

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.

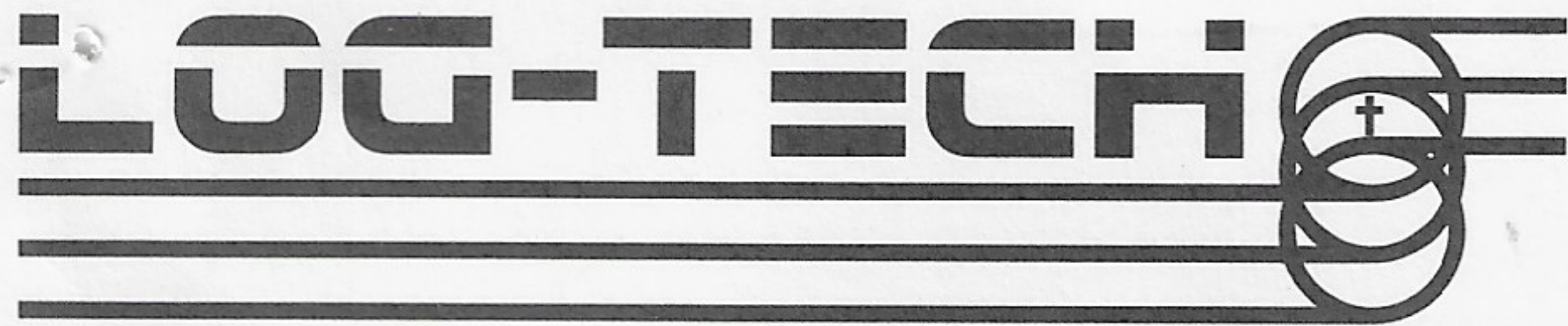
Submitted Electronically



Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	7 7/8 in	Blend:	ClassA,3%,2%	Blend:	
Hole Depth:	ft	Weight:	15.2 ppg	Weight:	ppg
Casing Size:	4 1/2 in	Water / Sx:	gal / sx	Water / Sx:	gal / sx
Casing Depth:	ft	Yield:	1.35 ft³ / sx	Yield:	ft³ / sx
Tubing / Liner:	2 3/8 in	Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	bbs / ft.
Depth:	724 ft	Depth:	ft	Depth:	ft
Tool / Packer:		Annular Volume:	0.0 bbls	Annular Volume:	0 bbls
Tool Depth:	ft	Excess:		Excess:	
Displacement:	bbls	Total Slurry:	185.0 bbls	Total Slurry:	0.0 bbls
STAGE	TOTAL	Total Sacks:	0 sx	Total Sacks:	0 sx

CREW		UNIT	SUMMARY		
Cementer:	David	1006	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Jake	1203	0.0 bpm	- psi	- bbls
Bulk #1:	Logan	1212			
Bulk #2:					

ftv: 16-2022/08/12
mplv: 529-2026/04/13



1013 240th AVENUE • HAYS, KANSAS 67601 • 785-621-2135

4403

Date 4-24-26

CHARGE TO: BS Operating LLC
ADDRESS _____
R/A SOURCE NO. _____ CUSTOMER ORDER NO. Verbal ow
LEASE AND WELL NO. Miller Coffman #1 FIELD _____
NEAREST TOWN Argonia COUNTY Sumner STATE Kansas
SPOT LOCATION _____ SEC. 26 TWP. 32S RANGE 4W
ZERO _____ CASING SIZE 4 1/2 WEIGHT _____
CUSTOMER'S T.D. _____ LOG-TECH TD 3890 FLUID LEVEL 3335
ENGINEER S. Clermont OPERATOR R. Bolling

PERFORATING					
Description	No. Shots	From	Depth To	Amount	
Perforate 3 1/8 1x4	4	700	3900	1500	00
1x4	4	350		1500	00

DEPTH AND OPERATIONS CHARGES					
Description	From	Depth To	Total No. Pt	Price Per Pt	Amount
4 1/2 CTRB	3890	3900			1725 00
Setting Charge	0	3900			1650 00
2 Sx Cement	3890				
	0	3900			1420 00
	3890				

MISCELLANEOUS		
Description	Quantity	Amount
Service Charge <u>Truck Rental 905</u>	1	1500 00
T.J.		
A.O.L.		
S.J.		
F.J.		
T.W.T.		

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Customer Signature [Signature]

Date 4/24/26

..... Sub Total	9295 00
<u>B.d</u>	3650 00
..... Tax	273 75
.....	
Total	\$3,923 75