

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
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.

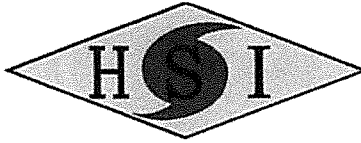
Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

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



CEMENT TREATMENT REPORT			
Customer:	Red Oak Energy	Well:	Berning 1-16
City, State:	Oakley Ks	County:	Wichita
Field Rep:	Jay Ruziicka	S-T-R:	16/20S/38W
Ticket:	ICT3564		Date:
			5/20/2020
Service:	0HP		

Downhole Information	
Hole Size:	4.5 in
Hole Depth:	ft
Casing Size:	in
Casing Depth:	ft
Tubing / Liner:	2 3/8 in
Depth:	2397 ft
Tool / Packer:	
Depth:	ft
Displacement:	bbbls

Calculated Slurry	
Weight:	13.8 # / sx
Water / Sx:	6.93 gal / sx
Yield:	1.42 ft ³ / sx
Bbbls / Ft.:	
Depth:	ft
Annular Volume:	0 bbbls
Excess:	
Total Slurry:	0.0 bbbls
Total Sacks:	235 sx

Product	% / #	#
Class A	60.00	
Poz	40.00	
Gel	4.00	
CaCl		
Gypsum		
Metso		
Kol Seal		
Flo Seal	0.25	
Salt (bww)		

Total		-
--------------	--	---

TIME	RATE	PSI	BBLs	REMARKS
10:45 AM				Arrived on location
10:50 AM				Safety meeting
11:00 AM				Rig up pump truck
11:10 AM				Circulate hole with H2o
11:20 AM				Set 1st Plug at 2397'
11:20 AM	4.0	800.0	20.0	Mix 120 sks H-plug 60/40 4% gel 1/4 # flow
11:28 AM	4.0	-	2.0	Displace with H2o
11:50 AM				Pull tubing to 500'
12:00 PM				set 2nd plug at 500'
12:00 PM	4.0	-	9.0	Mix 55 sks to circ. No circ.
12:06 PM			5.0	Wash up Pump and lines
12:10 PM				Rig down
12:20 PM				Depart location
5:30 PM	2.5	200.0	5.0	back side mix 30 sks to pressure
5:40 PM	2.5	-	5.0	top off with 30 sks
6:00 PM				Wash up Pump and lines
6:15 PM				Depart location

CREW			
Cementer:	Cory Davis	UNIT	SUMMARY
Pump Operator:	John Polley	74	Average Rate
Bulk #1:	Kale Ochs	208	Average Pressure
Bulk #2:	Michael R.	165/250	Total Fluid
		194/254	3.4 bpm
			200 psi
			46 bbbls