

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 #: 32145
 Name: Be B Oil Recovery
 Address 1: 27914 NE 2250 Rd
 Address 2: _____
 City: Greeley State: KS Zip: 66433+
 Contact Person: Tom Baugher
 Phone: (785) 867-2463
 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)
Squirrel Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 003-01819-00-00
 Spot Description: _____
NE-NW-NE-NW Sec. 17 Twp. 21 S. R. 20 East West
4817 Feet from North South Line of Section
629 Feet from East West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: AN
 Lease Name: Kirk Well #: 8
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: 9/18/09
 Plugging Completed: 9/25/09

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
<u>Squirrel</u>	<u>Surface</u>		<u>6 1/4</u>	<u>N/A</u>	
	<u>Production</u>		<u>2 7/8</u>	<u>N/A</u>	

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.

Run 775 of 1" pump cement to top. 186 sacks.

RECEIVED
KANSAS CORPORATION COMMISSION

DEC 04 2009

CONSERVATION DIVISION
WICHITA, KS

Plugging Contractor License #: 33749 Name: KWS, LLC
 Address 1: 19245 Address 2: _____
 City: Chanute State: KS Zip: 66720+
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: Be B Oil Recovery
 State of KS County, AN, ss. _____
Tom Baugher (Print Name) Employee of Operator or Operator on above-described well,

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.

Signature: Tom Baugher

[Handwritten initials]