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

KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

1078905

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	
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 Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: No Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)	County: Well #: 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)			tion)
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:	Address 2:			
City:		State:	Zip:	+		
Phone: ()						
Name of Party Responsible for Plu	ugging Fees:					
State of	County,	, SS.				
	(Print Name)		tor or Operator on ab			
		statements, and matters harain contained, and the				

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

bbowman & obrienchergy Co, Com ALLIED ONL & GAS SERVICES, LLC 056939 ederal Tax I.D.# 20-5975804 REMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665 SERVICE POINT: RU39< ISEC RANGE ON LOCATION JOB START JOB FINISH TWP. CALLED OUT DATE STATE COUNTY I SPINI \$ LOCATION RUBGEN 14N 24 -70 winto WELL# OLD OR NEW (Circle one) #2 CONTRACTOR Ωb OWNER TYPE OF JOB CEMENT HOLE SIZE 74 <u>·3520></u> J.D. AMOUNT ORDERED CASING SIZE DEPTH 42 **TUBING SIZE** DEPTH

NDB COMMON POZMIX @ -12 GEL @ 11.25 CHLORIDE @ ASC 0 Cher with @ @ @ @ @ @ @ 0 iß @ 2. HANDLING 17 2 11 14.91 MILEAGE . TOTAL

SERVICE

DEPTH OF JOB	•		
PUMP TRUCK CHARGE			1250.00
EXTRA FOOTAGE	@	I.	
MILEAGE MIAU !	7_@	7,40	119.60
MANIFOLD	@	·	<u> </u>
	<u> 7_</u> @	4,00	68,00
	@		
		TOTAL	1437

To: Allied Oil & Gas Services, LLC.

_____STATE ____

DRILL PIPE

PRES. MAX

MEAS. LINE

CEMENT LEFT IN CSG.

DISPLACEMENT

PUMP TRUCK

BULK TRUCK

BULK TRUCK

CHARGE TO:

STREET

473

417

#

#

TOOL

PERFS.

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.

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	1	AA	Illineir
SIGNATURE	PATA	ALU	MULL

PLUG & FLOAT EQUIPMENT

8 % motion	AK	@	645	<u> </u>
	<u> </u>	_@_		-
		@		
		@		
		@		

TOTAL ______

SALES TAX (If Any) 224,20 TOTAL CHARGES 4916,95 554

57/ IF PAID IN 30 DAYS DISCOUNT 20

REGRICES

475613 × 14.1 ×

~ 1h¹/

nB Am

MAR

ZIP

DEPTH

DEPTH

EQUIPMENT

REMARKS:

MUD

Damen X

O Brian

nh>

CEMENTER THE

HELPER

DRIVER

DRIVER

MINIMUM

SHOE JOINT

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