

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1066800

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 #:				API No. 15	5				
Name:				Spot Description:					
Address 1:					Sec 7	wp S.	R East West		
Address 2:				Feet from North / South Line of Section					
City:	State:	Zip:+		Feet from East / West Line of Section					
Contact Person:				Footages Calculated from Nearest Outside Section Corner:					
Phone: ()					NE NW	SE	SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic	County:					
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:					
ENHR Permit #:		Date Well Completed:							
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	No	The plugging proposal was approved on: (Date)					
Producing Formation(s): List A	All (If needed attach another	sheet)					(KCC District Agent's Name)		
Depth to	o Top: Botto	m: T.D		•					
Depth to	o Top: Botto	m: T.D		Plugging Commenced:					
Depth to	o Top: Botto	m:T.D		Plugging Completed:					
Show depth and thickness of	all water, oil and gas forma	ations.							
Oil, Gas or Water	r Records		Casing I	Record (Surfa	ace, Conductor & Prod	uction)			
Formation	Content	Casing Size			Setting Depth	Pulled Out			
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top) for each	n plug set.				
Plugging Contractor License #:				ne:					
Address 1:			Address	2:					
City:				State:		Zip:	+		
Phone: ()				-					
Name of Party Responsible for	or Plugging Fees:								
State of	County,			, ss.					
					ployee of Operator or	05	or on above-described well,		
	(Print Name)			_ <u></u> Em	pioyee of Operator of	Operato	n on above-described Well,		

Submitted Electronically

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

ALLIED CEMENTING CO., LLC. 037733

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

SERVICE POINT:

DATE 9-14-11	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE SCHOOLS	WELL# /	1 <i>34s</i> 4-2	I OCATION // To	Hon Ks, I seath	1/2 Esct	COUNTY	STATE
OLD OR NEW (Ci		7 ~2 _	South into	1100 ps, 130014	120-31	12.1.	1-3
· · · · · · · · · · · · · · · · · · ·		-4.4	1 20014 (2) 40			_,	
CONTRACTOR	bed Ro	,#		OWNER R	B 051 460	<u>. </u>	
TYPE OF JOB R	otary p	lies				•	
HOLE SIZE 7 1/8	7 /	T.D		CEMENT .			
CASING SIZE		DEI	PTH	AMOUNT OR	DERED 150	sx 60:40	2-4/-20
TUBING SIZE		DE	PTH				
DRILL PIPE 4/2		DE!	PTH 600				
TOOL		. DE	PTH		, ,		
PRES. MAX 20	PS1	Mil	NIMUM	COMMON	H 90 9X	_@ <i>]<u>k</u>.25</i>	1462.50
MEAS. LINE		SHO	DE JOINT	POZMIX	20 sc	_ @ % .50	5/0.00
CEMENT LEFT II	VCSG.			GEL	<u>5 sv</u>	_ <i>25.3</i> S_	106.25
PERFS.				CHLORIDE _	•	@	<u> </u>
DISPLACEMENT	'			ASC		@	
	EOU	APMENT	·			@ <u>·</u>	<u> </u>
		•				@	
PUMP TRUCK	CEMENT	DD MY	the cold	-		@ <u>·</u>	
						@	
# <i>JGV 285</i> BULK TRUCK	RELFER	<u> </u>	th' much			@	
	DOIVED	. 4	61.		·	@	
# <i>363/29</i> 0 BULK TRUCK	DRIVER	PLOTIL	5/4m			@	
	DRIVER				100	@	
#	DKIVEK	···-·		— HÄNDLING_	. 155	@2.25	348.75
				MILEAGE 🗻	(1/25/ /3		426.25
Istylis	RE	MARKS:				TOTAL	<u> 2853.75</u>
Pur pipe in	An 600	1			•		
pupp 10 b	de Har	· 	······································	·····	SERV	ICE	
mil 6054	and to	100 4	1/2 bbs/120		. 02.21		
2 pkg pro	204300	1 m / Y	50 8x Court dis	BEPTH OF IC	DB 600		•
3 deles pipe	at 60'	NX 20.	so conset	PUMP TRUC		1250.00	
MIRBORK	Ar Roti	we.		EXTRA FOO:		@	
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				0-711-001		@	. Tanka ing kilang
CHARGE TO:	e a mil	16-5				 , 	
Снаков го: _д	<u> </u>	, , , ,				TOTA	L /300 🛎
STREET				·		IOIA	L
CITY	ОТ	147772	ZIP				
CITY	81	ATE	ZIP		PLUG & FLOA	T EQUIPME	NT
						····	
							-
To Allied Cemer	iting Co.,	LLC.				@	
You are hereby r	equested (to rent cei	nenting equipmen	ıt 		<u>.</u> @	
and furnish ceme	enter and l	helper(s)	to assist owner or				
			he above work wa	as ·	•		
			of owner agent or		•	ATOT.	L
			and the "GENERA		-	•	
			d on the reverse si		(If Any)		
I DIGITO UTID C	O. 12/21/10			TOTAL CHA	DOBS 46.	53.75	•
	ر بر ایہ ہے	A .					
PRINTED NAME	Scott	C Ade	I hard t	DISCOUŅT.	_20/_	IF PA	ID IN 30 DAYS
·	1	-	,	A + 4	4 57	23.00	
DIGNI IMPLIDIT	1-11	4.1	a al	/1/2	~ 2/	xJ-UC	