

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1101043

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 #:			A	API No	. 15		
Name:				Spot Do	escription:		
Address 1:			-		Sec Tw	vp S. R East West	
Address 2:			-		Feet from	North / South Line of Section	
City:	State:	Zip:+	_		Feet from North / South Line of Section Feet from East / West Line of Section ages Calculated from Nearest Outside Section Corner: NE NW SE SW Inty: Well #: Well #: Well Completed: plugging proposal was approved on: (KCC District Agent's Nagging Commenced: ging Completed:		
Contact Person:				Footages Calculated from Nearest Outside Section Corner:			
Phone: ()					Feet from East / West Line of Section Corner: NE NW SE SW SW SW SE SW SW Sase Name: Well #: Sase Name: Well #: Sw Sw Sw Sw Sw Sw Sw S		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	lic C	County			
Water Supply Well Other: SWD Permit #:				Lease Name: Well #:			
ENHR Permit #: Gas Storage Permit #:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes					
Producing Formation(s): List	All (If needed attach another	sheet)	b	oy:		(KCC District Agent's Name)	
Depth to	o Top: Botto	m: T.D	_	Dluggir	na Commenced:		
Depth to	o Top: Botto	m: T.D					
Depth to	o Top: Botto	m:T.D	'	luggiii	ig Completed.		
Show depth and thickness of	all water, oil and gas forma	ations.					
Oil, Gas or Wate	r Records		Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top) for ea	ach plug set.		
Plugging Contractor License #:			Name:				
Address 1:		· · · · · · · · · · · · · · · · · · ·	Address 2:				
City:			S	state: _		Zip:+	
Phone: ()							
Name of Party Responsible for	or Plugging Fees:						
State of	County, _			, SS.			
(Print Name)					Employee of Operator or	Operator on above-described well,	

Submitted Electronically

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

ALLIED OIL & GAS SERVICES, LLC 050776.

30%
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