

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 #: 32686
Name: REILLY OIL COMPANY, INC.
Address 1: PO. BOX 277
Address 2: _____
City: WAKEENEY State: KS Zip: 67672 + _____
Contact Person: DUSTY RHOADES
Phone: (785) 743-6774
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)
TORONTO Depth to Top: 3267 Bottom: 3270 T.D. 3270
KAN. CITY C. Depth to Top: 3322 Bottom: 3324 T.D. 3324
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 15-163-23787-00-00
Spot Description: _____
W/2 NE, NE, NE Sec. 29 Twp. 7 S. R. 20 East West
330 Feet from North / South Line of Section
600 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: ROOKS
Lease Name: BERLAND Well #: # 1-29
Date Well Completed: 1/23/2009
The plugging proposal was approved on: 10/4/2011 (Date)
by: RICH WILLIAMS (KCC District Agent's Name)
Plugging Commenced: 10/6/2011
Plugging Completed: 10/6/2011

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
TORONTO	OIL/WATER	PRODUCTION	5 1/2	3597	NONE

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.

COMMENCED CEMENTING @ 9:30 am. 10/6/2011 PUMPED 150sx. COMMON 60/40 POZ - 4% GEL WITH 500lbs. HULLS INTO FORMATION 15sx. GEL SPACER 100sx.- 60/40 POZ - 4% GEL TO SURFACE. COMMENCED CEMENTING 9:30 AM. 10/6/2011 PLUGGING COMPLETE 11:30 AM. 10/6/2011

RECEIVED
OCT 31 2011

Plugging Contractor License #: 34115 Name: SCHIPPERS SERVICES
Address 1: RR. 1 BOX 90D Address 2: _____
City: HOXIE State: KS Zip: 67740 + _____
Phone: (785) 675-8974
Name of Party Responsible for Plugging Fees: REILLY OIL COMPANY
State of KS County, TREGO, ss.
MYRON WOODY Employee of Operator or Operator on above-described well,
(Print Name)

KCC WICHITA

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: Myron Woody

AR

