



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

KANSAS CORPORATION COMMISSION 1062588
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

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. 043396

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Oak Grove, KS

DATE <u>8-24-11</u>	SEC. <u>36</u>	TWP. <u>23</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>7:00 am</u>	JOB START <u>1:30 pm</u>	JOB FINISH <u>2:30 pm</u>
LEASE <u>McClure</u>	WELL# <u>1-36</u>	LOCATION <u>Garden City, E on 156 Hwy to</u>			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)				<u>Finney Co Feeder Rd E to Deadend 1252 mi to</u>			

CONTRACTOR None

TYPE OF JOB AWP

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/2 DEPTH 2600'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 1000'

PERFS. _____

DISPLACEMENT 41661

EQUIPMENT

PUMP TRUCK CEMENTER Lahena

431 HELPER Darren

BULK TRUCK _____

396/306 DRIVER Ethan

BULK TRUCK _____

_____ DRIVER _____

OWNER _____

CEMENT AMOUNT ORDERED 4605Ks 6940.49090

200 #4 @ 11.5 on 9100

COMMON 183 sks @

POZMIX 122 sks @

GEL 11 sks @

CHLORIDE @ _____

ASC @ _____

Cottensendhulls 35sk @

HANDLING 418 sks @

MILEAGE 118 sks @

REMARKS:

mix 1005Ks down 5 1/2 casing to 2600'

to plug with perforations. Band

top perforation at hole part cut

2897. Mix 205 sks to

circle around backside 8 1/2

and did circulate

Thank you

TOTAL _____

SERVICE

DEPTH OF JOB 2600'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE 90 x 2 @ _____

MANIFOLD @ _____

4 gal + U-bolts wiring @

CHARGE TO: Chesapeake Operating Inc.

STREET _____

CITY _____ STATE _____ ZIP _____

TO: 12,698

PLUG & FLOAT EQUIPMENT

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.

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PRINTED NAME Dawn Frick

SIGNATURE Cornis D. Frick

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

AFE 801064