

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

1179798

Form CP-4

March 2009

Type or Print on this Form

Form must be Signed

All blanks must be Filled

WELL PLUGGING RECORD

K.A.R. 82-3-117

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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 4472

Cell 785-324-1041

Date	12-15-10	Sec.	27	Twp.	7	Range	20	County	Rooks	State	Ransas	On Location		Finish	12:00pm
Lease	Avic	Well No.	1	Location R-18 1 Hwy 24 2E 1N 1W											
Contractor	Discovery Drilling Rig 3												Owner	To Quality Oilwell Cementing, Inc.	
Type Job	Plug												You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.		
Hole Size	7 7/8												T.D.	3415	
Csg.													Depth		
Tbg. Size													Depth		
Tool													Depth		
Cement Left in Csg.													Shoe Joint		
Meas Line													Displace		
												Charge To	Blake Exploration		
												Street			
												City	State		
												The above was done to satisfaction and supervision of owner agent or contractor.			
												Cement Amount Ordered	220 60/40 48 Gal 1/16 Flow Seal		

EQUIPMENT

Pumptrk	3	No.	Cementor	Steve	Common	132
Bulktrk	3	No.	Helper	Brandon	Poz. Mix	88
Bulktrk		No.	Driver		Gel.	8

JOB SERVICES & REMARKS

Remarks:		Hulls	
Rat Hole		Salt	
Mouse Hole		Flowseal	55#
Centralizers		Kol-Seal	
Baskets		Mud CLR 48	
D/V or Port Collar		CFL-117 or CD110 CAF 38	
1st Plug @ 1545	25sx	Sand	
2nd " 870	100sx	Handling	278
3rd " 275	40sx	Mileage	
4th " 40	10sx	FLOAT EQUIPMENT	
Rat Hole	30sx	Guide Shoe	
Mouse Hole	15sx	Centralizer	
		Baskets	
		AFU Inserts	
		Float Shoe	
		Latch Down	
		1 88 Wood Plug	
		Pumptrk Charge	plug
		Mileage	52

X Signature John Smith

Tax
Discount
Total Charge

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 4402

Cell 785-324-1041

Date	12-10-10	Sec.	27	Twp.	7	Range	20	County	Rooks	State	KS	On Location		Finish	4:00PM
Lease	Avis		Well No.		2		Location Damar N to Hwy 24 1E 1/2 N E into								
Contractor Discovery #3								Owner							
Type Job Surface								To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Hole Size		12 1/4		T.D.		223		Charge To							
Csg.		8 5/8 (23.5)		Depth		222.29		Blake Exploration							
Tbg. Size				Depth				Street							
Tool				Depth				City State							
Cement Left in Csg.		10-15'		Shoe Joint				The above was done to satisfaction and supervision of owner agent or contractor.							
Meas Line				Displace		13.18 bbls		Cement Amount Ordered 150 com 35cc 2 bags							

EQUIPMENT

Pumptrk	9	No.	Cement Helper	Brandon	Common	150
Bulktrk	8	No.	Driver	Paul	Poz. Mix	
Bulktrk	Py	No.	Driver	Doug	Gel.	3

JOB SERVICES & REMARKS

Remarks:		Calcium	5
Rat Hole		Hulls	
Mouse Hole		Salt	
Centralizers		Flowseal	
Baskets		Kol-Seal	
D/V or Port Collar		Mud CLR 48	
		CFL-117 or CD110 CAF 38	
		Sand	
		Handling	158
		Mileage	

FLOAT EQUIPMENT

		Guide Shoe	
		Centralizer	
		Baskets	
		AFU Inserts	
		Float Shoe	
		Latch Down	

Pumptrk Charge Surface

Mileage 52

Tax

Discount

Total Charge

X Signature

John Laska

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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 #: 33306
Name: Blake Exploration, LLC
Address 1: P.O. Box 150
Address 2: 201 South Main
City: Bogue State: KS Zip: 67625 + _____
Contact Person: Mike Davignon
Phone: (785) 421-2921
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)
None Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 163-23,907-00-00
Spot Description: _____
SW SW NE SW Sec. 27 Twp. 7 S. R. 20 ☐ East ☒ West
1,640 Feet from ☐ North / ☒ South Line of Section
1,640 Feet from ☐ East / ☒ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☒ SW
County: Rooks
Lease Name: Avis Well #: 1
Date Well Completed: 12/15/2010
The plugging proposal was approved on: 12/14/2010 (Date)
by: Richard Williams (KCC District Agent's Name)
Plugging Commenced: 9:15AM 12/15/2010
Plugging Completed: 12:00Pm 12/15/2010

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 pipe	8 5/8	222.29	None

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.

(1st Plug @ 1545'W/25sks)(2nd Plug @ 870'W/100sks)(3rd Plug @ 275'W/40sks)(4th Plug @ 40'W/10sks)(30sks In Rat Hole)(15sks In Mouse Hole)(Total 220sks 60/40Poz 4%GelW/1/4#CF/sk-By Quality Oilwell Cementing-Completed @ 12:00PM 12/15/2010)(Circulated 1st Plug 15 Minutes W/56 Vis MUD))(Plugs Displaced W/MUD)

Plugging Contractor License #: 31548 Name: Discovery Drilling Co., Inc.
Address 1: P.O. Box 763 Address 2: _____
City: Hays State: Kansas Zip: 67601 + 0763
Phone: (785) 623-2920
Name of Party Responsible for Plugging Fees: Blake Exploration, 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.

Signature: _____

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