



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1216658
OIL & GAS CONSERVATION DIVISION

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.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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

BIRK PETROLEUM

874 12TH RD SW

BURLINGTON, KS 66839

620-364-1311 - OFFICE, 620-364-6646 - CELL

WELL CEMENTING

SERVICE TICKET

COUNTY CF. DATE: 07/10/14
CITY _____

CHARGE TO Birk Petroleum
ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Fischer # 11 CONTRACTOR _____

KIND OF JOB Plug Dry Hole SEC _____ TWP _____ RG _____

DIR. TO LOC. _____ OLD NEW

| QUANTITY | MATERIAL USED | SERV. CHG |
|--------------|------------------------|-----------|
| <u>90 Sx</u> | <u>Portland Cement</u> | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | BULK CHARGE | |
| | BULK TRK. MILES | |
| | PUMP TRK. MILES | |
| | | |
| | PLUGS | |
| | | |
| | | |
| | TOTAL | |

T.D. 1130' CSG. SET AT _____ VOLUME _____

SIZE HOLE 6 1/4" TBG SET AT _____ VOLUME _____

MAX. PRESS. _____ SIZE PIPE _____

PLUG DEPTH _____ PKER DEPTH _____ PLUG USED _____

TIME FINISHED: _____

REMARKS: Connect to drill pipe. Set plug @ TD using 15 Sx Cement. Mix & pump 2 Sx gel. Pull out to base of K.C. @ 720'. Set plug @ base of K.C. using 15 Sx Cement. Mix & pump 2 Sx gel. Pull out to depth of 250'. Set solid plug 250' to surface using 60' Sx Cement.

NAME _____

CEMENTER OR TREATER _____

Saura Burt
OWNER'S REP.