



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

KANSAS CORPORATION COMMISSION 1058713
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. 037696

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge, Kc

DATE <u>4-17-12</u>	SEC <u>22</u>	TWP <u>32</u>	RANGE <u>10</u>	CALLED OUT <u>6:00 PM</u>	ON LOCATION <u>11:30 PM</u>	JOB START <u>12:45 PM</u>	JOB FINISH <u>2:00 PM</u>
LEASE <u>Dee L</u>	WELL #	LOCATION <u>Shanna, Kc. 1E</u>		COUNTY <u>Barber</u>	STATE <u>Kansas</u>		
<input checked="" type="radio"/> OLD OR NEW (Circle one)		LOCATION <u>South Past Tracks thru E/S</u>					

CONTRACTOR American Well Service OWNER AGU

TYPE OF JOB <u>C.H.P.</u>	CEMENT
HOLE SIZE _____ T.D. _____	AMOUNT ORDERED _____
CASING SIZE <u>5 1/2</u> DEPTH <u>625'</u>	<u>115 x 60 40' 476 c</u>
TUBING SIZE _____ DEPTH _____	<u>10 x 6 c</u>
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX. <u>300</u> MINIMUM _____	COMMON <u>A 69 x</u> @ <u>16.25</u> <u>1121.25</u>
MEAS. LINE _____ SHOE JOINT _____	POZMIX <u>46 x</u> @ <u>8.50</u> <u>391.00</u>
CEMENT LEFT IN CSG. _____	GEL <u>14 x</u> @ <u>21.25</u> <u>297.50</u>
PERFS. _____	CHLORIDE _____ @ _____
DISPLACEMENT <u>Freshwater</u>	ASC _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER <u>Carl Binding</u>	
# <u>360-265</u> HELPER <u>George Wright</u>	
BULK TRUCK	
# <u>364</u> DRIVER <u>Brett Goins</u>	
BULK TRUCK	
# _____ DRIVER _____	

HANDLING <u>129</u>	@ <u>2.25</u>	<u>290.25</u>
MILEAGE <u>129/10/10</u>		<u>141.90</u>
		TOTAL <u>2241.90</u>

REMARKS:

Pump 10 x 6 c L + 50 x Cement 625'

Pump 50 x Cement 244'

Pump 10 x Cement 40' to surface

SERVICE

DEPTH OF JOB <u>625'</u>	
PUMP TRUCK CHARGE <u>1250.00</u>	
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>10</u> @ <u>7.00</u>	<u>70.00</u>
MANIFOLD _____ @ _____	
<u>Light Vehicle 10</u> @ <u>4.00</u>	<u>40.00</u>

CHARGE TO: AGU

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 1360.00

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 David W Miller

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES 3601.90

DISCOUNT 20% IF PAID IN 30 DAYS

NET 2881.52



CEMENTING LOG

STAGE NO.

Date 4-17-12 District ML Ticket No. 37696
 Company AGU Rig American
 Lease Oveal Well No. _____
 County Barber State KS
 Location Vic Sharon KS Field 22-32-10

CEMENT DATA:

Spacer Type: 10 sk 6el
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

CASING DATA: PTA Squeeze
 Surface Intermediate Production Liner
 Size 5 1/2 Type _____ Weight _____ Collar _____

LEAD: Pump Time _____ hrs. Type 60:40:4/6el
 Excess _____
 Amt. 110 Skys Yield 1.40 ft³/sk Density 141 PPG

Casing Depths: Top _____ Bottom _____

TAIL: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. B Skys Yield _____ ft³/sk Density _____ PPG

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ T.D. _____ ft P.B. to _____ ft

WATER: Lead 67 gals/sk Tail _____ gals/sk Total _____ Bbls

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. 0244 Lin. ft./Bbl. 410.98
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. 0309 Lin. ft./Bbl. _____
 Bbls/Lin. ft. 0343 Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft Amt. _____

Pump Trucks Used 360-265 George W
 Bulk Equip. 364 Brett B.

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Diap. Fluid Type freshwater Amt. _____ Bbls. Weight 834 PPG
 Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____ CEMENTER Paul Balding

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
<u>12:30 PM</u>						<u>Rig up</u>
<u>12:45 PM</u>	<u>200</u>		<u>20</u>	<u>20</u>	<u>2 1/2</u>	<u>1st plug 625'</u>
	<u>300</u>		<u>32.50</u>	<u>12.50</u>	<u>5</u>	<u>mix 10 sk 6el</u>
			<u>37.50</u>	<u>7</u>	<u>3</u>	<u>50 sk 60:40:4</u>
						<u>Displace w/ 7 Bbls fresh</u>
<u>1:30 PM</u>	<u>100</u>		<u>44.50</u>	<u>5</u>	<u>4</u>	<u>2nd plug 244'</u>
	<u>100</u>		<u>57</u>	<u>12.5</u>	<u>5</u>	<u>Lead Hole w/ 5 Bbls freshwater</u>
			<u>58</u>	<u>1</u>	<u>4</u>	<u>mix 50 sk 60:40:4/6el</u>
						<u>Displace 1 Bbls freshwater</u>
<u>2:00 PM</u>			<u>61.75</u>	<u>3.75</u>	<u>3</u>	<u>3rd plug</u>
						<u>Circulate cement to surface</u>
						<u>from 40' with 15 sk 60:40:4</u>

THANK YOU

FINAL DISP. PRESS: _____ PSI BUMP PLUG TO _____ PSI BLEEDBACK _____ BBLs.

