

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
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: Blake Exploration LLC

Address: 201 S. Main P.O. Box 150 Bogue KS.

Phone: (785) 421-2921 Operator License #: 333016

Type of Well: Oil Docket #: _____
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)

The plugging proposal was approved on: 8-29-13 @ 1:30 P.M. (Date)

by: Richard Williams (KCC District Agent's Name)

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 Number: 15-171-21173-00-00

Lease Name: Ross

Well Number: No. 1

Spot Location (QQQQ): SW - NE - NE - NE

335 Feet from North / South Section Line

335 Feet from East / West Section Line

Sec. 18 Twp. 14 S. R. 32 East West

County: Logan

Date Well Completed: 8-31-13

Plugging Commenced: 12:45 A.M. 8-31-13

Plugging Completed: 4:00 A.M. 8-31-13

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface Conductor & Production)				
Formation	Content	From	To	Size	Put In	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.

Plug @ 2290' w/ 25sx @ 1160' w/ 100sx @ 275' w/ 40sx @ 40' w/ 10sx & 15' In Mouse & 30sx In Rat. Cement w/ 220sx 10/40 P02 4% Gel 1/4# Floreal Pr 5x. Consolidated Cement Ticket No. 44298

Name of Plugging Contractor: Val Energy Inc, License #: _____

Address: _____

Name of Party Responsible for Plugging Fees: Blake Exploration LLC

State of _____ County, _____, ss.

(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) Janey D. Lindquist

(Address) 1226 Harrison St Bend KS 67530

SUBSCRIBED and SWORN TO before me this _____ day of _____, 20

Notary Public My Commission Expires: _____

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



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 38062
LOCATION Oakley, KS
FOREMAN Kelly Gabe

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
8-21-13	1487	Ross #1	18	14 ^s	32 ^w	Logan	
CUSTOMER		Oakley South to Mustang Rd 25 w into					
MAILING ADDRESS		Blake Exploration		TRUCK #	DRIVER	TRUCK #	DRIVER
CITY		STATE	ZIP CODE	309	Jordan		
				566	Jeremy R Steven		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 229 CASING SIZE & WEIGHT 8 5/8 24#
 CASING DEPTH 229 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 148 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30'
 DISPLACEMENT 13 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, rigged up on Val #4, hooked up to circulate, mixed 1655 lbs com 30% cc 20% gel, displaced with 13 bbl water, shut in,

Cement did circulate

Approx 8 bbl to pit

*Thank You
Kelly & crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1150 ⁰⁰	1150 ⁰⁰
5406	20 mi	MILEAGE	535	10700
11045	1655 lbs	Class A cement	1855	306075
1102	465 #	Calcium chloride	.94	43770
1118B	310 #	Bentonite	.27	8370
5407	7.75	Ton mileage delivery	175	43500
				5216055
				52665
				473989
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE 8-21-13

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.