

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 #: 36264
Name: Eiger Operating Company, LLC
Address 1: 3811 TURTLE CREEK BLVD SUITE 975
Address 2: _____
City: DALLAS State: TX Zip: 75219 + 4784
Contact Person: CASI RENFRO
Phone: (469) 943-1216
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)
COUNCIL GROVE Depth to Top: 2659 Bottom: 2774 T.D. 2875
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 15-093-20185-00-00
Spot Description: _____
N2 - N2 - N2 S2 Sec. 21 Twp. 25 S. R. 36 ☐ East ☒ West
2340 Feet from ☐ North / ☒ South Line of Section
2640 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW
County: Kearny
Lease Name: LEE Well #: 3-2-21
Date Well Completed: _____
The plugging proposal was approved on: _____ (Date)
by: _____ (KCC District Agent's Name)
Plugging Commenced: 09/02/2026
Plugging Completed: 09/04/2026

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	577	0
		Production	4.5	2870	0

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.

SET 4.5" CIBP @ 2609', CAPPED w/10 sx CMT
PUMPED 30 sx CMT @ 1830'
PUMPED 65 sx CMT @ 750'
TOPPED OUT w/10 sx CMT

Plugging Contractor License #: 36050 Name: Orr Energy Services LLC
Address 1: PO BOX 389 Address 2: _____
City: ENID State: OK Zip: 73702 + 0389
Phone: (580) 237-6152
Name of Party Responsible for Plugging Fees: EIGER OPERATING COMPANY LLC
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