



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

KANSAS CORPORATION COMMISSION 1056170
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. 038804

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
East Russell

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
5-1-11	16	17S	23W			1030PM	1130PM
LEASE <u>Good</u> WELL # 1-16 LOCATION <u>Mess City MS 740-16</u>						COUNTY	STATE
OLD OR <u>NEW</u> (Circle one) TR 210 RD / East Mont. CT						Mess	KS

CONTRACTOR W W Riggins OWNER W W Dillius

TYPE OF JOB	<u>Kataox Plus</u>
HOLE SIZE	<u>7 7/8</u> T.D. <u>2801</u>
CASING SIZE	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE	<u>4 1/2</u> DEPTH <u>1770</u>
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	EQUIPMENT

PUMP TRUCK	CEMENTER <u>W W Riggins</u>
# <u>261</u>	HELPER <u>Casey</u>
BULK TRUCK	
# <u>482-188</u>	DRIVER <u>Trent</u>
BULK TRUCK	
#	DRIVER

REMARKS:

2 Plug 1770 Mix 50 SX
2nd Plug 1620 Mix 90 SX
3rd Plug 1660 Mix 40 SX
4th Plug 270 Mix 50 SX
5th Plug 60 Mix 20 SX
Kat hole Mix 70 SX

CHARGE TO: W-W Dillius

STREET _____ CITY _____ STATE _____ ZIP _____

To Allied Cementing Co, LLC.
 You are hereby requested to rent cementing equipment and furnish cement 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 Phassy Miller
 SIGNATURE [Signature]

CEMENT	AMOUNT ORDERED	<u>270 SX 60/40 + 4800</u>
	<u>4 float</u>	
COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC	@	
	@	
	@	
	@	
	@	
	@	
HANDLING	@	
MILEAGE	@	
TOTAL		

DEPTH OF JOB	<u>1770</u>	
PUMP TRUCK CHARGE		
EXTRA FOOTAGE	@	
MILEAGE	@	
MANIFOLD	@	
TOTAL		

PLUG & FLOAT EQUIPMENT		
	@	
<u>1 8 3/4</u>	@	
	@	
	@	
	@	
TOTAL		

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