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

1121164

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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: No Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)	County: Well #: 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 Plugg	ing Fees:			
State of	County,	, SS.		
	(Print Name)	Employee of Operator	or Operator on a	bove-described well,
boing first duly sworp on oath save: T	That I have knowledge of the facts	statements and matters herein contained and the log	a of the above-describe	d well is as filed and

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

ALLIED CEMENTING CO., LLC. 038093 Federal Tax I.D.# 20-5975804 SERVICE POINT REMITTO P.O. BOX 31 RUSSELL, KANSAS 67665 108 START JOB FINISH ON LOCATION CALLED OUT RANGE TWP. SEC. 29 STATE COUNTY DATE LOCATION Kingsom For LEASE Opennyer WELL 101 Elinto OLD OR NEW (Circle one) Vincent O OWNER CONTRACTOR Surface TYPE OF JOB CEMENT 655 AMOUNT ORDERED 1255X Class A + 576 CB+22 T.D. 1/4 HOLE SIZE SYP +89 SMS + 1/4# Elosen 1047 9 DEPTH CASING SIZE DEPTH OSKALOSSA+32000+220gcl TUBING SIZE DEPTH DRILL PIPE 4922.50 DEPTH @ 17.90 TOOL 275 COMMON 500 MINIMUM PRES. MAX POZMIX @ SHOE JOINT 42,2 073.40 70.20 MEAS. LINE .3 SX GEL @ 64.50 640.00 CEMENT LEFT IN CSG. SX 10 CHLORIDE PERFS. ASC 381/2 02.97 89.10 DISPLACEMENT 20 Floseal EQUIPMENT @3.30 660.00 201 SMS @37.60 75.20 SX Gypsea 2 0 CEMENTER PUMP TRUCK @ HELPER 471-302 @ BULK TRUCK 0 DO01 # 391-250 DRIVER @ BULK TRUCK @2.4 747.72 301.50 DRIVER HANDLING 178600 2.60 MILEAGE TOTAL 8985.72 **REMARKS**: Spe Cement SERVICE 655 DEPTH OF JOB 2058.50 PUMP TRUCK CHARGE 0 EXTRA FOOTAGE 00 @ 7.70 MILEAGE_ @ MANIFOLD. ea. @ 4.40 220.00 @ TOTAL2663.50 CHARGETO: Vincent Di STREET _ ZIP. PLUG & FLOAT EQUIPMENT STATE_ CITY. 151.04 131.04 0 0 To Allied Cementing Co., LLC. 0 You are hereby requested to rent cementing equipment 0 and furnish cementer and helper(s) to assist owner or TOTAL 262.08 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 53416 SALES TAX (If Any) TERMS AND CONDITIONS" listed on the reverse side. TOTAL CHARGES Hrsl. IF PAID IN 30 DAYS PRINTED NAME X / 1m DISCOUNT 7385.01 115+ SIGNATURE Carrier Ca 19. 19. 19. 19. 19.

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