

Project Description

Oil and Gas Orphan Well program is committed to identifying and plugging orphan wells within the state to reduce the environmental impact of emissions, water contamination, and other concerns related to the lack of maintenance and oversight on historical wells. This project is one of several that is targeting clusters of such wells in close enough proximity that they can be combined into a single bid project.

The scope of work includes initial site characterization, emissions quantification where leaks are present, undergrowth clearing as necessary to ensure heavy equipment (drill rigs, cement trucks, etc.) can access the well locations, excavation of a lined drainage pit for capture of fluids during plugging, and the eventual plugging activities, which include excavation to dig up casing and flowline riser to cut off 3 feet below ground level as required by state regulations.

No new construction will be completed. The ground disturbance is limited to a 30-foot radius within which the drainage pit is excavated in proximity to the well. Each well has/had access roads cleared previously, though several have been poorly or not maintained. During plugging activities, 5-6 heavy trucks will be staged at or near the well location. Areas requiring clearing are indicated by the crosshatched areas within the site maps. Note: all ground disturbance activities are located where the ground has previously been disturbed during well construction.

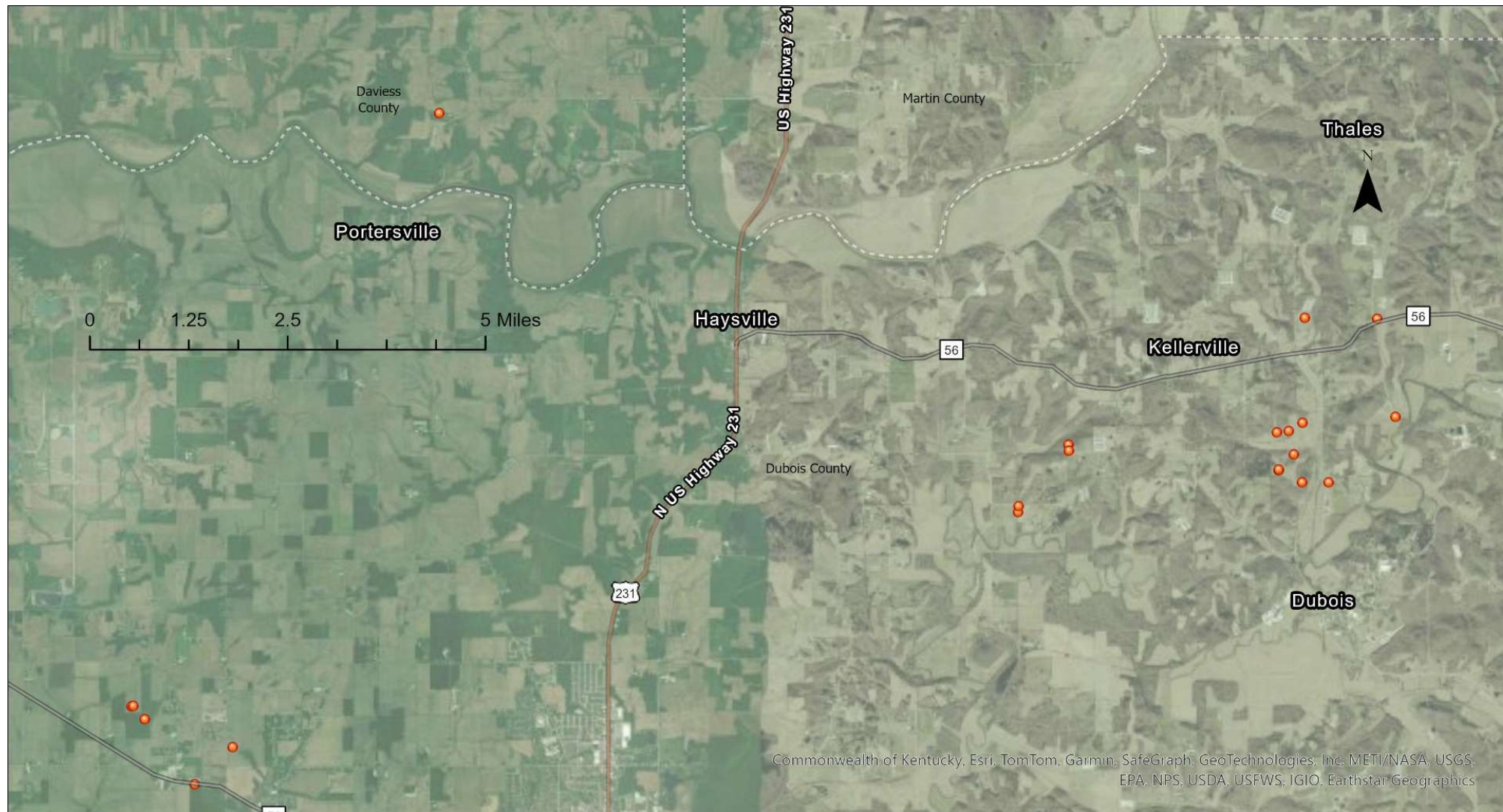
This project includes the following wells:

| Permit # | IGS | Status | Type | County | Operator | Lease | Well # | Twp | T Dir | Rng | R Dir | Sect | UTMX | UTMY |
|----------|--------|----------|----------|---------|----------------------|------------------------|----------|-----|-------|-----|-------|------|--------|---------|
| 52050 | 162849 | Revoked | Gas | Daviess | LTD Partners | LTD | 1 | 1 | N | 5 | W | 16 | 502720 | 4263015 |
| 5555 | 107318 | Orphaned | N/C gas | Dubois | Delcas G. Neukam | Neukam | 3 | 1 | N | 4 | W | 25 | 517666 | 4259769 |
| 37156 | 107483 | Revoked | Oil | Dubois | Lear Resources, Inc. | HERBERT SCHWENK COMM. | 1 | 1 | S | 5 | W | 19 | 498824 | 4252362 |
| 37842 | 107481 | Revoked | Gas | Dubois | Lear Resources, Inc. | CHARLES LEINENBACH | 1 | 1 | S | 5 | W | 18 | 499430 | 4252951 |
| 45118 | 155762 | Revoked | Gas | Dubois | Petro-Halogen Corp. | Schwenk | 1 | 1 | S | 6 | W | 13 | 498024 | 4253397 |
| 45689 | 107541 | Revoked | Gas | Dubois | Petro-Halogen Corp. | HERBERT SCHWENK | 2 | 1 | S | 6 | W | 13 | 497815 | 4253600 |
| 50550 | 157484 | Revoked | Class II | Dubois | Reef, LLC | Tim & Janet Zehr | 1 | 1 | S | 4 | W | 2 | 516098 | 4257364 |
| 50567 | 161255 | Revoked | Oil | Dubois | Reef, LLC | Zehr | 2 | 1 | S | 4 | W | 1 | 516898 | 4257176 |
| 50652 | 159929 | Revoked | Oil | Dubois | Reef, LLC | Kalb Trust | 4 | 1 | N | 4 | W | 35 | 516068 | 4257968 |
| 51517 | 160294 | Revoked | Gas | Dubois | Reef, LLC | Zehr-Kalb Comm. | 1 | 1 | S | 4 | W | 1 | 516474 | 4257174 |
| 52052 | 162851 | Revoked | GST | Dubois | Acadian Energy, LLC | Rasche | 1-B | 1 | S | 4 | W | 4 | 511948 | 4256695 |
| 52060 | 162864 | Revoked | GST | Dubois | Acadian Energy, LLC | Leistner | 33-B | 1 | N | 4 | W | 33 | 512747 | 4257760 |
| 52072 | 162888 | Revoked | GST | Dubois | Acadian Energy, LLC | Rasche | 1-A | 1 | S | 4 | W | 4 | 511955 | 4256789 |
| 52073 | 162889 | Revoked | GST | Dubois | Acadian Energy, LLC | Leistner | 33-A | 1 | N | 4 | W | 33 | 512754 | 4257670 |
| 52794 | 164083 | Revoked | Gas | Dubois | Petro-Halogen Corp. | Herbert & Mary Schwenk | 2A | 1 | S | 6 | W | 13 | 497843 | 4253608 |
| 53751 | 165070 | Revoked | Gas | Dubois | Reef, LLC | Kalb Oil & Gas | HUB-1 | 1 | N | 4 | W | 36 | 516475 | 4258120 |
| 53762 | 165081 | Revoked | Gas | Dubois | Reef, LLC | Kalb Oil & Gas | Shaft #2 | 1 | N | 4 | W | 36 | 517958 | 4258218 |
| 53796 | 165118 | Revoked | Gas | Dubois | Reef, LLC | Kalb Oil & Gas | Shaft 1 | 1 | N | 4 | W | 25 | 516509 | 4259786 |
| 53817 | 165140 | Revoked | Oil | Dubois | Reef, LLC | Kalb Oil & Gas | D-1 | 1 | N | 4 | W | 35 | 516255 | 4257985 |

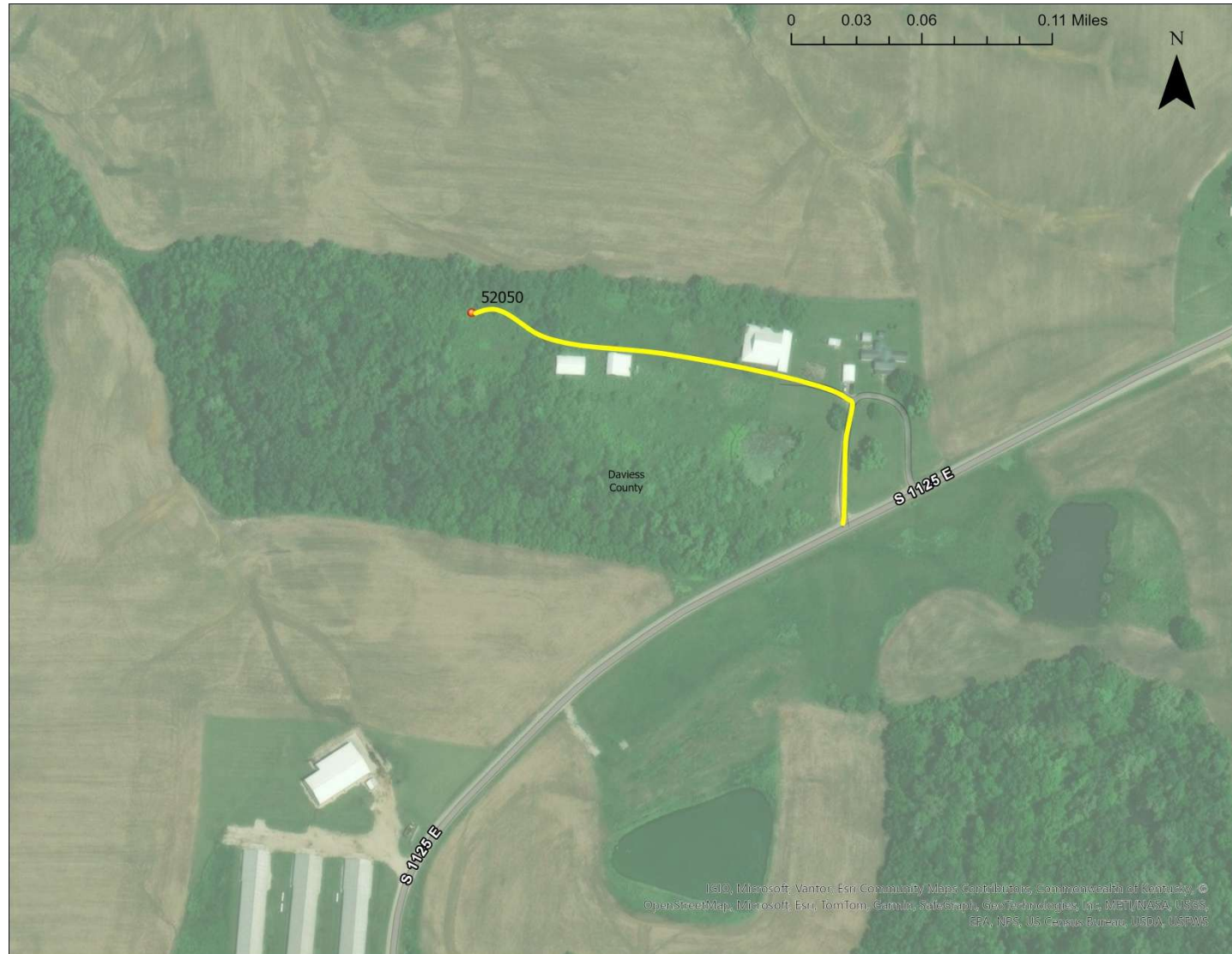
Reference NAD83 16S

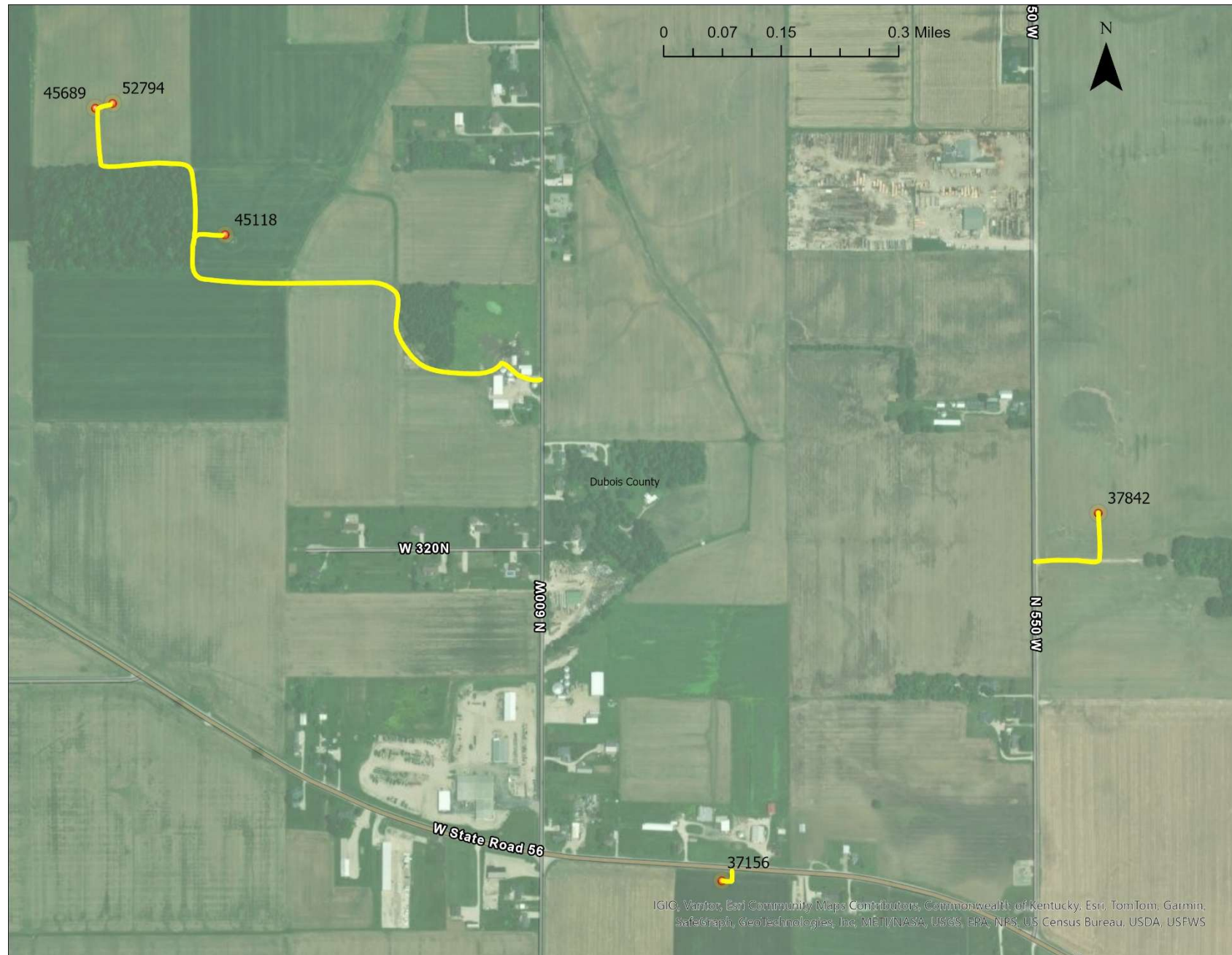
Local Oil & Gas Inspector:
Doug Kearby
812-459-4862
dkearby@dnr.IN.gov

Field Supervisor:
Kevin York
812-459-4864
kyork@dnr.IN.gov



52050





37156



37842 (no images)

45118



45689



52794





52060



52073



52072



52052





53796



50652



51517



50567



400876



53751



53762



53817



50550



400882

5555 no images



UNIT PRICE SHEET

The Contract is based on the following unit prices. The prices are installed, including, but not limited to labor and materials.

| ITEM/Activity | BASE BID | COST/UNIT | TOTAL |
|---------------------------------------------------------------------------------|-----------------|------------------|--------------|
| Bit (including changeovers for whole project) | 2 | \$ /ea | \$ |
| Rig Operation (including tubing & labor) | 380 | \$ /hour | \$ |
| Rig Operation with Power Swivel (including Mud pump, tubing & labor) or Spudder | 114 | \$ /hour | \$ |
| Drill collars (for whole project) | 2 | \$ /ea | \$ |
| Tank Truck | 140 | \$ /hour | \$ |
| Bulk Truck | 95 | \$ /hour | \$ |
| Backhoe/ Mini-Excavator | 128 | \$ /hour | \$ |
| Dozer/ Cat | 45 | \$ /hour | \$ |
| Winch Truck | 10 | \$ /hour | \$ |
| Liquid Oil Field Waste Disposal | 600 | \$ /bbl | \$ |
| Cement Pump Truck & set up charge | 19 | \$ /well | \$ |
| Cement | 3350 | \$ /sack | \$ |
| LCM cement additive | 19 | \$ /sack | \$ |
| Cal seal | 19 | \$ /sack | \$ |
| Wireline Service Set-up | 19 | \$ /well | \$ |
| Cement Bond Log | 5 | \$ /ea | \$ |
| Perforations | 23 | \$ /set | \$ |
| Extra Shots to perforate well | 4 | \$ /ea | \$ |
| Dump bailer run | 32 | \$ /ea | \$ |
| Mobilization | 1 | \$ /ea | \$ |
| Roustabout work per person | 164 | \$ /hour | \$ |
| Welder / Torch | 67 | \$ /hour | \$ |
| Performance Bond | 1 | \$ /total | \$ |
| Lined pit/surface pit | 19 | \$ /ea | \$ |
| Cast iron bridge plug 4.5" | 6 | \$ /ea | \$ |
| Cast iron bridge plug 5.5" | 5 | \$ /ea | \$ |
| Cast iron bridge plug 7" | 8 | \$ /ea | \$ |
| Land/crop damages | 10 | \$ /acre | \$ |
| Rig mat/mud boat | 1 | \$ /day | \$ |

Note: Equipment should only be billed for hours actively in use with an operator.

Cost of Project not to exceed the **TOTAL LUMP SUM BID** \$ _____

Other materials, specialty rental tools, and equipment, as ordered by the division, necessary to complete the required work shall be paid at cost to the CONTRACTOR (invoice required) plus 10% (to defray transportation costs). Fair market value for equipment of value recovered must be reflected as a credit on invoice.

Price sheet terms and definitions:

- Bit– 4” or 6” drill bit as needed to drill through casing to ensure full depth of cement plug
- Rig Operation (including tubing and labor)– billable hours when rig equipment is actively being operated during plugging process. This does not include down time when repairs are required.
- Rig Operation with Power Swivel (including mud pump, tubing, and labor) or Spudder– billable hours when rig equipment with necessary power swivel attachment is actively being operated during plugging process. This does not include down time when repairs are required.
- Drill Collars (whole project)– billable charge if drill collars are required during power swivel operation
- Tank Truck– billable hours when tank truck is actively being operated during plugging process. This does not include transit time to/from site
- Bulk Truck– billable hours when bulk truck is actively being operated during plugging process. This does not include transit time to/from site
- Backhoe/Mini Excavator– billable hours when backhoe/mini excavator is actively being used by an operator during well site preparation and plugging/restoration activities
- Dozer/Cat– billable hours when dozer/cat is actively being used by an operator during well site preparation and plugging/restoration activities
- Winch Truck– billable hours when winch truck is actively being used during well site preparation and restoration. This does not include transit time to/from site.
- Liquid Oil Field Waste Disposal– this is the per-barrel cost for disposal of produced water and other fluids generated during well plugging
- Cement Pump Truck and set up charge– one set up charge allowed per well, including travel time
- Cement– per-sack cost for any cement approved to be used in oil well plugging per 312 IAC 29-33-5
- LCM Cement additive– one “lost circulation material” per bag cost
- Cal Seal– one “calcium chloride” per sack cost
- Wireline Service Set up– one setup charge allowed per well for the purpose of CIBP, CBL, and perforation activities, including travel time
- Cement Bond Log– where specified on the well plugging plan, a cement bond log will be run to determine presence/depth of cement in annular space
- Perforations– first perforation execution at required depths for applicable top/bottom plug as specified on well plugging plan
- Extra Shots to perforate well– additional perforation execution at required depths when bottom plug perforations have already been executed on the same well during plugging process, or additional top plug perforations to attain circulation on annular side of casing to surface
- Dump Bailer run– cement dump bailer load/run for depositing cement on top of CIBP
- Mobilization– one mobilization charge per project: must include expected travel time for rig, heavy trucks, support trucks, lodging/per diem allowances, and other charges related to getting personnel and

equipment into position in project area. Also includes cost of demobilization of all equipment from project area after completion.

- Roustabout work– personnel billable hours for site clearing and cleanup as needed where personnel is not billing to rig or other equipment
- Welder/Torch– billable hours for all welding and cutting work necessary to proceed with plugging activities
- Performance Bond– cost of bonding based on bid price if bid is over \$150,000
- Lined pit/surface pit– each well will require a plastic lined earthen pit or steel surface pit to collect produced fluids from plugging process
- Cast iron bridge plug– where well plugging plan indicates that the well may be flowing, a “cast iron bridge plug” or CIBP will be required at the diameter appropriate to the casing size encountered
- Land/crop damages– damages must be paid to farmer/landowner where losses to live crops may be expected due to the plugging process, includes improvements to surface by statutory requirements
- Rig mat/mud boat– where appropriate depending on the weather and site conditions, approved weight-distributing materials may be used to facilitate equipment access to/from well site
- Extra items– attach additional pages as needed to describe any equipment or materials needed for plugging activities that are not accounted for in previous line items. Please specify why these items are needed in lieu of or in addition to the previous line items. (Examples: fishing tools for 2” tubing collar, 4’ section of 4.5” casing to bring to surface)



WELL PLUGGING PLAN

State Form 54872 (R4 / 3-20) Form No. P2

INDIANA DEPARTMENT OF NATURAL RESOURCES
Division of Oil and Gas
402 West Washington Street, Room W293
Indianapolis, IN 46204
Telephone: (317) 232-4055
Internet: <http://www.in.gov/dnr/dnroil>

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| Date Received (month, day, year) | Initials |
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| Date Approved (month, day, year) | Initials |
| 2/11/2026 | KPCJ |
| Date Denied (month, day, year) | Initials |
| Date Modified (month, day, year) | Initials |

