

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 #: 5429
Name: Hayes Oil & Gas LLC
Address 1: 1081 W HWY 160
Address 2: PO BOX 108
City: ATTICA State: KS Zip: 67009 + 0108
Contact Person: Taner Hayes
Phone: (620) 254-7204
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 - 15-007-01336-00-00
Spot Description: _____
SW SE NE NW Sec. 13 Twp. 32 S. R. 10 ☐ East ☒ West
4270 Feet from ☐ North / ☒ South Line of Section
2973 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW
County: Barber
Lease Name: THOMPSON B Well #: 2
Date Well Completed: _____
The plugging proposal was approved on: _____ (Date)
by: _____ (KCC District Agent's Name)
Plugging Commenced: 6/12/2026
Plugging Completed: 6/12/2026

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

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.

CIBP @4320' WITH 2 SX CMT.LOADED. WELL HAS BEEN SQUEEZED BETWEEN 890' TO 400'.PERFORATED @ 1196'. RTIH, 1ST PLUG @ 1196' W/25 SX CMT & 25SX CMT W/100# HULLS.PTOH. PERFORATED @310'. 2ND PLUG @310' W/20CMT. 500PSI, SHUT CASING VALVE. 3RD PLUG W/15 SX CMT, DOWN BACKSIDE. STANDING FULL

Plugging Contractor License #: 5105 Name: Clarke Corporation
Address 1: 107 W FOWLER AVE Address 2: _____
City: MEDICINE LODGE State: KS Zip: 67104 + 1534
Phone: (620) 886-5665
Name of Party Responsible for Plugging Fees: HAYES OIL AND GAS
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