



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

KANSAS CORPORATION COMMISSION 1133357  
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



# CEMENTING LOG

STAGE NO. \_\_\_\_\_

Date 01/23/13 District \_\_\_\_\_ Ticket No. 59713  
 Company RAB Rig Shawnee  
 Lease Vickery Well No. B#2  
 County Barber State KS  
 Location Vic Sherman KS Field 31-325-10m

CEMENT DATA:  
 Spacer Type: Gel  
 Amt. \_\_\_\_\_ Skys Yield \_\_\_\_\_ ft<sup>3</sup>/sk Density \_\_\_\_\_ PPG \_\_\_\_\_

CASING DATA: Conductor  PTA  Squeeze  Misc   
 Surface  Intermediate  Production  Liner   
 Size 5 1/2 Type \_\_\_\_\_ Weight \_\_\_\_\_ Collar \_\_\_\_\_

LEAD: Pump Time \_\_\_\_\_ hrs. Type 60:40:40/6.1  
 Excess \_\_\_\_\_  
 Amt. 120 Skys Yield 1.4 ft<sup>3</sup>/sk Density 14.1 PPG \_\_\_\_\_

Casing Depths: Top \_\_\_\_\_ Bottom 610

TAIL: Pump Time \_\_\_\_\_ hrs. Type \_\_\_\_\_  
 Excess \_\_\_\_\_  
 Amt. \_\_\_\_\_ Skys Yield \_\_\_\_\_ ft<sup>3</sup>/sk Density \_\_\_\_\_ PPG \_\_\_\_\_  
 WATER: Lead 6.7 gals/sk Tail \_\_\_\_\_ gals/sk Total \_\_\_\_\_ Bbls. \_\_\_\_\_

Drill Pipe: Size \_\_\_\_\_ Weight \_\_\_\_\_ Collars \_\_\_\_\_  
 Open Hole: Size 7 3/8 T.D. \_\_\_\_\_ ft. P.B. to \_\_\_\_\_ ft.

Pump Trucks Used 548/545  
 Bulk Equip. 356/296

**CAPACITY FACTORS:**

Casing: Bbls/Lin. ft. \_\_\_\_\_ Lin. ft./Bbl. \_\_\_\_\_  
 Open Holes: Bbls/Lin. ft. \_\_\_\_\_ Lin. ft./Bbl. \_\_\_\_\_  
 Drill Pipe: Bbls/Lin. ft. \_\_\_\_\_ Lin. ft./Bbl. \_\_\_\_\_  
 Annulus: Bbls/Lin. ft. \_\_\_\_\_ Lin. ft./Bbl. \_\_\_\_\_  
 Bbls/Lin. ft. \_\_\_\_\_ Lin. ft./Bbl. \_\_\_\_\_  
 Perforations: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Amt. \_\_\_\_\_

Float Equip: Manufacturer \_\_\_\_\_  
 Shoe: Type \_\_\_\_\_ Depth \_\_\_\_\_  
 Float: Type \_\_\_\_\_ Depth \_\_\_\_\_  
 Centralizers: Quantity \_\_\_\_\_ Plugs Top \_\_\_\_\_ Btm. \_\_\_\_\_  
 Stage Collars \_\_\_\_\_  
 Special Equip. \_\_\_\_\_  
 Disp. Fluid Type Fresh H<sub>2</sub>O Amt. \_\_\_\_\_ Bbls. Weight \_\_\_\_\_ PPG \_\_\_\_\_  
 Mud Type \_\_\_\_\_ Weight \_\_\_\_\_ PPG \_\_\_\_\_

COMPANY REPRESENTATIVE Jeff Cooper

CEMENTER Jason Thirard

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS	
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period		RATE Bbls Min.
				12 BBL		3	Lead H <sub>2</sub> O
						5	Mix Pump Gel 105x
				12 1/2 BBL		4	Mix Pump cement Slurry 505x
				3 1/2 BBL		3	Disp
				2 1/2 BBL		2 1/2	Lead H <sub>2</sub> O
				12 1/2 BBL		4	Mix Pump cement Slurry 505x
				3 1/2 BBL		3	Disp
				5 BBL		2	Mix Pump cement Slurry

# ALLIED OIL & GAS SERVICES, LLC 059715

Federal Tax I.D.# 20-5976804

REMIT TO P.O. BOX 93999  
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

*Medicine Lodge*

DATE <i>01/23/13</i>	SEC. <i>31</i>	TWP. <i>32S</i>	RANGE <i>10W</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Vickery</i>		WELL# <i>B#2</i>		LOCATION <i>Sharon KS, west edge of town, south</i>		COUNTY <i>Barber</i>	STATE <i>KP</i>
<input checked="" type="radio"/> OLD OR NEW (Circle one)		3 miles, west 1/2, Medicine Lodge					