PART I GENERAL INFORMATION

| | | | |
|---------------------------------------|---------------------------------------------|---------------------|----------------------------------|
| Operator: Orphan Well | | Telephone Number: | E-mail: orphanwells@dnr.IN.gov |
| Lease-Well Number: Delcas G Neukam #3 | Well Type: NC Gas | Permit Number: 5555 | |
| County: Dubois | Scheduled plugging date: (month, day, year) | Section 25 | Township 1N Range 4W 1/4's |

Surface:

| Size | Length | Hole | Cement |
|------|--------|------|--------|
| 8 | 33 | | |

Long String:

| Size | Length | Hole | Cement |
|------|--------|------|--------|
| 4.5 | 326 | | |

Liner / Intermediate Casing:

| Size | Length | Hole | Cement |
|------|--------|------|--------|
| | | | |

Estimate top of cement (TOC):

Well Orientation: Vertical: Yes
Horizontal: Yes

Existing Perforations:

| | |
|------|----|
| From | To |
| From | To |
| From | To |

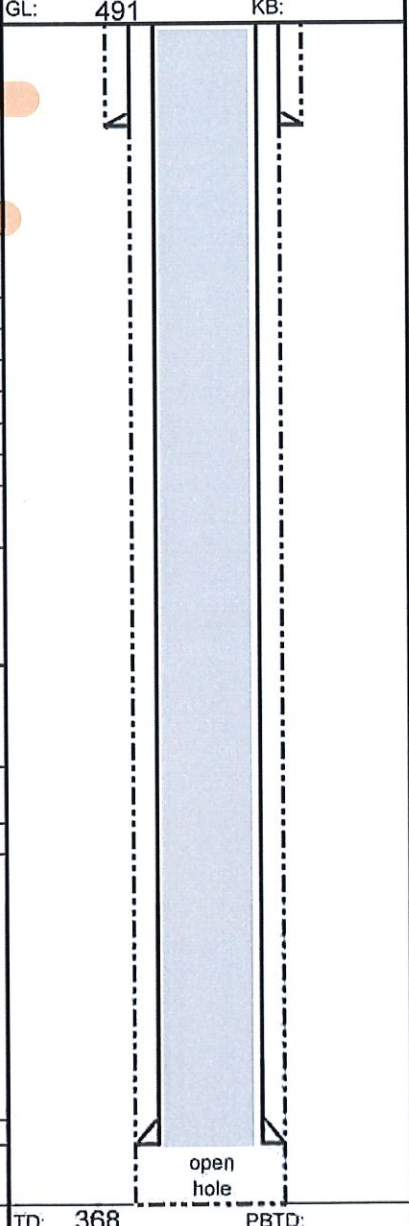
Proposed Perforations:

| | |
|---------------------|-------------------|
| From ³²² | To ³²¹ |
| From | To |
| From | To |

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

| | | |
|---------|------------|------------|
| Plug #1 | Cmt Type A | Volume 128 |
| Plug #2 | Cmt Type | Volume |
| Plug #3 | Cmt Type | Volume |
| Plug #4 | Cmt Type | Volume |



USDW Depth: 321
Well flowing? Yes No

Will you be disposing of NORM related waste during this plugging? Yes No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? Yes No
If so, was the entity with rights to the coal rights notified? Yes When?
Who was notified?

Comments:

Well not visible at surface, will need to locate, excavate and run tubing/pvc down for plugging

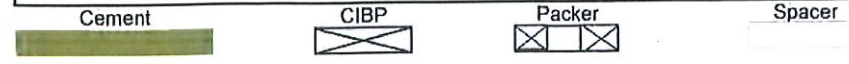
Run cement TD (368) to surface

Perforate as needed to ensure circulation

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent _____ Date signed (month, day, year) _____





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PART I GENERAL INFORMATION

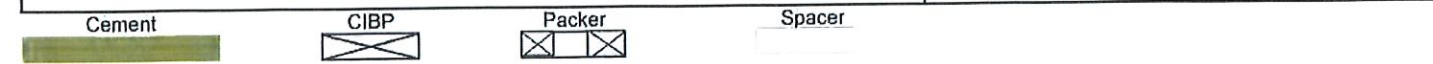
| | | | | |
|---------------------------------------|------------------------------------------------|-------------------|--------------------------------|----------------------|
| Operator: Orphan Well | | Telephone Number: | E-mail: orphanwells@dnr.IN.gov | |
| Lease-Well Number: Herbert Schwenk #2 | | Well Type: Gas | | Permit Number: 45689 |
| County: Dubois | Scheduled plugging date: (month, day, year) | | Section 13 | Township 1S |
| | | | Range 6W | 1/4's |

| <p>Surface:</p> <table border="1"> <thead> <tr> <th>Size</th> <th>Length</th> <th>Hole</th> <th>Cement</th> </tr> </thead> <tbody> <tr> <td>8 5/8</td> <td>156</td> <td></td> <td>150</td> </tr> </tbody> </table> <p>Long String:</p> <table border="1"> <thead> <tr> <th>Size</th> <th>Length</th> <th>Hole</th> <th>Cement</th> </tr> </thead> <tbody> <tr> <td>4 1/2</td> <td>1510</td> <td></td> <td>215</td> </tr> </tbody> </table> <p>Liner / Intermediate Casing:</p> <table border="1"> <thead> <tr> <th>Size</th> <th>Length</th> <th>Hole</th> <th>Cement</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Estimate top of cement (TOC): 508</p> <p>Well Orientation: Vertical: <input checked="" type="checkbox"/> Yes Horizontal: <input type="checkbox"/> Yes</p> <p>Existing Perforations: From 1342 To 1346 From To From To</p> <p>Proposed Perforations: From 526 To 525 From To From To</p> <p>Proposed Casing to Pull - Amount:</p> <p>Proposed cement types and volumes</p> <table border="1"> <tr> <td>Plug #1</td> <td>Cmt Type CIBP</td> <td>Volume 1sx</td> </tr> <tr> <td>Plug #2</td> <td>Cmt Type A</td> <td>Volume 170</td> </tr> <tr> <td>Plug #3</td> <td>Cmt Type</td> <td>Volume</td> </tr> <tr> <td>Plug #4</td> <td>Cmt Type</td> <td>Volume</td> </tr> </table> <p>TD: 1510 PBTD:</p> | Size | Length | Hole | Cement | 8 5/8 | 156 | | 150 | Size | Length | Hole | Cement | 4 1/2 | 1510 | | 215 | Size | Length | Hole | Cement | | | | | Plug #1 | Cmt Type CIBP | Volume 1sx | Plug #2 | Cmt Type A | Volume 170 | Plug #3 | Cmt Type | Volume | Plug #4 | Cmt Type | Volume | <p>GL: 479 KB:</p> <p>USDW Depth: 476 Well flowing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will you be disposing of NORM related waste during this plugging? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see Part III below.</p> <p>Is well located in a commercially minable coal resource area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, was the entity with rights to the coal rights notified? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Who was notified?</p> <p>Comments: Bottom plug: Set CIBP at +/-1325 w/1 sx of cement Top plug: Bond log to verify cement on backside, perforate if needed Cement from 526 to surface</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------|--------|--------|-------|-----|--|-----|------|--------|------|--------|-------|------|--|-----|------|--------|------|--------|--|--|--|--|---------|---------------|------------|---------|------------|------------|---------|----------|--------|---------|----------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Size | Length | Hole | Cement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 5/8 | 156 | | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Size | Length | Hole | Cement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 1/2 | 1510 | | 215 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Size | Length | Hole | Cement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plug #1 | Cmt Type CIBP | Volume 1sx | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plug #2 | Cmt Type A | Volume 170 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plug #3 | Cmt Type | Volume | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plug #4 | Cmt Type | Volume | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent _____ Date signed (month, day, year) _____





WELL PLUGGING PLAN

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| Date Modified (month, day, year) | | Initials | |

PART I GENERAL INFORMATION

Operator: Orphan Well Telephone Number: E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Zehr-Kalb Comm. #1 Well Type: Gas Permit Number: 51517

County: Dubois Scheduled plugging date: (month, day, year) Section 1 Township 1S Range 4W 1/4's

Surface:

| Size | Length | Hole | Cement |
|--------|--------|--------|--------|
| 10 3/4 | 39 | 14 1/4 | 85 |

Long String:

| Size | Length | Hole | Cement |
|------|--------|-------|--------|
| 7 | 1918 | 9 1/2 | 360 |

Liner / Intermediate Casing:

| Size | Length | Hole | Cement |
|------|--------|------|--------|
| | | | |

Estimate top of cement (TOC): 190

Well Orientation

Vertical: Yes
Horizontal: Yes

Existing Perforations:

| | |
|------|----|
| From | To |
| From | To |
| From | To |

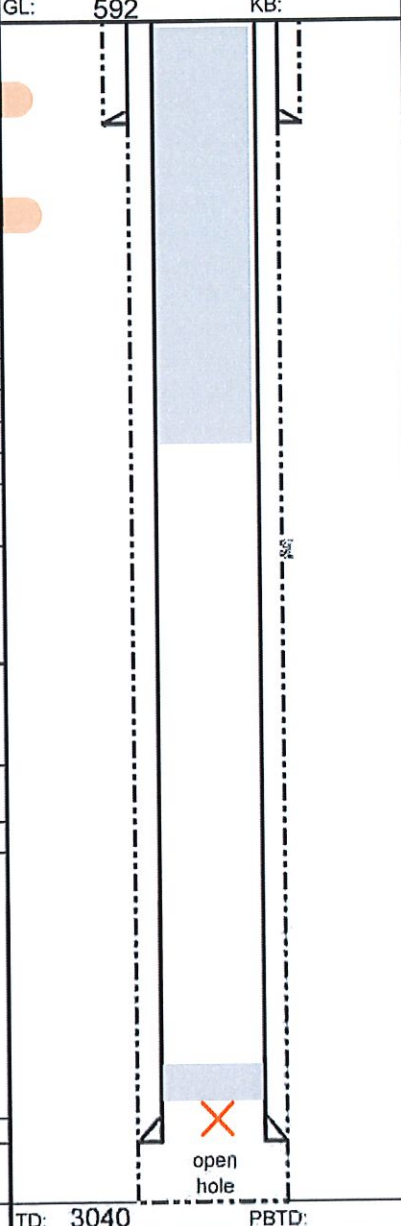
Proposed Perforations:

| | |
|------|----|
| From | To |
| From | To |
| From | To |

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

| | |
|---------------|------------|
| Plug #1 | |
| Cmt Type CIBP | Volume 2sx |
| Plug #2 | |
| Cmt Type A | Volume 135 |
| Plug #3 | |
| Cmt Type | Volume |
| Plug #4 | |
| Cmt Type | Volume |



USDW Depth: 592
Well flowing? Yes No

Will you be disposing of NORM related waste during this plugging? Yes No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? Yes No
If so, was the entity with rights to the coal rights notified? Yes When? Who was notified?

