

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

KANSAS CORPORATION COMMISSION **KCC WICHITA**
 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

FEB 26 2014

RECEIVED

OPERATOR: License #: 33306
 Name: BLAKE EXPLORATION
 Address 1: BOX 150
 Address 2: _____
 City: BOGUE State: KS Zip: 67625 + _____
 Contact Person: MICHAEL DAVIGNON
 Phone: (785) 421-2921
 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 - 15-109-20987-00.00
 Spot Description: _____
NE SW SW SW Sec. 5 Twp. 14 S. R. 32 East West
335 Feet from North / South Line of Section
335 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: LOGAN
 Lease Name: BERKGREN Well #: 1
 Date Well Completed: 4-5-2011
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: 4-5-2011
 Plugging Completed: 4-6-2011

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
		SURFACE	8 5/8"	226	0

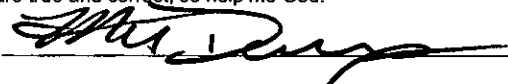
Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom); to (top) for each plug set:

1ST PLUG 2355' 25SX, 2ND PLUG 1515' 100SX, 3RD PLUG 275' 40SX, 4TH PLUG 40' 10SX, 15SX MOSEHOLE. 30SX RATHOLE

Plugging Contractor License #: 33961 Name: CONSOLIDATED OILWELL SERVICES
 Address 1: BOX 884 Address 2: _____
 City: CHANUTE State: KS Zip: 66720 + _____
 Phone: (_____) _____

Name of Party Responsible for Plugging Fees: BLAKE EXPLORATION
 State of KANSAS County, GRAHAM, ss.
MICHAEL DAVIGNON 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.

Signature: 



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 30725
LOCATION Oakley, KS
FOREMAN Walt Dunkel

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-31-11		Berkgen #1	5	14S	32W	Logan
CUSTOMER Blake Exploration, LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			463	Miles Shaw		
CITY				Josh Gurble		
STATE				Kim		
ZIP CODE				Cory Davis		

JOB TYPE Surface-0 HOLE SIZE 12 1/4" HOLE DEPTH 226' CASING SIZE & WEIGHT 8 5/8" - 20#
 CASING DEPTH 226' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 15'
 DISPLACEMENT 13 1/4 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Safety Meeting, Rig up to circ
Mixed 165 sks com, 3%ACC - 790 Gal
Displace 13 1/4 BBL H₂O, shut in
Cement Did Circ

KCC WICHITA

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Thank You
Walt & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1,025 ⁰⁰	1,025 ⁰⁰
5406	10	MILEAGE	5 ⁰⁰	50 ⁰⁰
11045	165 sks	Class A cement	16 ⁸⁰	2,772 ⁰⁰
1102	465#	Calcium Chloride	.84	390 ⁶⁰
1118B	310#	Retonite	.24	74 ⁴⁰
5407	7.75	Ton Mileage Delivery	15 ⁸⁰	410 ⁰⁰
				4,722 ⁰⁰
		Less 20% DISC	-	944 ⁴⁰
				3,777 ⁶⁰
		SALES TAX		252 ⁹⁹
		ESTIMATED TOTAL		4,030 ⁰⁹

Flavin 3737
 AUTHORIZATION Juan Arroyo TITLE pusher DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

