Mississippi
ProducingFormationsFormation_2		Herrington
ProducingFormationsTD_1		4572
ProducingFormationsTo p_1	1360	4490
ProducingFormationsTo p_2		2414
Well Completion Date		7/30/2001