



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

KANSAS CORPORATION COMMISSION 1100149
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 OIL & GAS SERVICES, LLC 053881

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>08-30-12</u>	SEC. <u>02</u>	TWP. <u>22S</u>	RANGE <u>16W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>WFYOG</u>	WELL # <u>1-2</u>	LOCATION <u>281 # 19 Sect. 17 1/2 west to</u>	COUNTY <u>Pawnee</u>	STATE <u>KS</u>	<i>8.3 all</i>		
OLD OR NEW (Circle one)	Rd 80 in Lawrence Co, 3/4 mi, w & n/2 to						
CONTRACTOR <u>Stirling #2</u>				OWNER <u>Captiva II</u>			
TYPE OF JOB <u>Rotary Plug</u>							

HOLE SIZE <u>7 7/8</u>	T.D.
CASING SIZE <u>8 5/8</u>	DEPTH <u>1005'</u>
TUBING SIZE	DEPTH
DRILL PIPE <u>4 1/2</u>	DEPTH <u>3960'</u>
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>N/A</u>
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <u>Fresh H₂O & Drilling Mud</u>	
EQUIPMENT	
PUMP TRUCK CEMENTER <u>D. Felio</u>	<u>1</u>
# <u>548-545</u> HELPER <u>H. Piper</u>	<u>2</u>
BULK TRUCK	
# <u>356-290</u> DRIVER <u>T. Lenz / J. Heard</u>	<u>3</u>
BULK TRUCK	
#	DRIVER

CEMENT	AMOUNT ORDERED <u>220s x 60:40:4% gel + 1/4 # F loseal</u>
COMMON <u>Class A 132s x 16s</u>	<u>2145.⁰⁰</u>
POZMIX	<u>88s @ 8.50 = 748.⁰⁰</u>
GEL	<u>85s @ 2.25 = 170.⁰⁰</u>
CHLORIDE	
ASC	
<u>F loseal</u>	<u>55 # @ 2.20 = 119.⁰⁰</u>
HANDLING <u>236.⁰⁰</u>	<u>@ 2.10 = 496.⁰⁰</u>
MILEAGE <u>9.87 x 25 = 246.⁷⁵</u>	<u>603.⁰⁰</u>
TOTAL <u>4310.⁵⁸</u>	

REMARKS:

Cement Did Cure -

THX ☺

SERVICE	
DEPTH OF JOB <u>3960'</u>	
PUMP TRUCK CHARGE	<u>1250.⁰⁰</u>
EXTRA FOOTAGE	
MILEAGE <u>26 @ 7.⁰⁰</u>	<u>182.⁰⁰</u>
MANIFOLD <u>N/A</u>	
<u>Light Vehicle 26 @ 4.⁰⁰</u>	<u>104.⁰⁰</u>
TOTAL <u>1536.⁰⁰</u>	

CHARGE TO: Captiva II

STREET 445 Union Blvd, Suite #208

CITY Lakewood STATE Co, ZIP 80228

PLUG & FLOAT EQUIPMENT	
<u>NONE</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 Duvaldo Mattara

SIGNATURE

TOTAL	
SALES TAX (If Any) <u>485.²⁷</u>	
TOTAL CHARGES <u>5846.⁵⁸</u>	
DISCOUNT <u>20% 1169.³²</u>	IF PAID IN 30 DAYS
<u>4677.²⁶</u>	