



This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

OPERATOR: License #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____

API No. 15 - _____
If pre 1967, supply original completion date: _____
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 #: _____

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: _____ (G.L. / K.B.) T.D.: _____ PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: _____
Address: _____ City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____
Plugging Contractor License #: _____ Name: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____

Proposed Date of Plugging (if known): _____

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Submitted Electronically

ALLIED CEMENTING CO., LLC. 039080

Federal Tax ID: # 20-6975904

PO BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Oakley, KS

# <i>12/12/09</i>	SEC: <i>6</i>	TWP: <i>14</i>	RANGE: <i>32</i>	CALLED OUT	ON LOCATION: <i>6:00pm</i>	JOB START: <i>6:00pm</i>	JOB FINISH: <i>6:30pm</i>
LEASE # <i>11/21</i>	WELL # <i>6-6</i>		LOCATION: <i>Oakley 5 To Mustang Rd</i>		COUNTY: <i>Logan</i>	STATE: <i>KS</i>	
OLD OIL WELLS (Circle one)			<i>2 in 3/45 in 2 in 0</i>				

CONTRACTOR: *American Energy Drilling*
 TYPE OF JOB: *Workovers*
 HOLE SIZE: *12 1/4* T.D. *318.2*
 CASING SIZE: *8 1/2* DEPTH: *318.23*
 TUBING SIZE: DEPTH
 DRILL PIPE: DEPTH
 TOOL: DEPTH
 PRES. MAX: MINIMUM
 MEAS. LINE: SHOE JOINT
 CEMENT LEFT IN CSG: *15*
 PERFS:
 DISPLACEMENT: *19,301 Bbl H₂O*
 EQUIPMENT

OWNER: *Sund*
 CEMENT AMOUNT ORDERED: *175 Sks Cem 300 Gals 292 gal*
 COMMON *175 Sks @ 15.45 = 2703.75*
 POZMIX @
 GEL *3 Sks @ 20.8 = 62.40*
 CHLORIDE *5 Sks @ 58.30 = 291.50*
 ASC @
 HANDLING *100 @ 2.98 = 298.00*
 MILEAGE *100 PER 28/100 = 280.00*
 TOTAL: *3497.65*

PUMP TRUCK CEMENTER: *Allen*
 # *423* HELPER: *Kathryn*
 BULK TRUCK DRIVER: *Dorey*
 # *396*
 BULK TRUCK DRIVER

REMARKS:
Account D.D. Calculator
T. J. Smith
Allen, Kathryn, Dorey

CHARGE TO: *MAR J Energy*
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE
 DEPTH OF JOB: *318'*
 PUMP/TRUCK CHARGE: *1018.00*
 EXTRA FOOTAGE @
 MILEAGE: *20 mi @ 7.2 = 144.00*
 MANIFOLD: @
 TOTAL: *1158.00*

PLUG & FLOAT EQUIPMENT
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

To Allied Cementing Co., LLC
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____
 SIGNATURE: *[Signature]*

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS
Bid Party Inc.

ALLIED CEMENTING CO., LLC. 044453

Federal Tax ID: 20-876904

REMIT TO: PO. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Okmulgee

DATE	SEC	TWP	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
6-12-10	6	14	8		12:30pm	4:00pm	4:20pm
LEASE			WELLS 6-6	LOCATION	OSAGE 20-42	COUNTY	STATE
OLD OR NEW (Check one):			NEW			OSAGE	KS

CONTRACTOR: Amman Scale #7 OWNER: _____
 TYPE OF JOB: PTA
 HOLE SIZE: 7 1/8 T.D. 1600'
 CASING SIZE: _____ DEPTH: _____
 TUBING SIZE: _____ DEPTH: _____
 DRILL PIPE: 7 1/2 DEPTH: 2500'
 TOOL: _____ DEPTH: _____
 PRES. MAX: _____ MINIMUM: _____
 MEAS. LINE: _____ SMOB JOINT: _____
 CEMENT LEFT IN CSG: _____
 PERFS: _____
 DISPLACEMENT: _____

CEMENT

AMOUNT ORDERED: 205 cbls actual
14 cbls cement

COMMON	125	@ 14.55	1808.75
POZMIX	82	@ 8.50	697.00
DEL	7	@ 20.50	143.50
CHLORIDE		@	
ASC		@	
Cement	51	@ 2.50	127.50
		@	
		@	
		@	
		@	
		@	
HANDLING	214	@ 2.20	470.80
MILEAGE	104	@ 4.25	440.50
TOTAL			3721.05

EQUIPMENT

PUMP TRUCK CEMENTER: 431
 # 431 HELPER: 12-11
 BULK TRUCK
 # 347 DRIVER: 1-2-10
 BULK TRUCK
 # _____ DRIVER: _____

REMARKS:

25 cbls @ 2.25
100 cbls @ 14.55
10 cbls @ 8.50
10 cbls @ 20.50
30 cbls @ 2.50
Sub completed 12:30pm
Thanks for 24 hours

CHARGE TO: Moak's Energy Co LLC
 STREET: _____
 CITY: _____ STATE: _____ ZIP: _____

SERVICE

DEPTH OF JOB	<u>2365'</u>	
PUMP TRUCK CHARGE		<u>1185.00</u>
EXTRA FOOTAGE	@	
MILEAGE	<u>20</u>	@ <u>22.00</u> <u>440.00</u>
MANIFOLD	@	
	@	
	@	
TOTAL		<u>1325.00</u>

PLUG & FLOAT EQUIPMENT

<u>1 x 7/8" Day Plug</u>	@	<u>40.00</u>
	@	
	@	
	@	
	@	
TOTAL		<u>40.00</u>

To Allied Cementing Co., LLC:
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME: Roger L. Moses
 SIGNATURE: Roger L. Moses

SALES TAX (IF ANY): _____
 TOTAL CHARGES: _____
 DISCOUNT: _____ IF PAID IN 30 DAYS



*Mark Parkinson, Governor
Thomas E. Wright, Chairman
Michael C. Moffet, Commissioner
Joseph F. Harkins, Commissioner*

January 27, 2010

Operations
MAK-J Energy Kansas LLC
1600 N BROADWAY, STE 1740
DENVER, CO 80202

Re: Plugging Application
API 15-109-20867-00-00
BH HUCK TRUST 6-6
NW/4 Sec.06-14S-32W
Logan County, Kansas

Dear Operations:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. **Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.**

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

This notice is void after July 26, 2010. The CP-1 filing does not bring the above well into compliance with K.A.R 82-3-111 with regard to the Commission's temporary abandonment requirements.

Sincerely,
Production Department Supervisor

cc: District 4

(785) 625-0550