



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

KANSAS CORPORATION COMMISSION 1036751
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. 043597

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
OAKLEY

3-17-10 DATE	SEC. 28	TWP. 15S	RANGE 35W	CALLED OUT	ON LOCATION	JOB START 5:30AM	JOB FINISH 6:00AM
FA OAKS LEASE	WELL # 3-28	LOCATION Russell SPALLS 125-3rd-15-E+S				COUNTY LOGAN	STATE KS
OLD OR <input checked="" type="radio"/> NEW (Circle one)	I-740		OWNER SAME				

CONTRACTOR H 2 DRILLING RBG#1

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4' T.D. 315'

CASING SIZE 8 5/8" DEPTH 308.53

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 18 3/4 BBLs

EQUIPMENT

PUMP TRUCK CEMENTER TEARX

431 HELPER KELLY

BULK TRUCK DRIVER WILBUR

BULK TRUCK DRIVER

REMARKS:

CEMENT did CIRC. 4BBLs TO PT.

Thank You

CHARGE TO: MAX - J ENERGY

STREET _____

CITY _____ STATE _____ ZIP _____

CEMENT AMOUNT ORDERED
180 SKS 60/40 P&Z 3% CC 22.9E1

COMMON	108 SKS	@	15 ⁴⁵ / ₁₀₀	1668 ⁶⁰ / ₁₀₀
POZMIX	72 SKS	@	8 ² / ₁₀₀	576 ² / ₁₀₀
GEL	3 SKS	@	20 ⁸⁰ / ₁₀₀	62 ²⁰ / ₁₀₀
CHLORIDE	6 SKS	@	58 ²⁰ / ₁₀₀	349 ²⁰ / ₁₀₀
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING		@		240 ⁸ / ₁₀₀
MILEAGE		@		200 ⁸ / ₁₀₀
TOTAL				3096 ²⁰ / ₁₀₀

SERVICE

DEPTH OF JOB	308.53		10/8 ² / ₁₀₀
PUMP TRUCK CHARGE		@	
EXTRA FOOTAGE		@	
MILEAGE	30 MF	@	7 ⁸ / ₁₀₀
MANIFOLD		@	
		@	
		@	
TOTAL			1228 ⁸ / ₁₀₀

PLUG & FLOAT EQUIPMENT

1-8 3/8" SURFACE Plug	@	68 ⁸ / ₁₀₀
	@	
	@	
	@	
	@	
TOTAL		68 ⁸ / ₁₀₀

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

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. Mosler

SIGNATURE Roger L. Mosler

ALLIED CEMENTING CO., LLC. 33893

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Russell
~~KS~~ KS

DATE <u>3-27-10</u>	SEC. <u>28</u>	TWP. <u>15</u>	RANGE <u>35</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
F.P. Dicks LEASE				LOCATION Russell Springs KS	1 East	10:00	10:45 am
WELL # <u>3-28</u>				LOCATION Russell Springs KS	1 East	COUNTY Logan	STATE KS
OLD OR NEW (Circle one)				12 South 3 West 1 South			

CONTRACTOR H-2 Rg#1

OWNER

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8 T.D. 4860

CASING SIZE _____ DEPTH _____

TUBING SIZE 4 1/2 XH DEPTH 111

DRILL PIPE 4 1/2 XH DEPTH 111

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER John Roberts
417 HELPER Glenn
BULK TRUCK DRIVER Alvin
BULK TRUCK DRIVER _____

CEMENT AMOUNT ORDERED 220 60/40 41 Gal 1/4 Flo

COMMON @
POZMIX @
GEL @
CHLORIDE @
ASC @

HANDLING @
MILEAGE @

TOTAL _____

REMARKS:

25 sk @ 2525'
100 sk @ 1700'
40 sk @ 350'
10 sk @ 40'
30 sk Rotary hole
15 sk in use hole
Thank You!

SERVICE

DEPTH OF JOB _____
PUMP TRUCK CHARGE _____
EXTRA FOOTAGE @ _____
MILEAGE @ _____
MANIFOLD @ _____
@ _____

TOTAL _____

CHARGE TO: MAK-T Energy Operating

STREET _____ CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

@ _____
@ _____
@ _____
@ _____
@ _____

TOTAL _____

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SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Roger h Moses

SIGNATURE Roger h Moses