



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

KANSAS CORPORATION COMMISSION 1099643
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 OIL & GAS SERVICES, LLC 053707

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend, KS

DATE <u>7-6-12</u> <u>7-7-12</u>	SEC. <u>26</u>	TWP. <u>28S</u>	RANGE <u>23W</u>	CALLED OUT	ON LOCATION	JOB START <u>6:00 pm</u>	JOB FINISH <u>7:00 pm</u>	
LEASE <u>Well-</u>	WELL # <u>1-26</u>	LOCATION <u>Food US North To Saddle</u>			COUNTY <u>Food</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)		RD <u>west To 123 RD South Deadend to west south 1/2 To</u>						

CONTRACTOR <u>Duke 20</u>	OWNER <u>Vincent oil Co-p</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>625</u>
CASING SIZE <u>8 3/4</u>	DEPTH <u>620</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>40.33</u>
CEMENT LEFT IN CSG. <u>40.33</u>	
PERFS.	
DISPLACEMENT <u>37 BBLS 4-csh</u>	
EQUIPMENT	

PUMP TRUCK	CEMENTER <u>Wayne</u>
# <u>366</u>	HELPER <u>maulin</u>
BULK TRUCK	
# <u>347 356/219</u>	DRIVER <u>Brandon Troy</u>
BULK TRUCK	
# <u>482/188</u>	DRIVER <u>Joel</u>

CEMENT			
AMOUNT ORDERED	<u>275 SX 60/40 + 6% GEL + 3% GEL</u>		
	<u>100 SX Class A + 3% GEL + 2% GEL</u>		
COMMON	<u>100</u>	@ <u>16.25</u>	<u>1625.00</u>
POZMIX		@	
GEL	<u>2</u>	@ <u>21.25</u>	<u>42.50</u>
CHLORIDE	<u>12</u>	@ <u>58.20</u>	<u>698.40</u>
ASC		@	
<u>hisc wt</u>	<u>275</u>	@ <u>14.50</u>	<u>3987.50</u>
<u>Plas seal</u>	<u>69</u>	@ <u>2.70</u>	<u>186.30</u>
		@	
		@	
		@	
		@	
HANDLING	<u>423.28</u>	@ <u>2.10</u>	<u>888.88</u>
MILEAGE	<u>17.83 x 50 x 2.35</u>		<u>2095.02</u>
			TOTAL <u>9,523.60</u>

REMARKS:

Pipe on Bottom B-csh circulation
with Rig mud
Run 5 BBLS water Ahead
Mix 275 SX 60/40 + 6% GEL + 3% GEL + 4% H2O
Fill 100 SX Class A + 3% GEL + 2% GEL
Shut Down Release Plug
Displace 37 BBLS 4-csh water -
Land plug at 700PS. Shut in
Cement did circulate

CHARGE TO: Vincent oil Co-p
STREET _____
CITY _____ STATE _____ ZIP _____

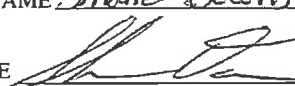
SERVICE

DEPTH OF JOB	<u>620</u>		
PUMP TRUCK CHARGE			<u>1125.00</u>
EXTRA FOOTAGE	<u>320</u>	@ <u>.95</u>	<u>304.00</u>
MILEAGE	<u>Hum 50</u>	@ <u>7.00</u>	<u>350.00</u>
MANIFOLD	<u>Hum 50</u>	@ <u>4.00</u>	<u>200.00</u>
	<u>7 Hrs wait Time</u>	@ <u>400.00</u>	<u>2800.00</u>
	<u>12 Hrs wait Time</u>	@ <u>400.00</u>	<u>NC</u>
			TOTAL <u>4,779.00</u>

PLUG & FLOAT EQUIPMENT

<u>Baffle Plate</u>	@ <u>112.00</u>	<u>112.00</u>
<u>Rubber Plug</u>	@ <u>112.00</u>	<u>112.00</u>
	@	
	@	
	@	
		TOTAL <u>224.00</u>

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 Shane Downs
SIGNATURE 

SALES TAX (If Any) _____
TOTAL CHARGES 14,526.60
25% 3,631.65
DISCOUNT _____ IF PAID IN 30 DAYS
10,894.95