Comments:

Bottom plug: Set CIBP at +/-1130 w/2 sx of cement

Top plug: Bond log to verify cement on backside, perforate if needed

Cement from 642 to surface

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent Date signed (month, day, year)





WELL PLUGGING PLAN

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| Date Modified (month, day, year) | Initials |

PART I GENERAL INFORMATION

Operator: Orphan Well Telephone Number: E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Rasche #1-A Well Type: Geologic/Structure Test Permit Number: 52072

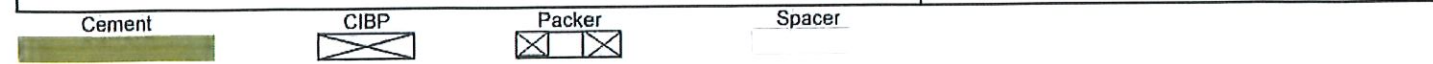
County: Dubois Scheduled plugging date: (month, day, year) Section 4 Township 1S Range 4W 1/4's

| <p>Surface:</p> <table border="1"> <thead> <tr> <th>Size</th> <th>Length</th> <th>Hole</th> <th>Cement</th> </tr> </thead> <tbody> <tr> <td>13.375</td> <td>55</td> <td></td> <td></td> </tr> </tbody> </table> <p>Long String:</p> <table border="1"> <thead> <tr> <th>Size</th> <th>Length</th> <th>Hole</th> <th>Cement</th> </tr> </thead> <tbody> <tr> <td>7</td> <td>1438</td> <td></td> <td>210</td> </tr> </tbody> </table> <p>Liner / Intermediate Casing:</p> <table border="1"> <thead> <tr> <th>Size</th> <th>Length</th> <th>Hole</th> <th>Cement</th> </tr> </thead> <tbody> <tr> <td>9.625</td> <td>506</td> <td></td> <td>216</td> </tr> </tbody> </table> <p>Estimate top of cement (TOC): 0</p> <p>Well Orientation: Vertical: <input checked="" type="checkbox"/> Yes Horizontal: <input type="checkbox"/> Yes</p> <p>Existing Perforations:</p> <table border="1"> <tr><td>From</td><td>To</td></tr> <tr><td>From</td><td>To</td></tr> <tr><td>From</td><td>To</td></tr> </table> <p>Proposed Perforations:</p> <table border="1"> <tr><td>From</td><td>To</td></tr> <tr><td>From</td><td>To</td></tr> <tr><td>From</td><td>To</td></tr> </table> <p>Proposed Casing to Pull - Amount:</p> <p>Proposed cement types and volumes</p> <table border="1"> <tr><td>Plug #1</td><td>Cmt Type CIBP</td><td>Volume 2sx</td></tr> <tr><td>Plug #2</td><td>Cmt Type A</td><td>Volume 115</td></tr> <tr><td>Plug #3</td><td>Cmt Type</td><td>Volume</td></tr> <tr><td>Plug #4</td><td>Cmt Type</td><td>Volume</td></tr> </table> <p>GL: 505 KB: TD: 1480 PBTD: open hole</p> | Size | Length | Hole | Cement | 13.375 | 55 | | | Size | Length | Hole | Cement | 7 | 1438 | | 210 | Size | Length | Hole | Cement | 9.625 | 506 | | 216 | From | To | From | To | From | To | From | To | From | To | From | To | Plug #1 | Cmt Type CIBP | Volume 2sx | Plug #2 | Cmt Type A | Volume 115 | Plug #3 | Cmt Type | Volume | Plug #4 | Cmt Type | Volume | <p>USDW Depth: 505</p> <p>Well flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Will you be disposing of NORM related waste during this plugging? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see Part III below.</p> <p>Is well located in a commercially minable coal resource area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, was the entity with rights to the coal rights notified? <input type="checkbox"/> Yes When? Who was notified?</p> <p>Comments: Bottom plug: Set CIBP at +/-1420 w/2 sx of cement Notes say packer at 1167 for TA, if this is CIBP then cement 2sx there for bottom plug Top plug: Verify cement on backside, perforate if needed Cement from 555 to surface</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------|--------|--------|--------|----|--|--|------|--------|------|--------|---|------|--|-----|------|--------|------|--------|-------|-----|--|-----|------|----|------|----|------|----|------|----|------|----|------|----|---------|---------------|------------|---------|------------|------------|---------|----------|--------|---------|----------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Size | Length | Hole | Cement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13.375 | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Size | Length | Hole | Cement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 1438 | | 210 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Size | Length | Hole | Cement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9.625 | 506 | | 216 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plug #1 | Cmt Type CIBP | Volume 2sx | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plug #2 | Cmt Type A | Volume 115 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plug #3 | Cmt Type | Volume | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plug #4 | Cmt Type | Volume | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent Date signed (month, day, year)





WELL PLUGGING PLAN

State Form 54872 (R4 / 3-20) Form No. P2

INDIANA DEPARTMENT OF NATURAL RESOURCES

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| Date Approved (month, day, year) 2/11/2026 | Initials KPCJ |
| Date Denied (month, day, year) | Initials |
| Date Modified (month, day, year) | Initials |

PART I GENERAL INFORMATION

| | | |
|--------------------------------------------|------------------------------------------------|-------------------------------------------|
| Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov |
| Lease-Well Number: Kalb Oil & Gas #Shaft 2 | Well Type: Gas | Permit Number: 53762 |
| County: Dubois | Scheduled plugging date: (month, day, year) | Section: 36 Township: 1N Range: 4W 1/4's: |

Surface:

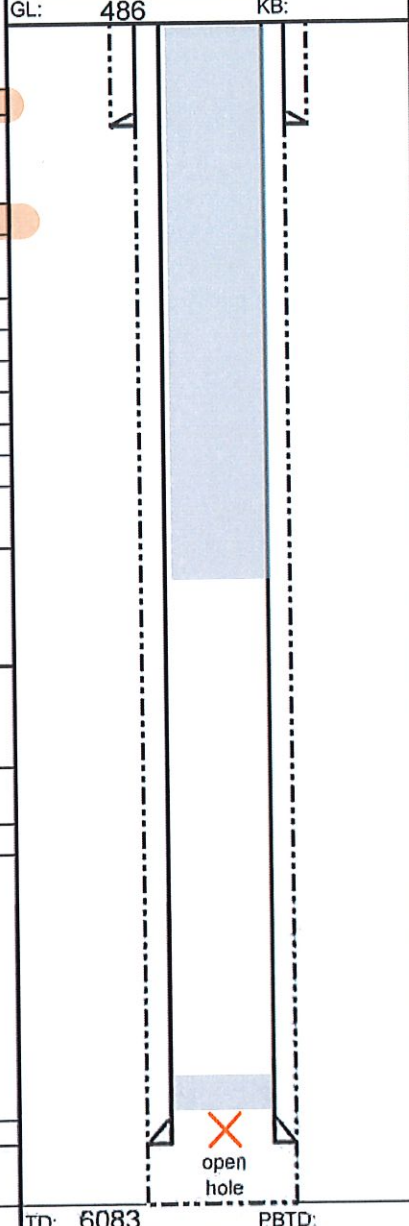
| Size | Length | Hole | Cement |
|--------|--------|--------|--------|
| 10 3/4 | 113 | 13 3/4 | 176 |

Long String:

| Size | Length | Hole | Cement |
|-------|--------|-------|--------|
| 7.625 | 1798 | 9 7/8 | 245 |

Liner / Intermediate Casing:

| Size | Length | Hole | Cement |
|------|--------|------|--------|
| | | | |



USDW Depth: 486

Well flowing? Yes No

Will you be disposing of NORM related waste during this plugging? Yes No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? Yes No
If so, was the entity with rights to the coal rights notified? Yes When? Who was notified?

Estimate top of cement (TOC): 0

Well Orientation: Vertical: Yes Horizontal: Yes

Existing Perforations:

| | |
|-----------|----|
| From 1798 | To |
| From | To |
| From | To |

Proposed Perforations:

| | |
|------|----|
| From | To |
| From | To |
| From | To |

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

| | | |
|---------|---------------|------------|
| Plug #1 | Cmt Type CIBP | Volume 2sx |
| Plug #2 | Cmt Type A | Volume 120 |
| Plug #3 | Cmt Type | Volume |
| Plug #4 | Cmt Type | Volume |

TD: 6083 PBD:

Comments:

Bottom plug: Set CIBP at +/-830 w/2 sx of cement

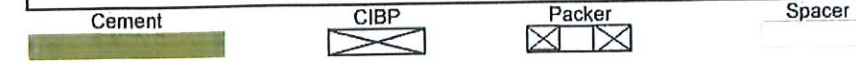
Top plug: verify cement on backside, perforate if needed

Cement from 536 to surface

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

| | |
|-------------------------------------------|--------------------------------|
| Signature of operator or authorized agent | Date signed (month, day, year) |
|-------------------------------------------|--------------------------------|





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PART I GENERAL INFORMATION

Operator: Orphan Well Telephone Number: E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Herbert Schwenk Comm. #1 Well Type: Oil Permit Number: 37156

County: Dubois Scheduled plugging date: (month, day, year) Section 19 Township 1S Range 5W 1/4's

Surface:

| Size | Length | Hole | Cement |
|-------|--------|------|--------|
| 8 5/8 | 186 | | 50 |

Long String:

| Size | Length | Hole | Cement |
|-------|--------|------|--------|
| 4 1/2 | 1550 | | 60 |

Liner / Intermediate Casing:

| Size | Length | Hole | Cement |
|------|--------|------|--------|
| | | | |

Estimate top of cement (TOC): 1242

Well Orientation: Vertical: Yes Horizontal: Yes

Existing Perforations:

From 1440 To 1450

From To

From To

Proposed Perforations:

From 530 To 529

From To

From To

Proposed Casing to Pull - Amount:

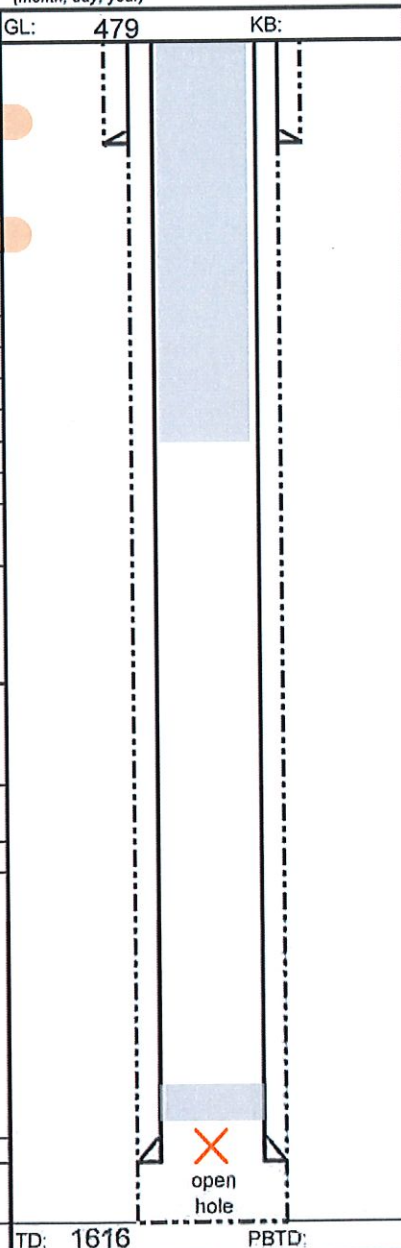
Proposed cement types and volumes

Plug #1
Cmt Type CIBP Volume 1sx

Plug #2
Cmt Type A Volume 200

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 479
Well flowing? Yes No

Will you be disposing of NORM related waste during this plugging? Yes No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? Yes No
If so, was the entity with rights to the coal rights notified? Yes When? Who was notified?

