



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

KANSAS CORPORATION COMMISSION 1263956
OIL & GAS CONSERVATION DIVISION
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 #: _____
 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



CEMENTING LOG

STAGE NO. _____

Date 7/2/15 District Okla Ticket No. 067730
 Company Beredco Rig Beredco 10
 Lease Moser C Well No. 028
 County Rawlins State KS
 Location _____ Field _____

CEMENT DATA:

Spacer Type: _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time 114 hrs. Type 20/40 4000
 Amt. 255 Skys Yield 142 Excess _____
 ft³/sk Density 13.85 PPG

TAIL: Pump Time _____ hrs. Type _____
 Amt. _____ Skys Yield _____ Excess _____
 ft³/sk Density _____ PPG

WATER: Lead 0.9 gals/sk Tail _____ gals/sk Total _____ Bbls.

Pump Trucks Used 436
 Bulk Equip. 810

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 7/8 Type _____ Weight _____ Collar _____

Casing Depths: Top _____ Bottom _____

Drill Pipe: Size 4 1/2 Weight _____ Collars _____
 Open Hole: Size 5 7/8 T.D. _____ ft. P.B. to _____ ft.

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. 0.037 Lin. ft./Bbl. _____
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. 0.1482 Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Perforations: From _____ ft. to _____ ft. Amt. _____

Float Equip: Manufacturer _____

Shoe: Type _____ Depth _____

Float: Type _____ Depth _____

Centralizers: Quantity _____ Plugs Top _____ Btm. _____

Stage Collars _____

Special Equip. _____

Disp. Fluid Type ISO Amt. _____ Bbls: Weight _____ PPG

Mud Type Big Mud Weight _____ PPG

COMPANY REPRESENTATIVE _____

CEMENTER AL

| TIME | PRESSURES PSI | | FLUID PUMPED DATA | | | REMARKS |
|------|-------------------|---------|-------------------|------------------------|----------------|----------------------------|
| | DRILL PIPE CASING | ANNULUS | TOTAL FLUID | Pumped Per Time Period | RATE Bbls Min. | |
| | | | | | | submittion 5000 mty set up |
| | | | | | | ring spacer |
| | | | | 8'0" | | mix 50 SKO 3875' |
| | | | | 16'0" | | Displace w/ Big mud |
| | | | | 8'0" | | mix 100 SKO 2433' |
| | | | | 2 | | Displace w/ Big mud |
| | | | | 3 | | mix 50 SKO 354' |
| | | | | 5 | | mix 10 SKO 40' |
| | | | | | | mix 15 SKO 114' |
| | | | | | | mix 30 SKO 114' |

FINAL DISP. PRESS: _____ PSI BUMP PLUG TO _____ PSI BLEEDBACK _____ BBLs. THANK YOU