KOLAR Document ID: 1973051

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 #: 36040
Name: KP Oil, LLC
Address 1: 820 ILLINOIS AVE
Address 2:
City: PRATT State: KS Zip: 67124 + 2116
Contact Person: David Brady
Phone: (620) 727-6964
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 - 15-007-22762-00-00
Spot Description:
N2 - NW - NW - SE Sec. 31 Twp. 30 S. R. 11 ☐ East ☑ West
2570 Feet from ☐ North / ☑ South Line of Section
2310 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
County: Barber
Lease Name: CHAIN RANCH Well #: 1
Date Well Completed:
The plugging proposal was approved on: *(Date)*
by: *(KCC **District** Agent's Name)*
Plugging Commenced: 4/20/2026
Plugging Completed: 4/22/2026

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
		Surface	8.625	263	
		Conductor			
		Production	4.5	3920	

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.

At 720' pumped 5 sacks gel, 50 sacks 60/40, 4% Gel
At 320' pumped 50 sacks 60/40, 4% Gell
At 40' pumped 35 sacks 60/40 4% Gel to surface.

Plugging Contractor License #: 31925 Name: Quality Well Service, Inc.
Address 1: PO BOX 468 Address 2:
City: PRATT State: KS Zip: 67124 + 0468
Phone: (620) 727-6964
Name of Party Responsible for Plugging Fees: David Brady
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