



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

KANSAS CORPORATION COMMISSION 1082463  
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. 035395

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: DeWitt, KS

DATE <u>12/12</u>	SEC. <u>1</u>	TWP. <u>15</u>	RANGE <u>13</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00</u>	JOB FINISH
LEASE # <u>10050</u> WELL # <u>111</u>				LOCATION <u>W. 7th Rd 60 S to N 1/2 E</u>		COUNTY <u>DeWitt</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>				OWNER <u>Scum</u>			

CONTRACTOR E.C.W.S.  
TYPE OF JOB PTA

HOLE SIZE 4 1/2 T.D. \_\_\_\_\_  
 CASING SIZE 3 1/2 DEPTH \_\_\_\_\_  
 TUBING SIZE 3 1/8 DEPTH \_\_\_\_\_  
 DRILL PIPE DEPTH \_\_\_\_\_  
 TOOL DEPTH \_\_\_\_\_  
 PRES. MAX DEPTH \_\_\_\_\_  
 MEAS. LINE MINIMUM \_\_\_\_\_  
 CEMENT LEFT IN CSG. SHOE JOINT \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_

EQUIPMENT  
 PUMP TRUCK CEMENTER Flor  
 # 422 HELPER Wayne  
 BULK TRUCK DRIVER Chris  
 # 347 DRIVER Allen

REMARKS:

mix 150 sks @ 50.68 w/ 2 ports Hells  
pull to 300' mix 150 sks w/ 2 ports Hells  
pull to 930' mix 100 sks w/ 100 lb Hells  
pull to 400' mix 40 sks concrete to surf  
mix 50 sks down @ 50.68 1 mix 100 sks to  
top CCF 4 1/2  
1 port 4 1/2  
1 port 4 1/2 (Cem)  
Adm

CHARGE TO: \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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.

PRINTED NAME \_\_\_\_\_  
 SIGNATURE Stephen Wolff

CEMENT  
 AMOUNT ORDERED 400 sks to 1110 4 1/2 size  
used 100 sks from 347 - 400 from 326  
 COMMON 300 @ 16.75 4875  
 POZMIX 200 @ 8.25 1200  
 GEL 17 @ 21.25 361  
 CHLORIDE \_\_\_\_\_  
 ASC \_\_\_\_\_  
500 lb Hells - 105K1 @ 31.25 312  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 HANDLING 412.90 CF @ 2.00 825.80  
 MILEAGE 2.7 mi / mi @ 17.938 48.5  
 TOTAL 11502

SERVICE  
 DEPTH OF JOB \_\_\_\_\_  
 PUMP TRUCK CHARGE \_\_\_\_\_  
 EXTRA FOOTAGE \_\_\_\_\_  
 MILEAGE \_\_\_\_\_  
 MANIFOLD \_\_\_\_\_  
Went on launch in @ 500  
 TOTAL 200

PLUG & FLOAT EQUIPMENT  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 TOTAL \_\_\_\_\_

SALES TAX (if Any) \_\_\_\_\_  
 TOTAL CHARGES \_\_\_\_\_  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAY \_\_\_\_\_