



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

KANSAS CORPORATION COMMISSION 1082192
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. 037973

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Medicine Lodge KS

PO# PWS12051701

DATE <u>5-17-2012</u>	SEC <u>6</u>	TWP <u>27s</u>	RANGE <u>12w</u>	CALLED OUT	ON LOCATION <u>9:00pm</u>	JOB START <u>10:00pm</u>	JOB FINISH <u>11:00am</u>
LEASEE <u>ICHU</u>	WELL # <u>4</u>	LOCATION <u>612 highway ks, 1/2 north</u>			COUNTY <u>Pratt</u>	STATE <u>KS</u>	
<input checked="" type="checkbox"/> OLD OR NEW (Circle one)							

CONTRACTOR _____ OWNER Pratt well

TYPE OF JOB O.H.P

HOLE SIZE _____ T.D. _____

CASING SIZE 4 1/2 DEPTH 680'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 1/2 bb1. Freshwater

EQUIPMENT _____

PUMP TRUCK CEMENTER Dustin F

548-545 HELPER Eddie P

BULK TRUCK _____

381-280 DRIVER Derek G.

BULK TRUCK _____

_____ DRIVER _____

REMARKS: Hook up to 4 1/2 casing pump 2 bbls
water to establish circulation. Mix
2755s of cement, displace 1/2 bbl water
Shut in cement at circulate

CEMENT AMOUNT ORDERED 2755s @ 60' 40' 490' 60'

COMMON C19SSA 165s @ 16.25 2681.25

POZ MIX 110s @ 8.50 935.00

GEL 95s @ 21.25 191.25

CHLORIDE @ _____

ASC @ _____

HANDLING 284 \$k @ 2.25 639.00

MILEAGE 284/11.15 @ _____ 156.20

TOTAL 4602.70

DEPTH OF JOB 680' SERVICE _____

PUMP TRUCK CHARGE _____ @ _____ 1250.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 5 @ 7.00 35.00

MANIFOLD _____ @ _____

Light vehicle 5 @ 4.00 20.00

CHARGE TO: Pratt well

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 1305.00

PLUG & FLOAT EQUIPMENT

NONE

TOTAL _____

To Allied Cementing Co., LLC.
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.

SALES TAX (If Any) _____

TOTAL CHARGES 5907.70

DISCOUNT _____ IF PAID IN 30 DAYS _____

PRINTED NAME X Gerald W Fassel

SIGNATURE X Gerald W Fassel
Thank you!!!

Net \$ 4726.16