



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

KANSAS CORPORATION COMMISSION 1034786
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 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 - _____
 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 #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

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

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.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ 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.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

ALLIED CEMENTING CO., LLC. 039080

Federal Tax ID # 20-6975804

PO. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT
Oakley, KS

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
12/12/09	6	14	32		6:00pm	6:00pm	6:30pm

LEASE # *1111* WELL # *12-6* LOCATION *Oakley 5 to Mustang Rd*
COUNTRY *Logan* STATE *KS*
OLD OIL # *(Circle one)* *311 3/4 3/4 1/2 1/2 1/2*

CONTRACTOR *American Energy Drilling*
TYPE OF JOB *Workovers*
HOLE SIZE *12 1/4* T.D. *3182*
CASING SIZE *8 1/2* DEPTH *318.43*
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 Com*
30066 292gal
COMMON *175 SKS @ 15.45 = 2703.75*
POZMIX @ _____
GEL *3 SKS @ 20.88 = 62.64*
CHLORIDE *5 SKS @ 58.50 = 292.50*
ASC @ _____
HANDLING *100 @ 2.98 = 298.00*
MILEAGE *100 PER 25/1000 = 200.00*
TOTAL *3497.89*

PUMP TRUCK CEMENTER *Walter*
423 HELPER *William*
BULK TRUCK
396 DRIVER *Donny*
BULK TRUCK
DRIVER

REMARKS:
Account D.D. Calculator
T. Smith
Walter, William, Donny

SERVICE
DEPTH OF JOB *318*
PUMP TRUCK CHARGE *1018.8*
EXTRA FOOTAGE @ _____
MILEAGE *20 1/2 @ 7.2 = 144.0*
MANIFOLD @ _____
TOTAL *1158.8*

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

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 *Michael J. ...*

SALES TAX (If Any) _____
TOTAL CHARGES _____
DISCOUNT _____ IF PAID IN 30 DAY
Bid APTC Inc

ALLIED CEMENTING CO., LLC. 044453

Federal Tax ID # 20-0976904

REMIT TO: P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Dallas TX

DATE: 1-12-10	SEC: 6	TWP: 14	RANGE: 8	LOCATED OUT: 12:30pm	ON LOCATION: 12:30pm	JOB START: 4:00pm	JOB FINISH: 10:00pm
LEASE: <u>1/12/10</u>	WELL: <u>6-6</u>	LOCATION: <u>Osage</u>			COUNTY: <u>Osage</u>	STATE: <u>KS</u>	
OLD OR NEW (Check one): <input checked="" type="checkbox"/> NEW							

CONTRACTOR: Andrew Gault #7
 TYPE OF JOB: PTA
 HOLE SIZE: 7 7/8 ED. 1600
 CASING SIZE: _____ DEPTH: _____
 TUBING SIZE: _____ DEPTH: _____
 DRILL PIPE: 5 1/2 DEPTH: 3500
 TOOL: _____ DEPTH: _____
 PRES. MAX: _____ MINIMUM: _____
 MEAS. LINE: _____ SMOB JOINT: _____
 CEMENT LEFT IN CSG: _____
 PERFS: _____
 DISPLACEMENT: _____

OWNER: _____
 CEMENT: _____
 AMOUNT ORDERED: 205 cubic yards
1/4 cement
 COMMON: 12.5 @ 16.45 = 1900.32
 POZ MIX: 82 @ 8.25 = 676.50
 OEL: 7 @ 20.00 = 140.00
 CHLORIDE: _____
 ASC: _____
Cleveland 51 @ 2.50 = 127.50

 HANDLING: 2.14 @ 2.50 = 53.50
 MILEAGE: 104.25 @ 4.20 = 438.00
 TOTAL: 3791.82

EQUIPMENT
 PUMP TRUCK CEMENTER: # 451
 HELPER: 12/11
 BULK TRUCK: _____
 DRIVER: # 347
 BULK TRUCK: _____
 DRIVER: _____

REMARKS:
25 yds @ 3.65
100 yds @ 1.75
40 yds @ 3.65
10 yds @ 4.0
30 yds @ 1.0
Sub completed 12:30pm
Thanks for 24 hours

CHARGE TO: Moak & Sons, Inc.
 STREET: _____
 CITY: _____ STATE: _____ ZIP: _____

SERVICE
 DEPTH OF JOB: 2765
 PUMP TRUCK CHARGE: 1185.00
 EXTRA FOOTAGE: _____
 MILEAGE: 20 @ 7.00 = 140.00
 MANIFOLD: _____

 TOTAL: 1325.00

PLUG & FLOAT EQUIPMENT
1-8 7/8 Day Calc Plug @ _____ = 40.00

 TOTAL: 40.00

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