

TYPE OR USE BLACK INK  
SEE REVERSE FOR INSTRUCTIONS

OKLAHOMA CORPORATION COMMISSION  
Oil and Gas Conservation Division  
Post Office Box 52000  
Oklahoma City, Oklahoma 73152-2000

Form 1003/1003C  
Rev. 2016

API NO. 35-017-22369			
OTC PROD. UNIT NO 017-76023			
PLUGGING DATE 10-12-18			
(PLEASE SEE INSTRUCTIONS ON BACK PAGE)			
Well Name/No. Berkley 30-1			
Location	1/4 1/4 NW 1/4 NE 1/4	Sec 30	Twp 11N Rge 05W
Ft FSL of 1/4 Sec		Ft FWL of 1/4 Sec	County Canadian
Total Depth 8820'	Base of Treatable Water	Well Classification GAS	

RECEIVED NOV 30 2018 NOV 30 2018 OKLAHOMA CORPORATION COMMISSION KINGFISHER POSITION COMMISSION KINGFISHER OFFICE	
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OPERATOR		Locate Well on Grid	
Name	Camino Natural Resources, LLC.	OTC/OCC No.	24097
Address	1401 17th Street, Ste. 1000	Phone	303-249-2234
City	Denver	State	Co.
		Zip	80202

Size	Run (ft)	Pulled (ft)	Conductor
8 5/8"	1200	0	Surface
			I.C.
			I.C.
5 1/2"	8803	1200'	P.C.
			Lnr.

PERFORATION DEPTHS		
Set 1-	From 8523	To 8577
Set 2-	From	To
Set 3-	From	To
Set 3-	From	To

Plug	Type of Plug	Hole Size or Pipe Size	Depth	No. Sacks Cement	Slurry Volume	Calculated TOC	Measured Top of Plug If Tagged
1	CEBP/CEM	5 1/2	8105	2	2.36	8090'	
2	CEM	7 7/8 - 8 5/8	1260	100	1.18	1000'	1150' Tbg
3	CEM	8 5/8	50	20	23.6	4'	Visual
4							
5							

REMARKS  
Cut Tbg 8111', circulate w/ 185 bbls 9.3# mud. CEBP 8105' w/CEM, cut asy. 1280' pull, CEM 1260-1000' TAQ w/ Tbg 1150' cap 20sk 50-4' cut ID surface  
Reason for Plugging

CEMENTER CERTIFICATION			
I certify that the cement plugs were placed in this well as shown on this report, per OCC instructions. The cementing was performed by me or under my direct supervision. I certify that all cementing data is true, correct and complete.			
Signature	Date	Name and Title Typed or Printed	
	10/15/18	Kenneth W. Martin, President	
Company Name	Martin Tank Truck & Casing Pulling, Inc.	Permit No.	304
Address	P.O. Box 383	Phone	918-225-2388
City	Cushing	State	OK
		Zip	74023

OPERATOR CERTIFICATION		
I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented herein, and that data and facts presented are true, correct, and complete to the best of my knowledge. This covers all well data and information presented herein.		
Signature	Date	Name and Title Typed or Printed
	11-30-18	Jim Caldwell Production Foreman

CORPORATION COMMISSION USE ONLY	
By signing this form, the District Manager has approved the contents thereof as to form only. Said District Manager does not warrant the facts provided by the operator are true or that the operator has properly plugged the described well.	
Signature of District Manager	Field Inspector