



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

KANSAS CORPORATION COMMISSION 1063141
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. 038250

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell

DATE <u>8/31/11</u>	SEC. <u>9</u>	TWP. <u>13</u>	RANGE <u>18</u>	CALLED OUT	ON LOCATION	JOB START <u>12:15 P</u>	JOB FINISH <u>1:15 P</u>
LEASE <u>Orbiting</u>	WELL # <u>D # 2</u>	LOCATION <u>High + T-20 120 120</u>			COUNTY <u>Ellis</u>	STATE <u>Ks</u>	
OLD OR NEW (Circle one)		<u>1 1/2 N East</u>			2.0 ³ 6.3 all		

CONTRACTOR Co Tools
TYPE OF JOB PPH
HOLE SIZE _____ T.D. _____
CASING SIZE 5 1/2 DEPTH 3226'
TUBING SIZE 2 3/8 DEPTH 3226'
DRILL PIPE _____ DEPTH _____
TOOL _____ DEPTH _____
PRES. MAX _____ MINIMUM _____
MEAS. LINE _____ SHOE JOINT _____
CEMENT LEFT IN CSG. _____
PERFS. _____
DISPLACEMENT _____

OWNER _____
CEMENT AMOUNT ORDERED 310 6/16 49.60
600 #11 1/4

EQUIPMENT
PUMP TRUCK CEMENTER Shane Heath
401 HELPER Todd
BULK TRUCK # 477 DRIVER Tony
BULK TRUCK # _____ DRIVER _____

COMMON	<u>186</u>	@ <u>16.25</u>	<u>3022.50</u>
POZMIX	<u>124</u>	@ <u>8.50</u>	<u>1054.00</u>
GEL	<u>16</u>	@ <u>21.25</u>	<u>219.50</u>
CHLORIDE		@	
ASC		@	
	<u>Hulls 12</u>	@ <u>31.85</u>	<u>382.20</u>
HANDLING	<u>320</u>	@ <u>2.25</u>	<u>720.00</u>
MILEAGE	<u>111.56/mile</u>	@ <u>3</u>	<u>105.60</u>
TOTAL			<u>5496.80</u>

REMARKS:

3226' 125 str with 300# hulls
Pulled up to 2000' to Circulate
Cement 165 str with 300#
with Cement of Hulls.
Put Surge on Mixed Dash,
Pressure up to 500psi + Shut
in. Backhole Pressure
to 500psi.

35.20 SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>1250.00</u>
EXTRA FOOTAGE	@		
MILEAGE	<u>6</u>	@ <u>70.00</u>	<u>420.00</u>
MANIFOLD	@		
	<u>LUN 6</u>	@ <u>40.00</u>	<u>240.00</u>

CHARGE TO: Bowman Oil
STREET _____
CITY _____ STATE _____ ZIP _____

TOTAL 1316.00

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.

SALES TAX (If Any) 429.20
TOTAL CHARGES 6812.80
DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Don Bowman
SIGNATURE Don Bowman

1414.04

50 { 171.60
85.80 }

6641.20
{ 1328.24 }