



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

KANSAS CORPORATION COMMISSION 1083486
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

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.

035420

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Dallas, KS

DATE <i>6/27/12</i>	SEC <i>19</i>	TWP <i>18</i>	RANGE <i>31</i>	CALLED OUT	ON LOCATION	JOB START <i>11:30</i>	JOB FINISH <i>12:30</i>
LEASE# <i>12-19-03</i>				LOCATION <i>Trathcy 6E Has E 20</i>	COUNTY <i>Scott</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *1008* OWNER

TYPE OF JOB *PTA*

HOLE SIZE T.D. CEMENT

CASING SIZE *5 1/2"* DEPTH *3700* AMOUNT ORDERED *300 sacks 60/40 40/20*

TUBING SIZE DEPTH DEPTH *200lb Halls on side*

DRILL PIPE DEPTH DEPTH *wood 275 sks*

TOOL DEPTH

PRES. MAX. MINIMUM COMMON *165 @ 16.25 2687 25*

MEAS. LINE SHOE JOINT POZMIX *110 @ 16.50 915 30*

CEMENT LEFT IN CSG. GEL *9 @ 21.25 191 25*

PERFS. CHLORIDE

DISPLACEMENT ASC

EQUIPMENT

PUMP TRUCK CEMENTER *Flax*

422 HELPER *Waye*

BULK TRUCK DRIVER *Jeremy Chm.*

DRIVER

HANDLING *32% 2 CF @ 2.4*

MILEAGE *700/mile 13.516 600 93*

TOTAL *1850 22*

REMARKS:
*Local Halls photo 4 by Mc 2007 April
50 sks 40/20 Halls Pump 200 Halls
Mix 270 sks AT 2400 70/100 sks
Mix 5 sks down B side 70 400 ft*

DEPTH OF JOB SERVICE

PUMP TRUCK CHARGE *3900*

EXTRA FOOTAGE @ *1850 22*

MILEAGE *50 miles @ 350 20*

MANIFOLD @ *200 50*

CHARGE TO: *FJM*

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

TOTAL *1800 22*

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 *William J. Chmura*

SIGNATURE *William J. Chmura*

SALES TAX (If Any) _____ IF PAID IN 30 DAYS

TOTAL CHARGES _____

DISCOUNT _____