Comments:
Bottom plug: Set CIBP at +/-1420 w/1 sx of cement
Top plug: perforate if needed
Cement from 529 to surface
Note: inspections indicate this well is not visible at surface

TD: 1616 PBD:

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent Date signed (month, day, year)

Cement CIBP Packer Spacer



WELL PLUGGING PLAN

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| | |

PART I GENERAL INFORMATION

Operator: Orphan Well Telephone Number: E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Tim & Janet Zehr #1 Well Type: Enhanced Recovery Permit Number: 50550

County: Dubois Scheduled plugging date: (month, day, year) Section 2 Township 1S Range 4W 1/4's

Surface:

| Size | Length | Hole | Cement |
|-------|--------|--------|--------|
| 8 5/8 | 42 | 12 1/4 | 50 |

Long String:

| Size | Length | Hole | Cement |
|------|--------|-------|--------|
| 5.5 | 1256 | 7 7/8 | 200 |

Liner / Intermediate Casing:

| Size | Length | Hole | Cement |
|------|--------|------|--------|
| | | | |

Estimate top of cement (TOC): 30

Well Orientation: Vertical: Yes Horizontal: Yes

Existing Perforations:

From 1138 To 1200

From To

From To

Proposed Perforations:

From To

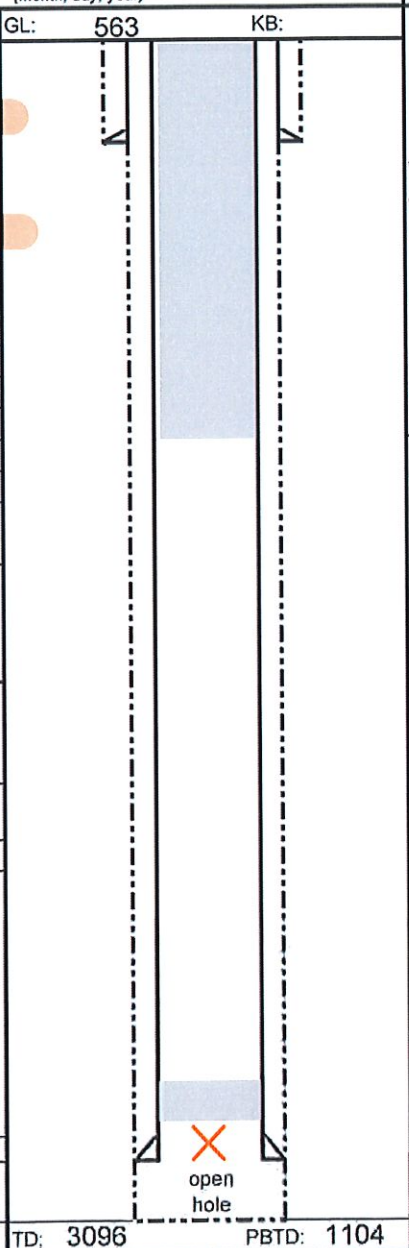
From To

From To

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

| | |
|---------------|--------------|
| Plug #1 | |
| Cmt Type CIBP | Volume 1.5sx |
| Plug #2 | |
| Cmt Type A | Volume 70 |
| Plug #3 | |
| Cmt Type | Volume |
| Plug #4 | |
| Cmt Type | Volume |



USDW Depth: 424

Well flowing? Yes No

Will you be disposing of NORM related waste during this plugging? Yes No

If yes, see Part III below.

Is well located in a commercially minable coal resource area? Yes No

If so, was the entity with rights to the coal rights notified? Yes No When?

Who was notified?

Comments:

Bottom plug: Set CIBP at +/-1120 w/1.5sx of cement

Top plug: Verify cement on backside, perforate if needed

Cement from 475 to surface

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent Date signed (month, day, year)





WELL PLUGGING PLAN

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PART I GENERAL INFORMATION

| | | | | |
|---------------------------|------------------------------------------------|-------------------|--------------------------------|----------------------|
| Operator: Orphan Well | | Telephone Number: | E-mail: orphanwells@dnr.IN.gov | |
| Lease-Well Number: LTD #1 | | Well Type: Gas | | Permit Number: 52050 |
| County: Daviess | Scheduled plugging date: (month, day, year) | | Section 16 | Township 1N |
| | | | Range 5W | 1/4's |

Surface:

| Size | Length | Hole | Cement |
|-------|--------|--------|--------|
| 8 5/8 | 89 | 12 1/4 | 90 |

Long String:

| Size | Length | Hole | Cement |
|------|--------|-------|--------|
| 5.5 | 1870 | 7 7/8 | 260 |

Liner / Intermediate Casing:

| Size | Length | Hole | Cement |
|------|--------|------|--------|
| | | | |

Estimate top of cement (TOC): 0

Well Orientation: Vertical: Yes
Horizontal: Yes

Existing Perforations:

| From | To |
|------|------|
| 1861 | 1884 |
| | |
| | |

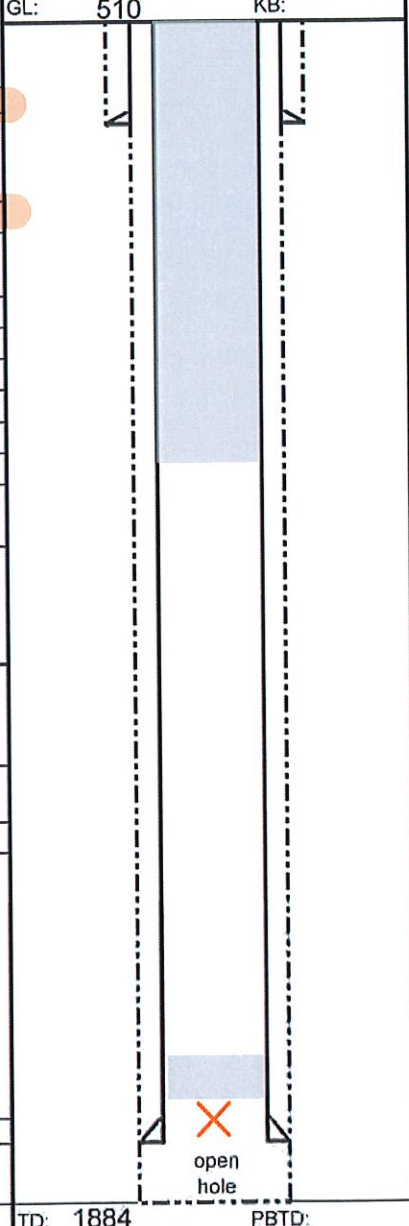
Proposed Perforations:

| From | To |
|------|----|
| | |
| | |
| | |

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

| Plug # | Cmt Type | Volume |
|--------|----------|--------|
| #1 | CIBP | 1.5sx |
| #2 | A | 145 |
| #3 | | |
| #4 | | |



USDW Depth: 370
Well flowing? Yes No

Will you be disposing of NORM related waste during this plugging? Yes No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? Yes No
If so, was the entity with rights to the coal rights notified? Yes No
When?
Who was notified?

Comments:
Bottom plug: Set CIBP at +/-1850 w/1.5 sx of cement
Top plug: verify cement on backside, perforate if needed
Cement from 420 to surface

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent _____ Date signed (month, day, year) _____

Cement CIBP Packer Spacer



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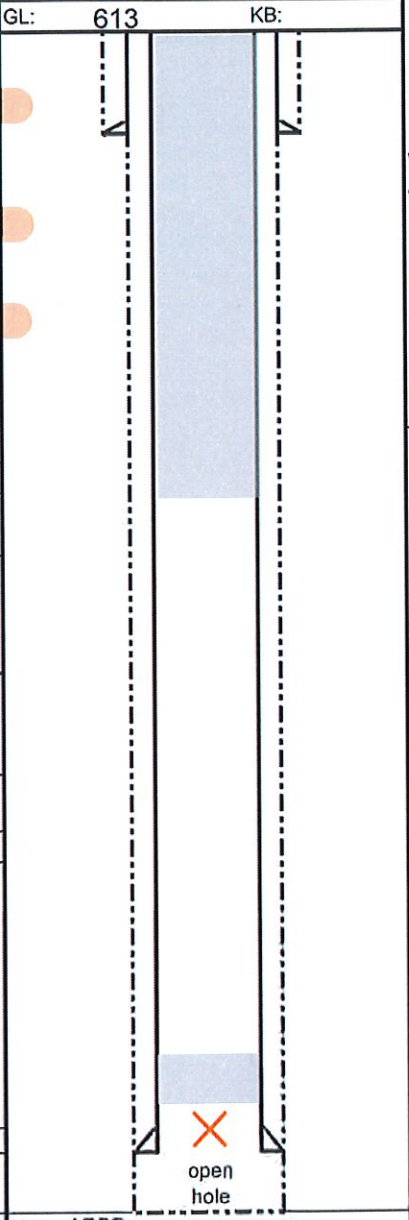
PART I GENERAL INFORMATION

| | | | | |
|----------------------------------|---------------------------------------------|------------------------------------|--------------------------------|----------------------|
| Operator: Orphan Well | | Telephone Number: | E-mail: orphanwells@dnr.IN.gov | |
| Lease-Well Number: Leistner 33-A | | Well Type: Geologic/Structure Test | | Permit Number: 52073 |
| County: Dubois | Scheduled plugging date: (month, day, year) | | Section 33 | Township 1N |
| | | | Range 4W | 1/4's |

| | | | |
|-------------------------------------|--------|-------|--------|
| Surface: | | | |
| Size | Length | Hole | Cement |
| 13.375 | 67 | 17.50 | |
| Long String: | | | |
| Size | Length | Hole | Cement |
| 7 | 1589 | 8.75 | 195 |
| Liner / Intermediate Casing: | | | |
| Size | Length | Hole | Cement |
| 9.625 | 515 | 12.25 | 225 |
| Estimate top of cement (TOC): 0 | | | |

Well Orientation: Vertical: Yes
Horizontal: Yes

| | |
|------------------------------------------|------------|
| Existing Perforations: | |
| From | To |
| From | To |
| From | To |
| Proposed Perforations: | |
| From | To |
| From | To |
| From | To |
| Proposed Casing to Pull - Amount: | |
| Proposed cement types and volumes | |
| Plug #1 | |
| Cmt Type CIBP | Volume 2sx |
| Plug #2 | |
| Cmt Type A | Volume 145 |
| Plug #3 | |
| Cmt Type | Volume |
| Plug #4 | |
| Cmt Type | Volume |



USDW Depth: 613
Well flowing? Yes No

Will you be disposing of NORM related waste during this plugging? Yes No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? Yes No
If so, was the entity with rights to the coal rights notified? Yes No When?

Who was notified?

Comments:
Bottom plug: Set CIBP at +/-1470 w/2 sx of cement
Top plug: verify cement on backside, perforate if needed
Cement from 663 to surface
Note: inspections indicate this well is not visible at surface

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent _____ Date signed (month, day, year) _____





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| Date Modified (month, day, year) | Initials |

PART I GENERAL INFORMATION

| | | | | |
|--------------------------------------------|---------------------------------------------|-------------------|--------------------------------|----------------------|
| Operator: Orphan Well | | Telephone Number: | E-mail: orphanwells@dnr.IN.gov | |
| Lease-Well Number: Kalb Oil & Gas #Shaft 1 | | Well Type: Gas | | Permit Number: 53796 |
| County: Dubois | Scheduled plugging date: (month, day, year) | | Section 25 | Township 1N |
| | | | Range 4W | 1/4's |

Surface:

| Size | Length | Hole | Cement |
|--------|--------|--------|--------|
| 10 3/4 | 134 | 12 1/4 | 90 |

Long String:

| Size | Length | Hole | Cement |
|-------|--------|-------|--------|
| 7.625 | 2100 | 9 7/8 | 335 |

Liner / Intermediate Casing:

| Size | Length | Hole | Cement |
|------|--------|------|--------|
| | | | |

Estimate top of cement (TOC): 0

Well Orientation

Vertical: Yes

Horizontal: Yes

Existing Perforations:

| | |
|------|----|
| From | To |
| From | To |
| From | To |

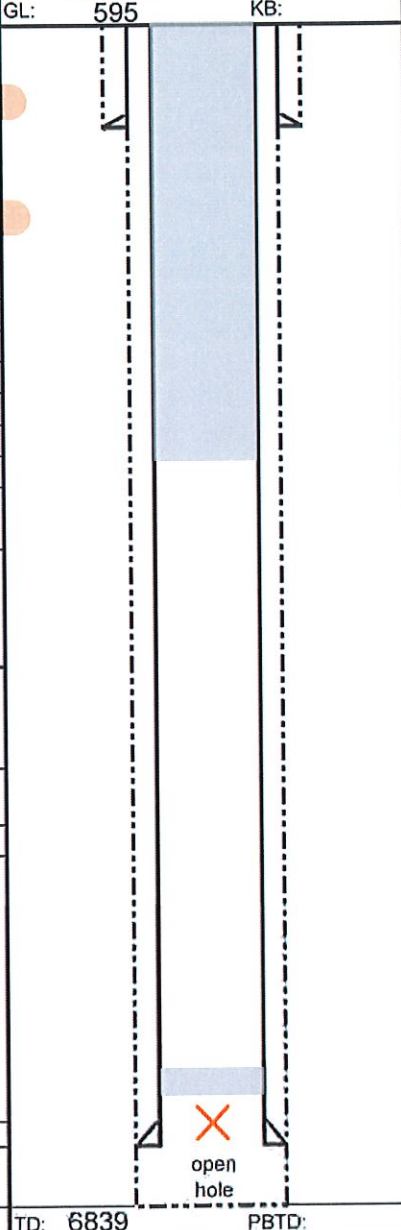
Proposed Perforations:

| | |
|------|----|
| From | To |
| From | To |
| From | To |

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

| | |
|---------------|------------|
| Plug #1 | |
| Cmt Type CIBP | Volume 2sx |
| Plug #2 | |
| Cmt Type A | Volume 350 |
| Plug #3 | |
| Cmt Type | Volume |
| Plug #4 | |
| Cmt Type | Volume |



USDW Depth: 595

Well flowing? Yes No

Will you be disposing of NORM related waste during this plugging? Yes No

If yes, see Part III below.

