



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

KANSAS CORPORATION COMMISSION 1221658
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

Date 9-4-74 Sec. 21 Twp. 12 Range 21 County Harris State MS On Location 9:30 AM 12:00 PM

Lease C Baughed Location Riga TN 3/4 W 5 1/2 N Well No. #2 Owner To Quality Oilwell Cementing, Inc.

Contractor E.K. Press You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Type Job old hole plug Charge To Blake

Hole Size _____ T.D. _____ Street _____

Csg. 5 1/2 Depth _____ City _____ State _____

Tbg. Size 2 1/2 Depth _____ The above was done to satisfaction and supervision of owner agent or contractor.

Tool _____ Depth _____ Cement Amount Ordered 400 60/40

Cement Left in Csg. _____ Shoe Joint _____ Cement 400 gel

Meas Line _____ Displace _____ Common _____

EQUIPMENT Poz. Mix _____

Pumptrk <u>70</u> No. _____	Cementer <u>Matt</u>	_____
Bulktrk <u>4</u> No. _____	Helper _____	_____
Bulktrk <u>pu</u> No. _____	Driver <u>Nick</u>	_____
	Driver <u>Chad</u>	_____

JOB SERVICES & REMARKS Gel. 10 gal on side

Remarks: _____ Hulls 400 #

Rat Hole _____ Salt _____

Mouse Hole _____ Flowseal _____

Centralizers _____ Kol-Seal _____

Baskets _____ Mud CLR 48 _____

D/V or Port Collar _____ CFL-117 or CD110 CAF 38 _____

1st 3500 10 1900s Handling _____

6el 50 5 1/2 50 5 1/2 50 5 1/2 Mileage _____

2nd 700 100 5 1/2 **FLOAT EQUIPMENT**

Guide Shoe _____

Centralizer _____

Baskets _____

3rd 100 175 5 1/2 AFU Inserts _____

4th top off 10 5 1/2 Float Shoe _____

Latch Down _____

Pumptrk Charge _____

Mileage _____

Signature [Signature] Tax _____

Discount _____

Total Charge _____



Every Project Is Personal

Pioneer Wireline Services, LLC

Service Order No.

1 - 47753

Phone: 785.625.3858

Fax: 785.625.8635

Date:

7-4-2014

Client Info	Company Blake Exploration				Client Order # Verbal MW					
	Billing Address				City		ST	Zip		
Well Info	Lease & Well # Baughman 0-2			Field Name			Legal Description (coordinates) 21-125-211			
	Nearest Town Kipa		County / Parish Ks.		ST	Rig	Permit #	Price Zone	Casing Size 5.5"	Casing Weight
	Fluid Oil	Level (surf.) 200'	Reading from 5' AGL	Customer T.D. 4100	Pioneer T.D.	Elevation 2283	KB Elevation			
Crew	Engineer Dan L...		Truck Driver Steve L...		Crew Members John Vaughn			Unit # 4	Miles	

Product Code	Description	Q-ty	Unit Price	Depth		\$ Amount
				From	To	
17502	Perforate 3 1/8" HEC 1x2	2	58 ⁰⁰ EA	265	266	116 ⁰⁰
17500	Depth Charge	266'	1000 ⁰⁰ min	0	266	1000 ⁰⁰
17502	Perforate 3 1/8" HEC 1x2	2	55 ⁰⁰ EA	750	751	116 ⁰⁰
17500	Depth Charge	751'	1000 ⁰⁰ min	0	751	1000 ⁰⁰
17502	Perforate 3 1/8" HEC 1x2	2	55 ⁰⁰ EA	1720	1721	116 ⁰⁰
17500	Depth Charge	1721'	1000 ⁰⁰ min	0	1721	1000 ⁰⁰
17502	Perforate 3 1/8" HEC 1x2	2	55 ⁰⁰ EA	2300	2301	116 ⁰⁰
17500	Depth Charge	2301'	1000 ⁰⁰ min	0	2301	1000 ⁰⁰
2376	1717.5	746	2635			
4	25	4	2.5			
2300	1720	750	265			
1000	Track Rental Hec					2200 ⁰⁰

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

SUBTOTAL

6664⁰⁰

DISCOUNT

SUBTOTAL

TAX

NET TOTAL

Client Approval

[Signature]

Name Printed _____ Signature / Date _____

Pioneer Field Representative

[Signature] 7-4-14

Name Printed _____ Signature / Date _____

PIONEER OFFICE USE ONLY - Manager Approval

Name Printed _____ Signature / Date _____