CONTRACTOR *Shunee*

TYPE OF JOB *OHP*

HOLE SIZE *7 7/8* T.D. *610*

CASINO SIZE *5 1/2* DEPTH *610*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *2.50* MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT *Fresh H<sub>2</sub>O*

OWNER *RAB Oil & Gas*

CEMENT AMOUNT ORDERED *120 sk 60:40 14% Gel,*  
*10 sk Gel*

COMMON <i>Class A</i>	<i>72 sk @ 17.90</i>	<i>1288.80</i>
POZMIX	<i>48 sk @ 9.75</i>	<i>448.80</i>
GEL	<i>14 sk @ 23.40</i>	<i>327.60</i>
CHLORIDE	@	
ASC	@	

EQUIPMENT

PUMP TRUCK CEMENTER *Jason Finnesel 1*

#*548/545* HELPER *Jake Heard 3*

BULK TRUCK

#*356/290* DRIVER *Brendan B, Jason O'Hara 3*

BULK TRUCK DRIVER

HANDLING	<i>143.53 lb sk @ 2.48</i>	<i>355.95</i>
MILBAG	<i>5.87 lb x 20 mi x 2.60</i>	<i>305.24</i>
TOTAL		<i>2726.39</i>

REMARKS:

---



---



---



---

*117.40*

SERVICE

DEPTH OF JOB	<i>610</i>	
PUMP TRUCK CHARGE		<i>1250.00</i>
EXTRA FOOTAGE	@	
MILEAGE	<i>20mi @ 7.70</i>	<i>154</i>
MANIFOLD	@	
LV	<i>20mi @ 4.40</i>	<i>88</i>

CHARGE TO: *RAB Oil & Gas*

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL *1492*

PLUG & FLOAT EQUIPMENT

*NA*

	@	
	@	
	@	
	@	
	@	

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.

TOTAL \_\_\_\_\_

SALES TAX (If Any)	<i>307.94</i>
TOTAL CHARGES	<i>4218.39</i>
DISCOUNT <del>20%</del> <i>843.68</i>	IF PAID IN 30 DAYS

PRINTED NAME *Jeff Capps*

SIGNATURE *Jeff Capps*

Net *3374.71*



For plugging the well

PIONEER

Every Project Is Personal

Pioneer Wireline Services, LLC

Service Order No.

1 - 39879

Phone: 785.625.3858

Fax: 785.625.8635

Date: 1-22-13

Client Info	Company <b>R+B Oil and Gas</b>				Client Order # <b>OW</b>			
	Billing Address			City	ST	Zip		
Well Info	Lease & Well # <b>Vickery B#2</b>			Field Name <b>Rhodes NE</b>		Legal Description (coordinates) <b>31 325 10W</b>		
	Nearest Town <b>Sharon</b>		County / Parish <b>Barber</b>	ST <b>KS</b>	Rig	Permit #	Price Zone	Casing Size <b>5.5</b>
	Fluid <b>2700</b>	Level (surf.)	Reading from <b>AGV8</b>	Customer T.D. <b>4855</b>	Pioneer T.D.	Elevation <b>1529</b>	KB Elevation <b>1537</b>	
Crew	Engineer <b>C. Bates</b>		Truck Driver <b>D. Zell</b>		Crew Members <b>Wes Miller</b>		Unit # <b>13</b>	Miles

Product Code	Description	Q-ty	Unit Price	Depth		\$ Amount
				From	To	
	5.5 Case Iron Bridge plug			4445		800.00
	Setting charge		.25			1112.50
	Bump Bailor Run 2 SKS cement		.20			990.00
	2" split sheet	1		3890		2000.00
	2" split sheet	1		3000		2100.00
	Truck Rental #13					950.00

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

SUBTOTAL	17952.50
DISCOUNT	2677.50
SUBTOTAL	5275.00
TAX	385.08
NET TOTAL	5660.08

Client Approval	
<b>Jeff Capps</b>	
Name Printed	Signature / Date

W  
Met  
1-22-13

Pioneer Field Representative	
<b>Craig</b>	
Name Printed	Signature / Date

PIONEER OFFICE USE ONLY - Manager Approval	
<b>Scott</b>	
Name Printed	Signature / Date