

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

1086111

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.

(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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 131179

Invoice Date: May 15, 2012

Page: 1

**Bill To:**

Robert F. Hembree
P O Box 542
Ness City, KS 67560

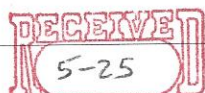
Customer ID	Well Name# or Customer P.O.	Payment Terms	
Hem	Schwartzkopf #1 "K"	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Great Bend	May 15, 2012	6/14/12

Quantity	Item	Description	Unit Price	Amount
144.00	MAT	Class A Common	16.25	2,340.00
96.00	MAT	Pozmix	8.50	816.00
8.00	MAT	Gel	21.25	170.00
60.00	MAT	FloSeal	2.70	162.00
257.76	SER	Handling	2.10	541.30
5.00	SER	Ton Miles	25.29	126.43
1.00	SER	Rotary Plug	1,250.00	1,250.00
5.00	SER	Heavy Vehicle Mileage	7.00	35.00
5.00	SER	Light Vehicle Mileage	4.00	20.00
1.00	EQUIP OPER	Greg Redetzke		
1.00	EQUIP OPER	Kevin Eddy		
1.00	EQUIP OPER	Joel Monahan		

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 1092.14

ONLY IF PAID ON OR BEFORE
Jun 9, 2012



Subtotal	5,460.73
Sales Tax	344.03
Total Invoice Amount	5,804.76
Payment/Credit Applied	
TOTAL	5,804.76

- 1092.14
4,712.62

ALLIED OIL & GAS SERVICES, LLC 053535

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Groff Box 2, KS

DATE <u>5-15-12</u>	SEC. <u>35</u>	TWP. <u>18</u>	RANGE <u>24</u>	CALLED OUT	ON LOCATION	JOB START <u>8:00am</u>	JOB FINISH <u>4:00pm</u>
LEASE <u>Schwartzkopf</u>	WELL # <u>1</u>	LOCATION <u>Ness City, KS</u>			COUNTY <u>Ness</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>			<u>3/4 south, east into</u>				

CONTRACTOR Pickrail #10 OWNER Robert Hembre

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8 T.D. 4343

CASING SIZE DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

EQUIPMENT

PUMP TRUCK CEMENTER Greg R
366 HELPER Kevin E

BULK TRUCK
482-112 DRIVER Joel M

BULK TRUCK
DRIVER

REMARKS:

1st plug mix 50 sks @ 1590 ft
2nd plug mix 50 sks @ 810 ft
3rd plug mix 50 sks @ 450 ft
4th plug mix 40 sks @ 240 ft
5th plug mix 30 sks @ 60 ft
Mix 30 sks @ Redhook

CEMENT
AMOUNT ORDERED 240 sks 60/40
4 1/2 gal 1/4 glassal

COMMON	<u>144</u>	@ <u>16.25</u>	<u>2,340.00</u>
POZMIX	<u>96</u>	@ <u>8.50</u>	<u>816.00</u>
GEL	<u>8</u>	@ <u>21.25</u>	<u>170.00</u>
CHLORIDE		@	
ASC		@	
<u>Flow Seal</u>	<u>60</u>	@ <u>2.70</u>	<u>162.00</u>
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>257.76</u>	@ <u>2.10</u>	<u>541.29</u>
MILEAGE	<u>10.76% 5</u>	@ <u>2.35</u>	<u>126.43</u>
			TOTAL <u>4,155.72</u>

SERVICE

DEPTH OF JOB	<u>1590</u>	
PUMP TRUCK CHARGE		<u>1250.00</u>
EXTRA FOOTAGE	@	
MILEAGE	<u>Hvm 5</u>	@ <u>7.00</u> <u>35.00</u>
MANIFOLD	@	
	<u>hvm 5</u>	@ <u>4.00</u> <u>20.00</u>
	@	

TOTAL 1305.00

CHARGE TO: Robert Hembre

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

TOTAL

To: Allied Oil & Gas Services, 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 Mike Kern

SIGNATURE Mike Kern

SALES TAX (If Any)
TOTAL CHARGES 5,460.72
20% 1,092.14
DISCOUNT 4,368.58 IF PAID IN 30 DAYS