



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

KANSAS CORPORATION COMMISSION 1086681  
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

**LOG-TECH OF KANSAS, INC.**  
 86 SW 10 AVE.  
 GREAT BEND, KANSAS 67530  
 (620) 792-2167

INVOICE  
**6635**

Date 7-13-2011

CHARGE TO. Chesapeake Operating Inc.  
 ADDRESS \_\_\_\_\_  
 R/A SOURCE NO. \_\_\_\_\_ CUSTOMER ORDER NO. AFE 802064  
 LEASE AND WELL NO. wedel FIELD \_\_\_\_\_  
 NEAREST TOWN Tribune COUNTY Hamilton STATE K.S.  
 SPOT LOCATION C/NE-NW SEC. 1 TWP. 22c RANGE 41c  
 ZERO Ground level CASING SIZE 5 1/2 WEIGHT \_\_\_\_\_  
 CUSTOMER'S T.D. \_\_\_\_\_ LOG TECH \_\_\_\_\_ FLUID LEVEL 2100'  
 ENGINEER Lance Craig OPERATOR J. Watcher

PERFORATING				
Description	No. Shots	Depth		Amount
		From	To	
<u>OVEN HSC (3125-702)</u>	<u>4</u>		<u>1150'</u>	

DEPTH AND OPERATIONS CHARGES					
Description	From	Depth To	Total No. Ft.	Price Per Ft.	Amount
<u>Drop 2 sacks of cement</u>	<u>0</u>	<u>2700</u>	<u>2700</u>	<u>—</u>	
<u>set 5 1/2 CTBP / Slow Burn</u>	<u>0</u>	<u>1200</u>	<u>1200</u>	<u>M.A.</u>	

MISCELLANEOUS		
Description	Quantity	Amount
<u>Service Charge</u>		
<u>5 1/2 CTBP DB-5 Veetlerford RECEIVED</u>	<u>2</u>	

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Code Ref

Sub Total

Tool Insurance

Tax

Donald Paul 7-13-2011  
 Customer Signature Date

# ALLIED CEMENTING CO., LLC. 040917

Federal Tax I.D.# 20-5976804

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

SERVICE POINT Darby, KS

DATE <u>7-13-11</u>	SEC. <u>1</u>	TWP. <u>22</u>	RANGE <u>41</u>	CALLED OUT	ON LOCATION	JOB START <u>12:00pm</u>	JOB FINISH <u>12:00pm</u>
LEASE <u>Wedel</u>	WELL# <u>1-1</u>	LOCATION <u>Tribune, KS, 205 W</u>			COUNTY <u>Franklin</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)				<u>Sub</u>			

CONTRACTOR <u>Done</u> TYPE OF JOB <u>PTA</u> HOLE SIZE _____ TD. _____ CASING SIZE <u>5 7/8</u> 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 <u>Jake</u> # <u>431</u> HELPER <u>Warren</u> BULK TRUCK _____ # <u>399/287</u> DRIVER <u>Chris</u> BULK TRUCK _____ # _____ DRIVER _____	OWNER _____ CEMENT AMOUNT ORDERED <u>400 sks 4000 400 gal</u> COMMON <u>180 sks @ 16.25</u> POZMIX <u>100 sks @ 8.50</u> GEL <u>17 sks @ 21.25</u> CHLORIDE _____ @ _____ ASC _____ @ _____ HANDLING <u>400 sks @ 2.25</u> MILEAGE <u>180 miles</u>
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REMARKS:  
set bridge plug 2700' - Log 100'  
set 2 5/8 cement spot on top  
set bridge plug at 1200' - Log 100'  
Casing set 700' plus 2 perforate  
and pump 200 sks down casing  
pump 15 sks down backlogs

TOTAL	
SERVICE	
DEPTH OF JOB <u>2700'</u>	
PUMP TRUCK CHARGE _____	
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>180 x 2</u> @ <u>2.00</u>	
MANIFOLD _____ @ _____	
<u>Light Vehicle 100x20</u> @ <u>4.80</u>	

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

TOTAL	
PLUG & FLOAT EQUIPMENT	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
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.

PRINTED NAME Dennis Fitch  
 SIGNATURE Dennis Fitch 7-18-2011

SALTS TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES \_\_\_\_\_  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

# The Hub of Syracuse, Inc.

P.O. BOX 638-EAST HIGHWAY 50  
SYRACUSE, KANSAS 67878  
(620) 384-6914 FAX:(620) 384-7896

## Invoice

DATE: 8/23/2011  
COMPANY NAME: CHESAPEAKE OPERATING  
P.O. BOX 548806  
OKLAHOMA CITY, OK 73154-8806  
LEASE NAME: WEDEL #1-1  
ID#218480 (HM. CO.)

INVOICE NO. W: 49722

DESCRIPTION OF WORK/MATERIAL	HRS/QTY	RATE	AMOUNT
DROVE TO LOCATION LOADED UP FENCE PANELS & RAILROAD TIES ONTO TRAILER, DUG OUT WELLHEAD, CUT OFF SURFACE CASING & CASING, HAD 13" CASING HAD TO COME BACK TO TOWN TO CUT BIGGER PLATE WELDED PLATE OVER SURFACE CASING, PICKED UP UNIT, HAULED TO GRILLIOT YARD, WENT BACK TO LOCATION, BACKFILLED WORKING PIT, PULLED OUT ELECTRIC WIRES, BACKFILLED OVER WELL, DRESSED UP LOCATION.			
BACKHOE W/OP	9		
SECOND HAND	9		
13" X 13" X 1/2" FLAT IRON	1		

**RECEIVED**

SEP 14 2011

**IMAGING**  
(10)

Subtotal

Sales Tax (7.3%)

PERSONNEL:DEREK G., BILL R.

GROSS TOTAL