



This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

OPERATOR: License #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____

API No. 15 - _____
If pre 1967, supply original completion date: _____
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 #: _____

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: _____ (G.L. / K.B.) T.D.: _____ PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: _____
Address: _____ City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____
Plugging Contractor License #: _____ Name: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____

Proposed Date of Plugging (if known): _____

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Submitted Electronically



CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____

Well Location: _____
_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____
Lease Name: _____ Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I Submitted Electronically

I

Form	CP1 - Well Plugging Application
Operator	BEREXCO LLC
Well Name	Blakely Trust Lease 1-17
Doc ID	1240316

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
6293	6301	Morrow	

FORM MUST BE TYPED

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

SIDE ONE

API NO. 15- 189-22,098

County Stevens

85'S & 115'E of SW SWSec 17Twp 34Rge 37 E
X W

575 Feet from SIN (circle one) Line of Section

775 Feet from ENW (circle one) Line of Section

Footages Calculated from Nearest Outside section Corner:
NE, SE, NW, or SW (circle one)

Lease Name Blakely Trust Well # 1-17

Field Name Wildcat

Producing Formation Morrow

Elevation: Ground: 3171 KB: 3183

Total Depth 6770 PBTB 6724

Amount of Surface Pipe Set and Cemented at 1727 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

Feet depth to _____ w/ _____ sx. cmt.

Drilling Fluid Management Plan
(Date must be collected from the Reserve Pit)

Chloride Content 900 ppm Fluid Volume 9600 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____

____ Quarter Sec ____ Twp ____ Rge ____ E/W

County _____ Docket No. _____

OPERATOR: License # 5363

Name: BEREXCO, Inc

Address 100 N. Broadway
Suite 970

City/State/Zip Wichita, KS 67202

Purchaser: _____

Operator Contact Person: Evan Mayhew

Phone (316) 265-3311

Contractor: Beredco, Inc

License: 5147

Wellsite Geologist: Edwin H. Grieves

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.
 Gas EHHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry; oil well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-Perf Conv. to Inj/SWD
 Plug Back PBTB

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

11/14/96 11/27/96 01/28/97
Spud Date Date Reached TD Completion Date

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas, 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-2-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 with all plugged well. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Evan Mayhew

Title Division Engineer Date 2/8/97

Subscribed and sworn to before me this 10th day of February 1997.

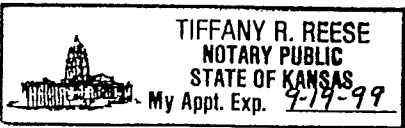
Notary Public Tiffany R. Reese

Date Commission Expires SEPTEMBER 19, 1999

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received

Distribution
KCC SWD/Rep NGPA
KGS Plug Other
(Specify)

Form ACO-1 (7-91)



CONFIDENTIAL

Operator Name BEREXCO INC
 Sec 17 Twp 34 Rge 37
 East
 West

Lease Name Blakely Trust Well # 1-17
 County Stevens

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressure, whether shut-in pressure reached static level, hydrostatic pressure, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum See Attached
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List All E. Logs Run:	Dual Induction Laterlog Microlog Cement Bond Log Spectral Density Dual Spaced Neutron II Log Long Spaced Sonic Log	

CASING RECORD							
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs/Ft	Setting Depth	Type Of Cement	# Sacks Used	Type and Percent Additives
Surface	12 1/4	8-5/8	24#	1727	Mid Con Prem Plus	400 125	
Production	7 7/8	4-1/2	10.5#	6767	Prem	300	9% versaset, .6% Hallite-322 5% CCL, 6# gilsonite

Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
Perforate					
Protect Casing					
Plug Back TD					
Plug Off Zone					
Remedial					

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type.		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
4	6293-6301		1500 gallons 15% Fe-HCL	Depth 6293-6301
			39000 gallons CO2 foam, 49650# sand	6293-6301

TUBING RECORD	Size 2-3/8	Set At 6240	Packer At 6280	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj 01/28/97	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimate Production Per 24 Hours	Oil 0	Bbbs	Gas 485	MCF 0
			Water 0	Bbbs ---
			Gas-Oil Ratio	Gravity

METHOD OF COMPLETION

Disposition of Gas:
 Vented Sold Used on Lease
 (If vented, submit ACO-18.)

Open Hole Perf Dually Comp Commingled
 Other (Specify) _____

Production Interval
6293-6301

CONFIDENTIAL

BEREXCO INC.

OIL AND GAS EXPLORATION

a Robert M. Beren company.

970 FOURTH FINANCIAL CENTER
WICHITA, KANSAS 67202 • (316) 265-3311
FAX (316) 265-2994

ACCOUNTING • (316) 265-3511
FAX (316) 265-8690

February 10, 1996

Kansas Corporation Commission
Oil & Gas Conservation Division
Wichita State Office Building
130 South Market, Room 2078
Wichita, Kansas 67202

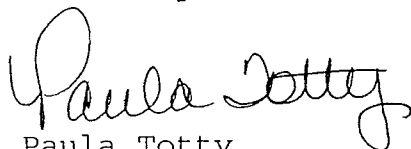
RE: Blakely Trust 1-17
85' S & 115' E of SW SW
Sec 17-34S-37W
Stevens Co., KS

Gentlemen:

Please find enclosed two copies of the "Affidavit of Completion" form, Dual Induction Laterlog, Spectral Density Dual Spaced Neutron II Log, Microlog, Long Spaced Sonic Log, Geological Report, Cementing Tickets and Drill Stem Tests. Please hold all information **CONFIDENTIAL**.

Thank you for your attention to this matter.

Sincerely,



Paula Totty
Production Assistant

enclosure

CONFIDENTIAL

January 27, 2015

Evan Mayhew
BEREXCO LLC
2020 N. Bramblewood
Wichita, KS 67206-1094

Re: Plugging Application
API 15-189-22098-00-00
Blakely Trust Lease 1-17
SW/4 Sec.17-34S-37W
Stevens County, Kansas

Dear Evan Mayhew:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 1 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 1's phone number is (620) 225-8888. Failure to notify DISTRICT 1, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after July 27, 2015. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The July 27, 2015 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely,
Production Department Supervisor

cc: DISTRICT 1