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** 

1052725

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

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

Address 1:	
Address 2:	:
City:	Sec Twp S. R East West
Contact Person:	Feet from North / South Line of Section
Phone: ()	Feet from East / West Line of Section
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic    Water Supply Well  Other:  SWD Permit #:  Lease Name:  Lease Name:  Date Well Completing Formation(s): List All (If needed attach another sheet)  Date Well Completing Formation(s): List All (If needed attach another sheet)  Date Well Completing Formation(s): List All (If needed attach another sheet)  Date Well Completing Formation(s): List All (If needed attach another sheet)	ated from Nearest Outside Section Corner:
Water Supply Well  Other:  SWD Permit #:  Lease Name:  Lease Name:    ENHR Permit #:  Gas Storage Permit #:  Date Well Completion    Is ACO-1 filed?  Yes  No  If not, is well log attached?  Yes  No    Producing Formation(s): List All ( <i>If needed attach another sheet</i> )  by:	IE NW SE SW
Depth to Top: Bottom: T.D.	Well #: leted: oposal was approved on: (Date) (KCC <b>District</b> Agent's Name) enced: eted:

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	Records	Casing Record (Surface, Conductor &		ce, Conductor & Produc	oduction)	
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	g Fees:		
State of	County,	, SS.	
	(Print Name)		or or Operator on above-described well
haing first duly sugars an eath source. The	at I have knowledge of the factor	totomonto, and mottors harain contained, and the la	a of the choice described well is so filed on

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

ALLIED CEMENTING Federal Tax I.D.# 20-5975804	co., LLC.	034061
REMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665	SERVICE POINT:	
SEC. TWP. RANGE	CALLED OUT ON LOCATION JOB START J	JOB FINISH
ULD ON NEW Circle one)		2
CONTRACTOR Read Drilling Row & CONTRACTOR Read Drilling Row & CONTRACTOR Read Drilling Row & CONTRACTOR Read Drilling Right Row & CONTRACTOR Read Read Read Read Read Read Read Rea	OWNER CEMENT AMOUNT ORDERED Yes Gon 35 cc	23 60
DEPTH DEPTH MINIMUM	N 400 @13.50	5400.00
MEAS. LINE SHOE JOINT 45.35 CEMENT LEFT IN CSG. 42.33- PERFS.	POZMIX $@$ $@$ $20.27$ GEL $CHLORIDE / 4$ $@$ $S/.37$	162.00
DISPLACEMENT 56, 53 46/ EQUIPMENT		
PUMPTRUCK CEMENTER Share		Level Mends
BULKTRUCK # 423 DRIVER 400045		
# DRIVER	HANDLING 460 @ 2.27	2002
BELILE NEFE PEZCS		183 -
Ran 22 Jr. + Cending St.	SERVICE	
Et Circulation.	ARGE	661.00
Yao she	EXTRA FUOLAGE @ 7. 5	105 -
CHARGE TO: CO. Drilling	8 0	10960
STREET STATE ZIP	TOTAL	·est
	PLUG & FLOAT EQUIPMENT	
That's		1
To Allied Cementing Co., LLC. You are hereby requested to rent cementing equipment	15471/2 1/141 @ @@@@	01.0
contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or	TOTAL	67,20
TERMS AND CONDITIONS" listed on the reverse side.	SALES TAX (If Any)	
PRINTED NAME DOUG BUDING		IF PAID IN 30 DAYS
SIGNATURE Allow & udu.		

F