



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

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.

(Print Name) Employee of Operator or Operator on above-described well,

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

ALLIED CEMENTING CO., LLC. 035280

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Oakley

DATE <u>11-6-11</u>	SEC <u>9</u>	TWP. <u>11s</u>	RANGE <u>40W</u>	CALLED OUT	ON LOCATION	JOB START <u>10:30 pm</u>	JOB FINISH <u>11:30 pm</u>
LEASE <u>Bellamy</u>		WELL # <u>1-9</u>	LOCATION <u>Sharon springs 13N</u>		COUNTY <u>Wallace</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>			<u>1/2w 2N 1E s into</u>				

CONTRACTOR Wtw #8

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 5190'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 3000

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER same

CEMENT

AMOUNT ORDERED 205 sks 60/40

4% gel 1/4 Flo-seal

COMMON	<u>123 sks</u>	@	<u>16.25</u>	<u>2613.75</u>
POZMIX	<u>82 sks</u>	@	<u>8.50</u>	<u>697.00</u>
GEL	<u>7 sks</u>	@	<u>21.25</u>	<u>148.75</u>
CHLORIDE	_____	@	_____	_____
ASC	_____	@	_____	_____

EQUIPMENT

PUMP TRUCK CEMENTER Andrew

#423-281 HELPER Jerry

BULK TRUCK

#347 DRIVER Ethan

BULK TRUCK

_____ DRIVER _____

<u>Flo-seal #51</u>	@	<u>2.70</u>	<u>137.70</u>
_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
HANDLING <u>214 sks</u>	@	<u>2.25</u>	<u>481.50</u>
MILEAGE <u>114 sk/mile</u>			<u>1642.80</u>

TOTAL 5726.50

REMARKS:

25 sks @ 3000'

100 sks @ 2200'

40 sks @ 300'

10 sks @ 40'

30 sks Rathole

Thank you

CHARGE TO: Cholla Production

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 3000'

PUMP TRUCK CHARGE _____ 1250.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 20 miles x 2 @ 7.00 980.00

MANIFOLD _____ @ _____

Light vehicle @ 4.00 560.00

TOTAL 2790.00

PLUG & FLOAT EQUIPMENT

8 5/8

1 Dry hole plug @ _____ 92.00

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or

Summary of Changes

Lease Name and Number: BELLAMY 1-9

API/Permit #: 15-199-20392-00-00

Doc ID: 1077590

Correction Number: 1

Field Name	Previous Value	New Value
Approved Date	03/29/2012	03/30/2012
Plugging Fees Responsible Party Name Save Link	WW Drilling ../kcc/detail/operatorEditDetail.cfm?docID=1077496	Cholla Production, LLC ../kcc/detail/operatorEditDetail.cfm?docID=1077590

Summary of Attachments

Lease Name and Number: BELLAMY 1-9

API: 15-199-20392-00-00

Doc ID: 1077590

Correction Number: 1

Attachment Name

Cholla Production- Bellamy 1-9- PTA Cement Ticket