

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

1036448

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.

(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

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

ALLIET CEMENTING CO., LLC. 044498

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

Surface Casing

SERVICE POINT:

042145

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

DATE	SEC.	TWP.	RANGE.	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
7-3-10	9	17	20		1:00 PM	4:00 PM	4:30 PM
RMA LEASE <u>Sch Abdel</u>			WELL # <u>15-9</u>		LOCATION <u>Himal</u>	COUNTY <u>Lane</u>	STATE <u>Ks</u>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR - H. H. H.

TYPE OF JOB	Cement		
HOLE SIZE	17.114	T.D.	310'
CASING SIZE	20.6	DEPTH	211'
TUBING SIZE		DEPTH	207'
		AMOUNT ORDERED	180 60140 34000
		CEMENT	

TOOL	DEPTH	
PRES. MAX	MINIMUM	
MEAS. LINE	SHOE JOINT	
CEMENT LEFT IN CSG.	15	
PERFS.		
DISPLACEMENT	18.8	

COMMON	108	@ 15 45	1668 60
POZMIX	72	@ 8 00	576 00
GEL	3	@ 20 00	62 40
CHLORIDE	6	@ 58 30	349 80
ASC		@	

EQUIPMENT

PUMP TRUCK	CEMENTER	F-2324
# 421	HELPER	6114
BULK TRUCK		
# 396	DRIVER	J-111
BULK TRUCK		
#	DRIVER	

REMARKS:

TOTAL \$ 246.00

SERVICE

Plum, Same @ 4-70 per	DEPTH OF JOB	
	PUMP TRUCK CHARGE	10.82
	EXTRA FOOTAGE	@
	MILEAGE	3.0 @ 7.00 21.00
Trucks 4 + 40.00	MANIFOLD	@

CHARGE TO: W 2 - Y

STREET,

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

To Allied Cementing Co., LLC, 10000

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.

SALES TAX (If Any) _____

TOTAL CHARGES:

DISCOUNT _____ IF PAID IN 30 DAYS _____

PRINTED NAME Kooper L. Moses

SIGNATURE *K. A. Jones*

IF PAID IN 30 DAYS

43922

ALLIED CEMENTING CO., LLC.

043596

Federal Tax I.D.# 20-5975804

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

Plugging

SERVICE POINT:
OAKLEY

3-11-10 DATE	SEC 9	TWP. 17S	RANGE 30W	CALLED OUT	ON LOCATION 1200 PM	JOB START 5:00 PM	JOB FINISH 5:30 PM
R.M. SCHADEL LEASE	WELL # 15-9	LOCATION HEARN	100-1N-W F340		COUNTY LANE	STATE KS	
OLD-OR NEW (Circle one)							

CONTRACTOR H-2 DRLG RTG #1	OWNER SAME
TYPE OF JOB PTA	
HOLE SIZE 7 7/8"	T.D. 4600'
CASING SIZE	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE 4 1/2"	DEPTH 2250'
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

EQUIPMENT

PUMP TRUCK CEMENTER TERRY	
# 422 HELPER LARENSE	
BULK TRUCK	
# 396 DRIVER DARRIN	
BULK TRUCK	
#	DRIVER

REMARKS:

50 SKS AT 2250'	
80 SKS AT 1526'	
50 SKS AT 756'	
50 SKS AT 330'	
20 SKS AT 60'	
20 SKS Muds. Hole	
30 SKS CAT Hole	

THANK YOU

CHARGE TO: MAK-J. ENERGY	
STREET	

CITY	STATE	ZIP
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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	Rogerh Moses
SIGNATURE	Rogerh Moses

CEMENT	
AMOUNT ORDERED	
300 SKS 60/40 102-4% GEL 1/4" FLO-SEAL	
COMMON 180 SKS	@ 15 25 2781
POZMIX 120 SKS	@ 8 2 960
GEL 10 SKS	@ 20 2 208
CHLORIDE	@
ASC	@
	@
	@
FLO-SEAL 75	@ 2 50 18750
	@
	@
	@
	@
	@
HANDLING 310 SKS	@ 2 40 744
MILEAGE 104 PER SK/ MILE	@ 930 25
TOTAL	5810 50

SERVICE

DEPTH OF JOB	2250'
PUMP TRUCK CHARGE	1185
EXTRA FOOTAGE	@
MILEAGE 30	@ 7 2 210
MANIFOLD	@
	@
	@
TOTAL	1395

PLUG & FLOAT EQUIPMENT

	@
	@
	@
	@
	@
TOTAL	

SALES TAX (If Any)	
TOTAL CHARGES	
DISCOUNT	IF PAID IN 30 DAYS