

CORRECTION #1

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

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

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: HXP1 3

API/Permit #: 15-145-21784-00-00

New Doc ID: 1953743

Parent Doc ID: 1918405

Correction Number: 1

Field Name	Previous Value	New Value
Approved Date	03/30/2026	06/02/2026
CasingRecordCasing_1		Surface
CasingRecordCasing_2		Production
CasingRecordSetting_1		860
CasingRecordSetting_2		4562
CasingRecordSize_1		8.625
CasingRecordSize_2		5.5
Operator's City	PAMPA	Houston
Operator's Contact Name	Michelle Smith	Han Pham
Operator's Phone	665-8441	4200582
Operator's Area Code	806	832

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Operator's Street Address - line 1	PO BOX 1861	2401 Fountain View Dr.
Operator's Street Address - line 2		Suite 540
Operator's Zip	79066	77507
Operator's Zip Plus 4	1861	
Date Plugging Commenced	01/07/2026	1/16/2026
Date Plugging Completed	01/16/2026	1/21/2026
Plugging Fees Responsible Party State		Texas