

**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

## 1104886

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 #:  |                              |         | 1   | API No. 15  | i                     |   |
|---|------------------------------|---------|---|---|-----------------------|---|
| Name:   |                              |         |   | Spot Description:   |                       |   |
| Address 1:  |                              |         |   |   | Sec T                 | wp S. R East West                           |
| Address 2:  |                              |         |   |   | Feet from             | North / South Line of Section               |
| City:   |                              |         |   | Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:  |                       |   |
| Contact Person:   |                              |         |   |   |                       |   |
| Phone: ( )  |                              |         |   |   | NE NW                 | SE SW                                       |
| 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. |                              |         |   | County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: |                       |   |
|   |                              | m:T.D   |   | Plugging Completed:   |                       |   |
| ·<br>   | •                            |         |   |   |                       |   |
| Show depth and thickness of a   | all water, oil and gas forma | ations. |   |   |                       |   |
| Oil, Gas or Water Records   |                              |         | Casing Record (Surface, Conductor & Production) |   |                       |   |
| Formation   | Content                      | Casing  | Size  |   | Setting Depth         | Pulled Out                                  |
|   |                              |         |   |   |                       |   |
|   |                              |         |   |   |                       | +   |
|   |                              |         |   |   |                       |   |
|   |                              |         |   |   |                       |   |
|   |                              |         |   |   |                       |   |
| Describe in detail the manner cement or other plugs were us   |                              |         |   |   |                       | ds used in introducing it into the hole. If |
| Plugging Contractor License #:  |                              |         | Name: _   |   |                       |   |
| Address 1:  |                              |         | Address   | 2:  |                       |   |
| City:   |                              |         |   | State:  |                       | Zip:+                                       |
| Phone: ( )  |                              |         |   |   |                       |   |
| Name of Party Responsible fo  | or Plugging Fees:            |         |   |   |                       |   |
| State of County,  |                              |         |   | _ , ss.   |                       |   |
|   |                              |         |   | Fmi   | oloyee of Operator or | Operator on above-described well,           |
|   | (Print Name)                 |         |   |   | oloyee of Operator of | 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.

## ALLIED CEMENTING CO., LLC. 035974

| مريد سرد   | ING CO., LLC. 035974   |
|--|--|
| ALLIED CEMENT  | ING CO., LLC. 035974   |
| REMITTO P.O. BOX 31<br>RUSSELL, KANSAS 67665   | SBRVICE POINT:   |
| February Well 1-21 LOCATION HESS CITY DLI) OR NEW Circle one)  Sinto   | N TO 210 -11/3 E COUNTY STATUS  NESS 13  |
| TYPE OF JOB PT A  10 LISIZE 7 78 T.D. 4570 C  ASINO SIZE DEPTH A  TUDINO SIZE DEPTH A  TRILL PIPE 4/2 DEPTH / 292  | WHER CAMP  EMENT  MOUNT ORDERED 280 SKs ( 40/40 4%)  Sel / 1/4 F/6 seal  |
| AGAS, LINE SHOE JOINT FRAMENT LIGHT IN CSQ.  SERFS.  | OMMON  |
| UNIPTRUCK COMENTER Decen Rocette HILL TRUCK HILLER DRIVER DT Gray DRIVER DT Gray   | HANDLING 300,72 GF X 00 2 2 1 7.705.20 1 7.7 |
| REMIARKS:  11x 50 5Ks Cement 1790'  11x 50 5Ks Cement 500'  11x 50 5Ks Cement 360'  11x 50 5Ks Cement 360'  11x 50 5Ks Cement 60'  | TOTAL 5590, 92  SERVICE  DEPTH OP JOB 1790  PUMP TRUCK CHARUB 2249, 87   |
| Try Rathale 30 SKs Cament  | MANIFOLD BYTHE BYTH OE   |
| TREST  | FOTAL 2370.84  |
| o Allied Cementing Co., LLC.  You are hereby requested to rent conjenting equipment and furnish cementer and helper(s) to assist owner or ontractor to do work as is listed. The above work was one to satisfaction and supervision of owner agent or ontractor. I have read and understand the "GENERAL BRMS AND CONDITIONS" listed on the reverse side.  | SALES TAX (If Ally)  TOTAL CHARGES  8068, 97  PISCOUNT  2420, 69  IF PAID IN 30 DAYS   |
| MINTED NAME  MINTE | DISCOUNT IF PAID IN 30 DAYS  |