



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

KANSAS CORPORATION COMMISSION 1063940
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. 038259

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Russell

DATE <u>9/9/11</u>	SEC. <u>21</u>	TWP. <u>14</u>	RANGE <u>19W</u>	CALLED OUT	ON LOCATION	JOB START <u>10:30 AM</u>	JOB FINISH <u>11:00 AM</u>
LEASE <u>Kraus</u>	WELL # <u>4</u>	LOCATION <u>Golf Course Rd +</u>			COUNTY <u>Ellis</u>	STATE <u>Ks</u>	
OLD OR NEW (Circle one)			<u>Yocement Rd 3 South 1/2 N.W.</u>				

CONTRACTOR Co Tools OWNER _____
TYPE OF JOB PTA

HOLE SIZE _____	T.D. <u>3750'</u>	CEMENT _____
CASING SIZE <u>5 1/2</u>	DEPTH <u>3742</u>	AMOUNT ORDERED <u>130 @ 6% 48.60</u>
TUBING SIZE <u>2 7/8</u>	DEPTH <u>1046</u>	
DRILL PIPE _____	DEPTH _____	
TOOL _____	DEPTH _____	
PRES. MAX _____	MINIMUM _____	COMMON <u>78</u> @ <u>16.25</u> <u>1267.50</u>
MEAS. LINE _____	SHOE JOINT _____	POZMIX <u>52</u> @ <u>8.50</u> <u>442.00</u>
CEMENT LEFT IN CSG. _____		GEL <u>5</u> @ <u>21.25</u> <u>106.25</u>
PERFS. _____		CHLORIDE _____ @ _____
DISPLACEMENT _____		ASC _____ @ _____

EQUIPMENT

PUMP TRUCK # <u>409</u>	CEMENTER <u>Shane</u>	HELPER <u>Todd</u>
BULK TRUCK # <u>477</u>	DRIVER <u>Cody H.</u>	
BULK TRUCK # _____	DRIVER _____	

REMARKS:

Tied on Tubin @ @ 1046'
Circulated Cement,
with 100 sks. Came out
of Hole with Tubin Topped
5 1/2 off with 200 sks
Back side 100 sks + shut
in with 200 psi

HANDLING <u>135</u>	@ <u>min</u>	_____
MILEAGE <u>111.56/mile (3)</u>	@ <u>2.25</u>	<u>344.00</u>
		<u>44.55</u>
TOTAL		<u>2204.30</u>

SERVICE

DEPTH OF JOB _____	PUMP TRUCK CHARGE _____	_____
EXTRA FOOTAGE _____	@ _____	_____
MILEAGE <u>6</u>	@ <u>7.00</u>	<u>42.00</u>
MANIFOLD _____	@ _____	_____
<u>LUX</u> <u>6</u>	@ <u>4.00</u>	<u>24.00</u>
TOTAL		<u>1316.00</u>

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

Shane

PLUG & FLOAT EQUIPMENT

_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment