

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

1077209

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. 1	5			
				Spot Des	cription:			
Address 1:					Sec	Twp S. R	East West	
Address 2:					Feet from	North / South	th 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)				County: _				
Water Supply Well		SWD Permit #:		Lease Na	ame:	Well #:_		
ENHR Permit #:	_	orage Permit #:	-, I					
Is ACO-1 filed? Yes	—	ell log attached? Yes	No	The plug	ging proposal was app	proved on:	(Date)	
Producing Formation(s): List				by:		(KCC Dis	t rict Agent's Name)	
Depth to	•	om: T.D		Plugging	Commenced:			
•	•	om: T.D		Plugging	Completed:			
Depth to	o Top: Bott	om: T.D						
			I					
Show depth and thickness of		nations.						
Oil, Gas or Wate	r Records		Casing F	Record (Sur	face, Conductor & Prod	luction)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
		ged, indicating where the muc f same depth placed from (bo		•		ods used in introducing	it into the hole. If	
Plugging Contractor License #:			Name: _					
Address 1:			Address	2:				
City:				State:		Zip:	+	
Phone: ()				-				
Name of Party Responsible for	or Plugging Fees:							
State of	County,			, SS.				
	•				anlovee of Operator of	r Operator on abo	vo-described well	
	(Print Name)			=[1	inproyee or Operator of	Detailed on about	re-uescribed 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., INC. Federal Tax I.D.# 48-0727860

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

SERVICE POINT: 27171

DATE 3-12 SEC. TWP. RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
EASE E/S /O WELL# 3-// LOCATION SOLA	Ja K	1	COUNTY	STATE
OLD OR NEW (Circle one)	THE TAX SECTION AND A SECTION AND ASSESSMENT OF THE PARTY	r. 21	77-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-	1 / 2
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CONTRACTOR Sufferior 11/5 = 6	OWNER S	9 mt		· . · · · · · · · · · · · · · · · · · ·
TYPE OF JOB P	CEMENT			
HOLE SIZE T.D.	CEMENT	RDERED	a) 1	
CASING SIZE 87 DEPTH / 8/4	AMOUNTO	RDERED/	The state of the s	
TUBING SIZE 1 % DEPTH / 85(C)				
DRILL PIPE DEPTH) SL 65(-		
TOOL DEPTH		103	-1'-1	•
PRES. MAX 7 C-U MINIMUM	COMMON_	1362	@ <u>/;</u>	
MEAS, LINE SHOE JOINT	POZMIX _	0.5	@_	
CEMENT LEFT IN CSG.	GEL _	405 <u>6 </u>		-
PERFS.	CHLORIDE		@	<u> </u>
DISPLACEMENT 9.	ASC		@	
EQUIPMENT			@	
PUMP TRUCK CEMENTER 8-45	<u> </u>		@	
HELPER A A CERTAIN			@	<u></u>
BULK TRUCK			@	-
#1/57/251 DRIVER 4-0EC				
BULK TRUCK			@	_
DRIVER		4.00	@	
BRIVER	HANDLING MILEAGE S	190 min	_@ <i>?</i>	_
REMARKS:		SERV	ICE	
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Thank You	DEPTH OF J	ОВ	· · · · · · · · · · · · · · · · · · ·	
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	PUMP TRUC EXTRA FOO	OB K CHARGE TAGE		
	PUMP TRUCE EXTRA FOO MILEAGE	OB CK CHARGE TAGE		46
Thank You	PUMP TRUCE EXTRA FOOM MILEAGE MANIFOLD	OB K CHARGE TAGE	@ @	
Thank You	PUMP TRUCE EXTRA FOOM MILEAGE MANIFOLD	OB CK CHARGE TAGE		
And You	PUMP TRUCE EXTRA FOOM MILEAGE MANIFOLD	OB K CHARGE TAGE	@ @	
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CHARGE TO: CHESAPFAKE	PUMP TRUCE EXTRA FOO MILEAGE MANIFOLD	OB K CHARGE TAGE (770)	——————————————————————————————————————	in the second se
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CHARGE TO: CHEADFAKE STREET	PUMP TRUCE EXTRA FOO MILEAGE MANIFOLD	OB K CHARGE TAGE (770)	TOI TEQUIPMEN	
CHARGE TO: CHEADFAKE STREET CITY STATE ZIP	PUMP TRUCE EXTRA FOO MILEAGE MANIFOLD	OB K CHARGE TAGE (770)	TOI TEQUIPMENT @ @	
CHARGE TO: CHESA PAKE STREET CITY STATE ZIP To Allied Cementing Co., Inc.	PUMP TRUCE EXTRA FOO MILEAGE MANIFOLD	OB K CHARGE TAGE (770)	TOI TEQUIPMENT @ @ TO G G G G G G G G G G G G G	
CHARGE TO: CHEADEAKE STREET CITY STATE ZIP To Allied Cementing Co., Inc. You are hereby requested to rent cementing equipment	PUMP TRUCE EXTRA FOO MILEAGE MANIFOLD	OB K CHARGE TAGE (770)	TOI TEQUIPMENT @ @	
CHARGE TO: CHEARESTEET STREET CITY STATE ZIP To Allied Cementing Co., Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or	PUMP TRUCE EXTRA FOO MILEAGE MANIFOLD	OB K CHARGE TAGE (770)	TOI TEQUIPMENT @ @ TO G G G G G G G G G G G G G	
CHARGE TO: CHARGE	PUMP TRUCE EXTRA FOO MILEAGE MANIFOLD	OB K CHARGE TAGE (770)	TOI TEQUIPMENT @ @ TO G G G G G G G G G G G G G	NT
CHARGE TO: STREET TO Allied Cementing Co., Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or	PUMP TRUCE EXTRA FOO MILEAGE MANIFOLD	OB K CHARGE TAGE (770)	TOI TEQUIPMEN	NT
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Address	E. 0	E. O. or F. O. No.)<< \\) \(\) \(
Lease / OCINOSICON	Well	Well No. 3-10
	SERVICE REPORT	
Tool Rental / (eve lees Signal Rods	Sign Good of trans, Weaking	
Tubing		Amount:
Casing Layer Down 23534	(20) OS S'S (CAS)	Amount:
Power longs		Amount:
		Amount:
Transportation Charge	Miles Of Designation	يق ان
Waiting Time	@	ur Amount:
	TOT	L SERVICE C
Remarks: Truck No. [] arrived @ [[]] Sc. []	Constant Redirector	Estimental Prost Cost ?
Date Work Commenced	Date Work Completed S-	By
	C N	

LOG-TECH OF KANSAS, INC. 86 SW 10 AVE.

86 SW 10 AVE. GREAT BEND, KANSAS 67530 (620) 792-2167 6944

Date 3-12-12

CHARGE TO: Chesapeare Openting Compaddress RIA SOURCE NO		R NO ke// TWP	3023 305 WE	2.05 STA_ RANGI IGHT EYEL	TE <u>/< S</u> = 34 W	
ENGINEER LCEBATZ OPERA	ATOR	10914	Buch	100		_
PERFORATING			Death			
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COT 32 (45 1Kg) 08 2534				2-2-1		
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Description		epth To	- 14 5 5	Price Per Ft.	Amount	
5+55" CIBP DB-5 2 4100'	0	410	0/4/00	.66	T	7
Dump Zacks Cement on plug	 	_			- S	5
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MISCELLANEOU	S					
Description			Qı	iantity	Amount	
Service Charge 5 & ' CIBP DB-5				-/ _j	- ×	\exists
54 CIBV UD-2				1	=	4
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PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT				Sub Total		7
RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.	Ref			nsurance Tax		
155 \$ 3 /2/12 _						_
Customer Signature Date						_