Is well located in a commercially minable coal resource area? Yes No

If so, was the entity with rights to the coal rights notified? Yes No When?

Who was notified?

Comments:

Bottom plug: Set CIBP at +/-1119 w/2 sx of cement

Top plug: Bond log to verify cement on backside, perforate if needed

Cement from 645 to surface

*note: field inspection revealed that casing can move in hole, therefore estimating sacks for entire top plug depth annulus

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent _____ Date signed (month, day, year) _____





WELL PLUGGING PLAN

State Form 54872 (R4 / 3-20) Form No. P2

INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas
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| Date Modified (month, day, year) | Initials |

PART I GENERAL INFORMATION

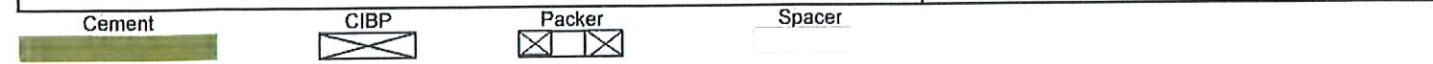
| | | | | |
|------------------------------------------|---------------------------------------------|-------------------|--------------------------------|----------------------|
| Operator: Orphan Well | | Telephone Number: | E-mail: orphanwells@dnr.IN.gov | |
| Lease-Well Number: Charles Leinenbach #1 | | Well Type: Gas | | Permit Number: 37842 |
| County: Dubois | Scheduled plugging date: (month, day, year) | | Section 18 | Township 1S |
| | | | Range 5W | 1/4's |

| <p>Surface:</p> <table border="1"> <thead> <tr> <th>Size</th> <th>Length</th> <th>Hole</th> <th>Cement</th> </tr> </thead> <tbody> <tr> <td>8 5/8</td> <td>176</td> <td></td> <td>50</td> </tr> </tbody> </table> <p>Long String:</p> <table border="1"> <thead> <tr> <th>Size</th> <th>Length</th> <th>Hole</th> <th>Cement</th> </tr> </thead> <tbody> <tr> <td>4 1/2</td> <td>1600</td> <td>7 7/8</td> <td>250</td> </tr> </tbody> </table> <p>Liner / Intermediate Casing:</p> <table border="1"> <thead> <tr> <th>Size</th> <th>Length</th> <th>Hole</th> <th>Cement</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Estimate top of cement (TOC): 434</p> <p>Well Orientation: Vertical: <input checked="" type="checkbox"/> Yes Horizontal: <input type="checkbox"/> Yes</p> <p>Existing Perforations: From 928 To 32</p> <p>Proposed Perforations: From To From To From To</p> <p>Proposed Casing to Pull - Amount:</p> <p>Proposed cement types and volumes</p> <table border="1"> <tr> <td>Plug #1</td> <td>Cmt Type CIBP</td> <td>Volume 1sx</td> </tr> <tr> <td>Plug #2</td> <td>Cmt Type A</td> <td>Volume 175</td> </tr> <tr> <td>Plug #3</td> <td>Cmt Type</td> <td>Volume</td> </tr> <tr> <td>Plug #4</td> <td>Cmt Type</td> <td>Volume</td> </tr> </table> | Size | Length | Hole | Cement | 8 5/8 | 176 | | 50 | Size | Length | Hole | Cement | 4 1/2 | 1600 | 7 7/8 | 250 | Size | Length | Hole | Cement | | | | | Plug #1 | Cmt Type CIBP | Volume 1sx | Plug #2 | Cmt Type A | Volume 175 | Plug #3 | Cmt Type | Volume | Plug #4 | Cmt Type | Volume | <p>GL: 481 KB:</p> <p>TD: 2316 PBD:</p> | <p>USDW Depth: 481</p> <p>Well flowing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will you be disposing of NORM related waste during this plugging? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see Part III below.</p> <p>Is well located in a commercially minable coal resource area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, was the entity with rights to the coal rights notified? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Who was notified?</p> <p>Comments: Bottom plug: Set CIBP at +/-915 w/1 sx of cement</p> <p>Top plug: Bond log to verify cement on backside, perforate if needed</p> <p>Cement from 531 to surface</p> <p>Note: inspections indicate this well is not visible at surface</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------|--------|--------|-------|-----|--|----|------|--------|------|--------|-------|------|-------|-----|------|--------|------|--------|--|--|--|--|---------|---------------|------------|---------|------------|------------|---------|----------|--------|---------|----------|--------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Size | Length | Hole | Cement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 5/8 | 176 | | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Size | Length | Hole | Cement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 1/2 | 1600 | 7 7/8 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Size | Length | Hole | Cement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plug #1 | Cmt Type CIBP | Volume 1sx | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plug #2 | Cmt Type A | Volume 175 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plug #3 | Cmt Type | Volume | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plug #4 | Cmt Type | Volume | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent _____ Date signed (month, day, year) _____





WELL PLUGGING PLAN

State Form 54872 (R4 / 3-20) Form No. P2

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PART I GENERAL INFORMATION

| | | | | |
|----------------------------|------------------------------------------------|-------------------|--------------------------------|----------------------|
| Operator: Orphan Well | | Telephone Number: | E-mail: orphanwells@dnr.IN.gov | |
| Lease-Well Number: Zehr #2 | | Well Type: Oil | | Permit Number: 50567 |
| County: Dubois | Scheduled plugging date: (month, day, year) | | Section 1 | Township 1S |
| | | | Range 4W | 1/4's |

Surface:

| Size | Length | Hole | Cement |
|-------|--------|--------|--------|
| 8 5/8 | 24 | 12 1/4 | 50 |

Long String:

| Size | Length | Hole | Cement |
|------|--------|-------|--------|
| 5.5 | 818 | 7 7/8 | 140 |

Liner / Intermediate Casing:

| Size | Length | Hole | Cement |
|------|--------|------|--------|
| | | | |

Estimate top of cement (TOC): 0

Well Orientation

Vertical: Yes

Horizontal: Yes

Existing Perforations:

| | |
|------|----|
| From | To |
| From | To |
| From | To |

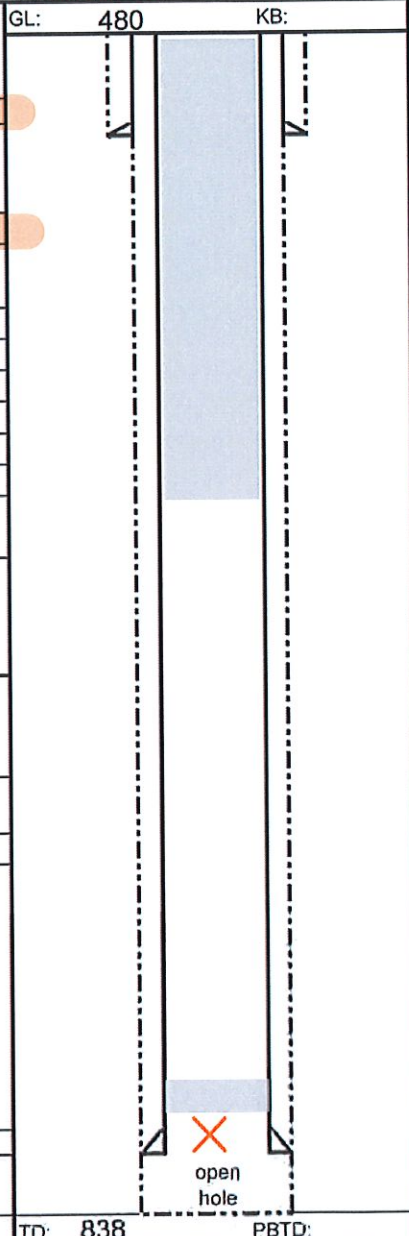
Proposed Perforations:

| | |
|------|----|
| From | To |
| From | To |
| From | To |

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

| | | |
|---------|---------------|------------|
| Plug #1 | Cmt Type CIBP | Volume 1.5 |
| Plug #2 | Cmt Type A | Volume 75 |
| Plug #3 | Cmt Type | Volume |
| Plug #4 | Cmt Type | Volume |



USDW Depth: 424

Well flowing? Yes No

Will you be disposing of NORM related waste during this plugging? Yes No

If yes, see Part III below.

Is well located in a commercially minable coal resource area? Yes No

If so, was the entity with rights to the coal rights notified? Yes No

When?

Who was notified?

Comments:

Bottom plug: Set CIBP at +/-800 w/1.5sx of cement

Top plug: verify cement on backside, perforate if needed

Cement from 530 to surface

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent _____ Date signed (month, day, year) _____

Cement CIBP Packer Spacer



WELL PLUGGING PLAN

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| Date Modified (month, day, year) | Initials |
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PART I GENERAL INFORMATION

| | | | | |
|--------------------------------|---------------------------------------------|------------------------------------|--------------------------------|----------------------|
| Operator: Orphan Well | | Telephone Number: | E-mail: orphanwells@dnr.IN.gov | |
| Lease-Well Number: Rasche #1-B | | Well Type: Geologic/Structure Test | | Permit Number: 52052 |
| County: Dubois | Scheduled plugging date: (month, day, year) | | Section 4 | Township 1S |
| | | | Range 4W | 1/4's |

Surface:

| Size | Length | Hole | Cement |
|--------|--------|------|--------|
| 13.375 | 52 | 17.5 | |

Long String:

| Size | Length | Hole | Cement |
|------|--------|------|--------|
| 7 | 1335 | 8.75 | 80 |

Liner / Intermediate Casing:

| Size | Length | Hole | Cement |
|------|--------|------|--------|
| 5.5 | 1597 | 6.5 | 150 |

Estimate top of cement (TOC): 0

Well Orientation

Vertical: Yes

Horizontal: Yes

Existing Perforations:

From 1611 To 1686

From To

From To

Proposed Perforations:

From To

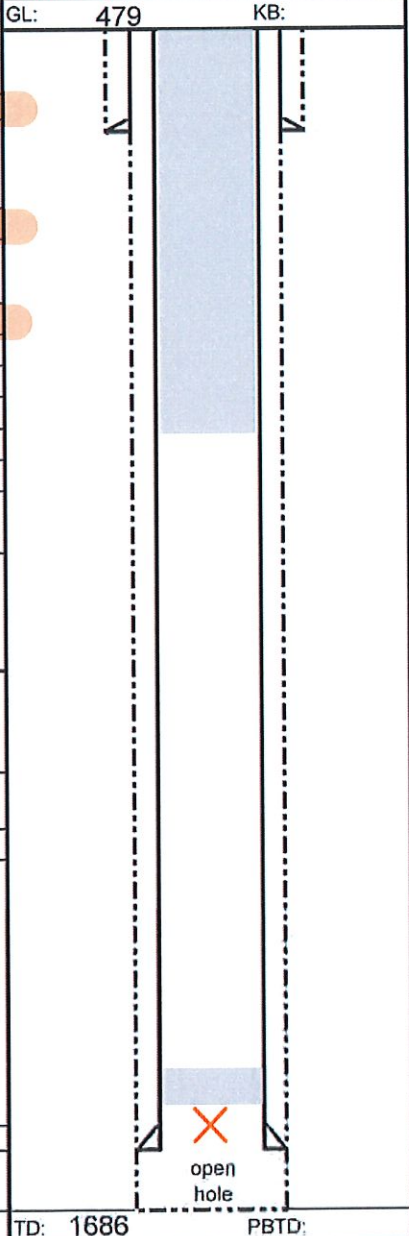
From To

From To

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

| | |
|---------------|--------------|
| Plug #1 | |
| Cmt Type CIBP | Volume 1.5sx |
| Plug #2 | |
| Cmt Type A | Volume 80 |
| Plug #3 | |
| Cmt Type | Volume |
| Plug #4 | |
| Cmt Type | Volume |



USDW Depth: 479

Well flowing? Yes No

Will you be disposing of NORM related waste during this plugging? Yes No

If yes, see Part III below.

Is well located in a commercially minable coal resource area? Yes No

If so, was the entity with rights to the coal rights notified? Yes When?

Who was notified?

Comments:

Bottom plug: Set CIBP at +/-1580 w/1.5 sx of cement

Pull tubing if still present

Top plug: verify cement on backside, perforate if needed

Cement from 529 to surface

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent _____ Date signed (month, day, year) _____





WELL PLUGGING PLAN

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PART I GENERAL INFORMATION

| | | | | |
|-----------------------------------------------|---------------------------------------------|-------------------|--------------------------------|----------------------|
| Operator: Orphan Well | | Telephone Number: | E-mail: orphanwells@dnr.IN.gov | |
| Lease-Well Number: Herbert & Mary Schwenk #2A | | Well Type: Gas | | Permit Number: 52794 |
| County: Dubois | Scheduled plugging date: (month, day, year) | | Section 13 | Township 1S |
| | | | Range 6W | 1/4's |

Surface:

| Size | Length | Hole | Cement |
|-------|--------|------|--------|
| 8 5/8 | 150 | | ? |

Long String:

| Size | Length | Hole | Cement |
|-------|--------|------|--------|
| 4 1/2 | 1500 | | ? |

Liner / Intermediate Casing:

| Size | Length | Hole | Cement |
|------|--------|------|--------|
| | | | |

Estimate top of cement (TOC): ? should circ

Well Orientation: Vertical: Yes
Horizontal: Yes

Existing Perforations:

| | |
|-----------|---------|
| From 1440 | To 1450 |
| From | To |
| From | To |

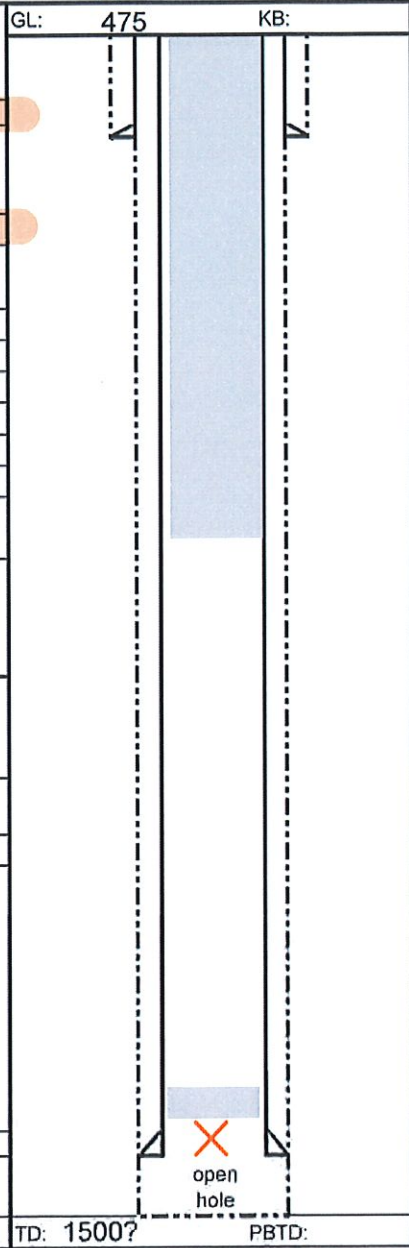
Proposed Perforations:

| | |
|----------|------|
| From 520 | To 0 |
| From | To |
| From | To |

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

| | | |
|---------|---------------|------------|
| Plug #1 | Cmt Type CIBP | Volume 1sx |
| Plug #2 | Cmt Type A | Volume 170 |
| Plug #3 | Cmt Type | Volume |
| Plug #4 | Cmt Type | Volume |



USDW Depth: 475

Well flowing? Yes No

Will you be disposing of NORM related waste during this plugging? Yes No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? Yes No
If so, was the entity with rights to the coal rights notified? Yes No
When?
Who was notified?

Comments:

Bottom plug: Set CIBP at +/-1300 w/1 sx of cement

Top plug: erify cement on backside, perforate if needed

Cement from 525 to surface

note: no completion on file for this well
Per inspections, well is set up with tubing.
Assuming well was constructed similar to other wells in same lease

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent _____ Date signed (month, day, year) _____





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PART I GENERAL INFORMATION

| | | | | |
|----------------------------------------|---------------------------------------------|-------------------|--------------------------------|----------------------|
| Operator: Orphan Well | | Telephone Number: | E-mail: orphanwells@dnr.IN.gov | |
| Lease-Well Number: Kalb Oil & Gas #D-1 | | Well Type: Oil | | Permit Number: 53817 |
| County: Dubois | Scheduled plugging date: (month, day, year) | | Section 35 | Township 1N |
| | | | Range 4W | 1/4's |

Surface:

| Size | Length | Hole | Cement |
|--------|--------|--------|--------|
| 10 3/4 | 93 | 13 3/4 | |

Long String:

| Size | Length | Hole | Cement |
|-------|--------|-------|--------|
| 7.625 | 2109 | 9 7/8 | 256 |

Liner / Intermediate Casing:

| Size | Length | Hole | Cement |
|------|--------|------|--------|
| | | | |

Estimate top of cement (TOC): 0

Well Orientation

Vertical: Yes
Horizontal: Yes

Existing Perforations:

| | |
|------|----|
| From | To |
| From | To |
| From | To |

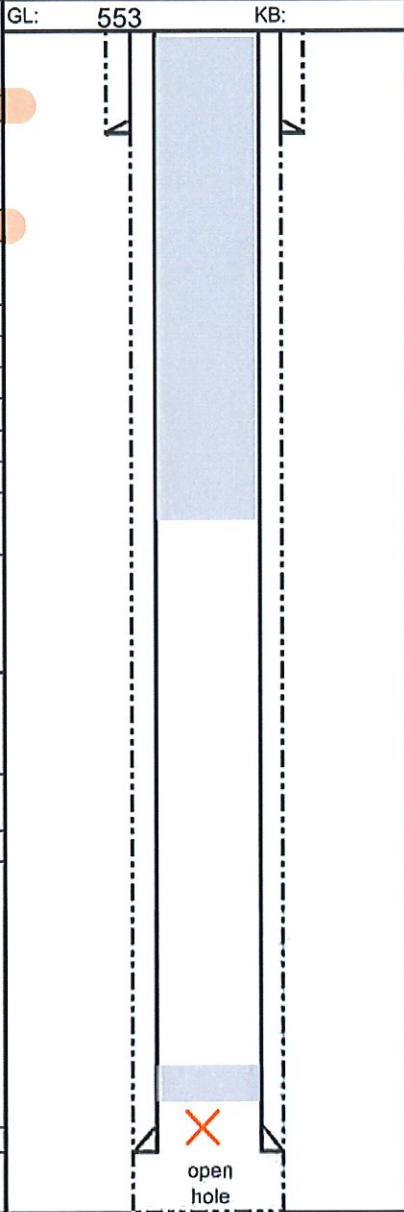
Proposed Perforations:

| | |
|------|----|
| From | To |
| From | To |
| From | To |

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

| | | |
|---------|---------------|------------|
| Plug #1 | Cmt Type CIBP | Volume 2sx |
| Plug #2 | Cmt Type A | Volume 150 |
| Plug #3 | Cmt Type | Volume |
| Plug #4 | Cmt Type | Volume |



USDW Depth: 553

Well flowing? Yes No

Will you be disposing of NORM related waste during this plugging? Yes No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? Yes No
If so, was the entity with rights to the coal rights notified? Yes No When?
Who was notified?

Comments:

Bottom plug: Set CIBP at +/-1194 w/2 sx of cement

Top plug: verify cement on backside, perforate if needed

Cement from 603 to surface

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent _____ Date signed (month, day, year) _____

Cement CIBP Packer Spacer



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PART I GENERAL INFORMATION

| | | |
|-------------------------------|---------------------------------------------|---------------------------------------|
| Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov |
| Lease-Well Number: Schwenk #1 | Well Type: Gas | Permit Number: 45118 |
| County: Dubois | Scheduled plugging date: (month, day, year) | Section 13 Township 1S Range 6W 1/4's |

Surface:

| Size | Length | Hole | Cement |
|-------|--------|------|--------|
| 8 5/8 | 172 | | 175 |

Long String:

| Size | Length | Hole | Cement |
|-------|--------|------|--------|
| 4 1/2 | 1556 | | 200 |

Liner / Intermediate Casing:

| Size | Length | Hole | Cement |
|------|--------|------|--------|
| | | | |

Estimate top of cement (TOC): 624

Well Orientation: Vertical: Yes Horizontal: Yes

Existing Perforations:

From 1456 To 1465

From To

From To

Proposed Perforations:

From 530 To 531

From To

From To

Proposed Casing to Pull - Amount:

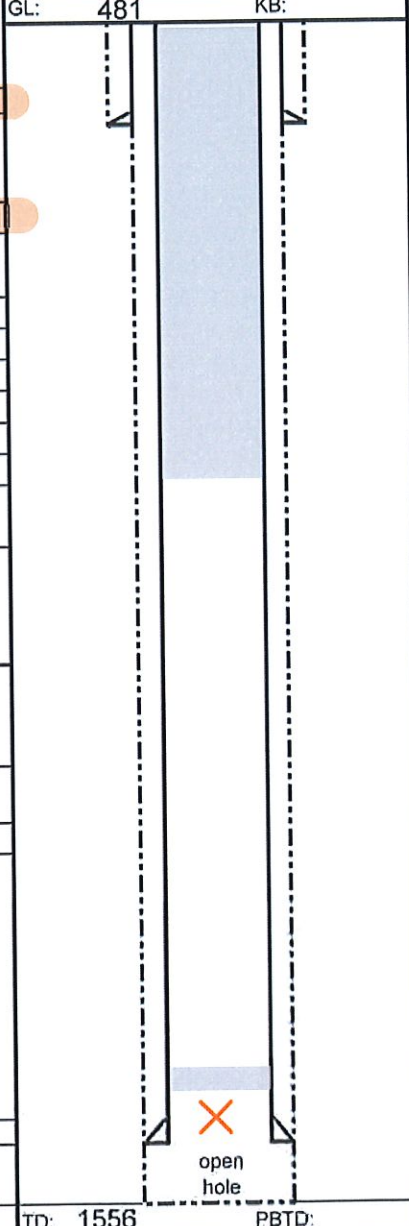
Proposed cement types and volumes

Plug #1
Cmt Type CIBP Volume 1sx

Plug #2
Cmt Type A Volume 175

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 481

Well flowing? Yes No

Will you be disposing of NORM related waste during this plugging? Yes No

If yes, see Part III below.

Is well located in a commercially minable coal resource area? Yes No

If so, was the entity with rights to the coal rights notified? Yes No When?

Who was notified?

Comments:

Bottom plug: Set CIBP at +/-1430 w/1sx of cement

Top plug: perforate if needed

Cement from 531 to surface

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

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| Signature of operator or authorized agent | Date signed (month, day, year) |
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Cement CIBP Packer Spacer



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PART I GENERAL INFORMATION

| | | | | |
|----------------------------------|------------------------------------------------|-------------------|--------------------------------|----------------------------------|
| Operator: Orphan Well | | Telephone Number: | E-mail: orphanwells@dnr.IN.gov | |
| Lease-Well Number: Kalb Trust #4 | | Well Type: Oil | | Permit Number: 50652 |
| County: Dubois | Scheduled plugging date: (month, day, year) | | Section 35 | Township 1N Range 4W 1/4's |

Surface:

| Size | Length | Hole | Cement |
|-------|--------|------|--------|
| 8 5/8 | 132 | 11 | 100 |

Long String:

| Size | Length | Hole | Cement |
|------|--------|-------|--------|
| 5.5 | 1093 | 7 7/8 | 280 |

Liner / Intermediate Casing:

| Size | Length | Hole | Cement |
|------|--------|------|--------|
| | | | |

Estimate top of cement (TOC): 0

Well Orientation: Vertical: Yes
Horizontal: Yes

Existing Perforations:

| | |
|-----------|---------|
| From 1028 | To 1036 |
| From | To |
| From | To |

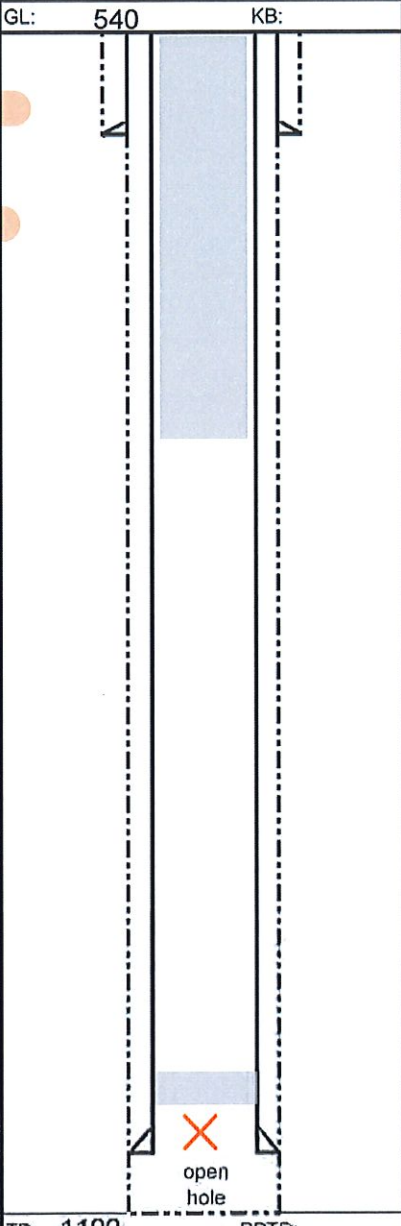
Proposed Perforations:

| | |
|------|----|
| From | To |
| From | To |
| From | To |

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

| | |
|----------------|------------|
| Plug #1 | |
| Cmt Type CIBP | Volume 1.5 |
| Plug #2 | |
| Cmt Type A | Volume 75 |
| Plug #3 | |
| Cmt Type | Volume |
| Plug #4 | |
| Cmt Type | Volume |



USDW Depth: 540
Well flowing? Yes No

Will you be disposing of NORM related waste during this plugging? Yes No
If yes, see Part III below.

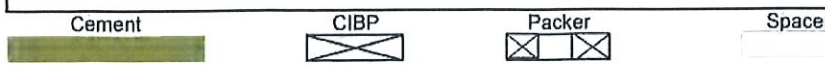
Is well located in a commercially minable coal resource area? Yes No
If so, was the entity with rights to the coal rights notified? Yes No When?
Who was notified?

Comments:
Bottom plug: Set CIBP at +/-1010 w/1.5 sx of cement
Top plug: verify cement on backside, perforate if needed
Cement from 590 to surface

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent _____ Date signed (month, day, year) _____





WELL PLUGGING PLAN

State Form 54872 (R4 / 3-20) Form No. P2

INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas
402 West Washington Street, Room W293
Indianapolis, IN 46204
Telephone: (317) 232-4055
Internet: <http://www.in.gov/dnr/dnroil>

| FOR STATE USE ONLY | |
|----------------------------------|----------|
| Date Received (month, day, year) | Initials |
| 2/9/2026 | KPCJ |
| Date Approved (month, day, year) | Initials |
| 2/11/2026 | KPCJ |
| Date Denied (month, day, year) | Initials |
| | |
| Date Modified (month, day, year) | Initials |
| | |

PART I GENERAL INFORMATION

| | | | | |
|----------------------------------|---------------------------------------------|------------------------------------|--------------------------------|----------------------|
| Operator: Orphan Well | | Telephone Number: | E-mail: orphanwells@dnr.IN.gov | |
| Lease-Well Number: Leistner 33-B | | Well Type: Geologic/Structure Test | | Permit Number: 52060 |
| County: Dubois | Scheduled plugging date: (month, day, year) | | Section 33 | Township 1N |
| | | | Range 4W | 1/4's |

Surface:

| Size | Length | Hole | Cement |
|--------|--------|-------|--------|
| 13.375 | 58 | 17.50 | |

Long String:

| Size | Length | Hole | Cement |
|------|--------|------|--------|
| 7 | 1696 | 8.75 | 325 |

Liner / Intermediate Casing:

| Size | Length | Hole | Cement |
|-------|--------|-------|--------|
| 9.625 | 461 | 12.25 | 200 |

Estimate top of cement (TOC): 0

Well Orientation

Vertical: Yes
Horizontal: Yes

Existing Perforations:

| | |
|------|----|
| From | To |
| From | To |
| From | To |

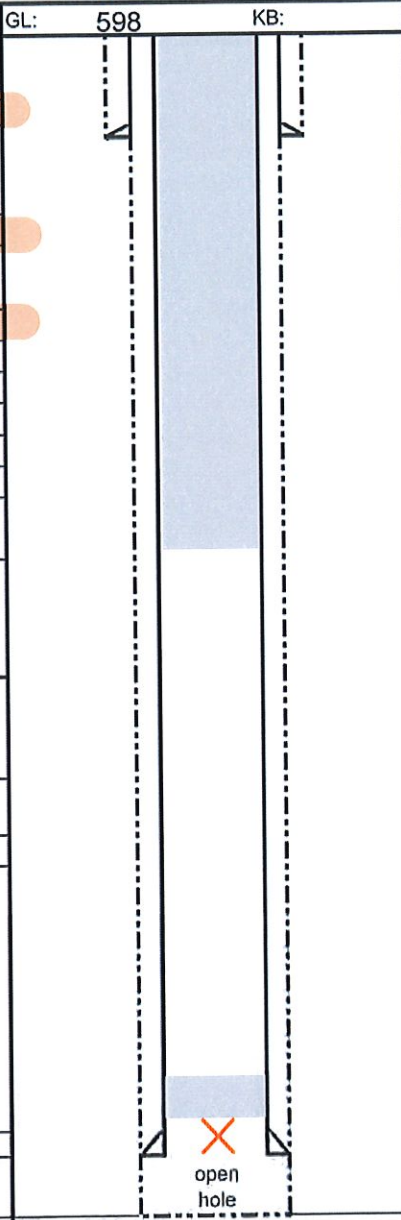
Proposed Perforations:

| | |
|------|----|
| From | To |
| From | To |
| From | To |

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

| | | |
|---------|---------------|------------|
| Plug #1 | Cmt Type CIBP | Volume 2sx |
| Plug #2 | Cmt Type A | Volume 140 |
| Plug #3 | Cmt Type | Volume |
| Plug #4 | Cmt Type | Volume |



USDW Depth: 598

Well flowing? Yes No

Will you be disposing of NORM related waste during this plugging? Yes No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? Yes No
If so, was the entity with rights to the coal rights notified? Yes No When?
Who was notified?

Comments:

Bottom plug: Set CIBP at +/-1680 w/2 sx of cement
Remove tubing if still present

Top plug: Bond log to verify cement on backside, perforate if needed

Cement from 648 to surface

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent _____ Date signed (month, day, year) _____





WELL PLUGGING PLAN

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| 2/11/2026 | KPCJ |
| Date Denied (month, day, year) | Initials |
| | |
| Date Modified (month, day, year) | Initials |
| | |

PART I GENERAL INFORMATION

| | | | |
|------------------------------------------|---------------------------------------------|-------------------|----------------------------------|
| Operator: Orphan Well | | Telephone Number: | E-mail: orphanwells@dnr.IN.gov |
| Lease-Well Number: Kalb Oil & Gas #HUB-1 | | Well Type: Gas | Permit Number: 53751 |
| County: Dubois | Scheduled plugging date: (month, day, year) | Section 36 | Township 1N Range 4W 1/4's |

Surface:

| Size | Length | Hole | Cement |
|--------|--------|--------|--------|
| 10 3/4 | 119 | 12 1/4 | 100 |

Long String:

| Size | Length | Hole | Cement |
|------|--------|-------|--------|
| 7 | 1581 | 9 7/8 | 110 |

Liner / Intermediate Casing:

| Size | Length | Hole | Cement |
|------|--------|------|--------|
| | | | |

Estimate top of cement (TOC): 0

Well Orientation
 Vertical: Yes
 Horizontal: Yes

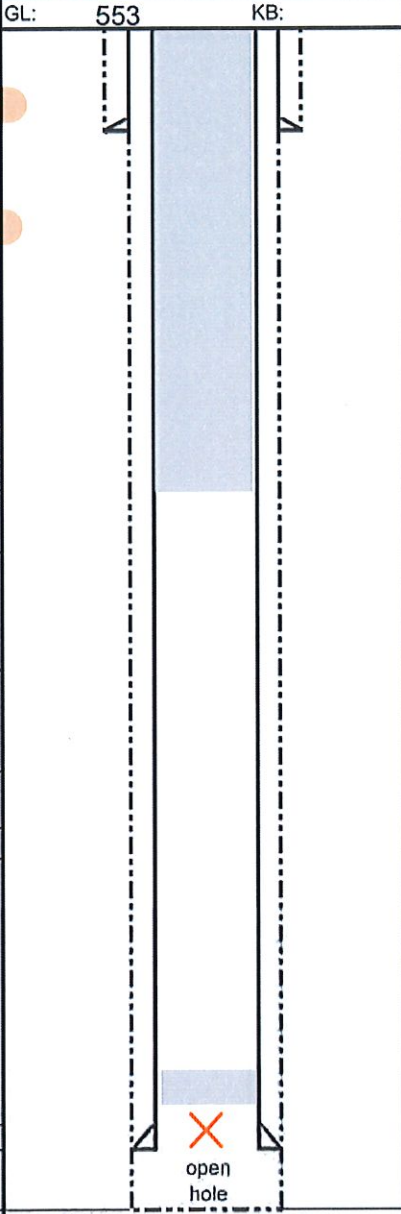
Existing Perforations:
 From 1581 To 1641

Proposed Perforations:
 From To
 From To
 From To

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

| | |
|----------------|------------|
| Plug #1 | |
| Cmt Type CIBP | Volume 2sx |
| Plug #2 | |
| Cmt Type A | Volume 120 |
| Plug #3 | |
| Cmt Type | Volume |
| Plug #4 | |
| Cmt Type | Volume |



USDW Depth: 553
 Well flowing? Yes No

Will you be disposing of NORM related waste during this plugging? Yes No
 If yes, see Part III below.

Is well located in a commercially minable coal resource area? Yes No
 If so, was the entity with rights to the coal rights notified? Yes No When?
 Who was notified?

Comments:
 Bottom plug: Set CIBP at +/-1560 w/2 sx of cement
 Top plug: verify cement on backside, perforate if needed
 Cement from 603 to surface

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent _____ Date signed (month, day, year) _____

