



TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

OPERATOR: License# _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Contact Person Email: _____
 Field Contact Person: _____
 Field Contact Person Phone: (_____) _____

API No. 15- _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ E W
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
 Datum: NAD27 NAD83 WGS84
 County: _____ Elevation: _____ GL KB
 Lease Name: _____ Well #: _____
 Well Type: (check one) Oil Gas OG WSW Other: _____
 SWD Permit #: _____ ENHR Permit #: _____
 Gas Storage Permit #: _____
 Spud Date: _____ Date Shut-In: _____

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size						
Setting Depth						
Amount of Cement						
Top of Cement						
Bottom of Cement						

Casing Fluid Level from Surface: _____ How Determined? _____ Date: _____
 Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
(top) (bottom) (top) (bottom)
 Do you have a valid Oil & Gas Lease? Yes No
 Depth and Type: Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____
(depth) (depth)
 Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(depth) (depth)
 Packer Type: _____ Size: _____ Inch Set at: _____ Feet
 Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

Formation Name	Formation Top	Formation Base	Completion Information
1. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet
2. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Submitted Electronically

Do NOT Write in This Space - KCC USE ONLY	Date Tested: _____	Results: _____	Date Plugged: _____	Date Repaired: _____	Date Put Back in Service: _____
	Review Completed by: _____ Comments: _____				
TA Approved: <input type="checkbox"/> Yes <input type="checkbox"/> Denied Date: _____					

Mail to the Appropriate KCC Conservation Office:

	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.225.8888
	KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.630.4000
	KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720	Phone 620.432.2300
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.625.0550

ALLIED OIL & GAS SERVICES, LLC 053864

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE <i>07/2/12</i>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Dye</i>	WELL.# <i>1 SWD</i>	LOCATION			COUNTY <i>Kingman</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one) <input checked="" type="radio"/> OLD <input type="radio"/> NEW							

CONTRACTOR _____ OWNER *Tug Hill*

TYPE OF JOB *Conductors*

HOLE SIZE *28"* T.D. _____

CASING SIZE *20"* DEPTH *100'*

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX *1 SD* MINIMUM _____

MEAS. LINE _____ SHOE JOINT *N/A*

CEMENT LEFT IN CSG. *N/A*

PERFS. _____

DISPLACEMENT *N/A*

CEMENT AMOUNT ORDERED *215sx Class A + 2k cc*

EQUIPMENT

PUMP TRUCK CEMENTER *D Felia* 1

#360265 HELPER *J. T. Anesch* 1

BULK TRUCK DRIVER *T. Lenz* 3

BULK TRUCK DRIVER _____

COMMON <i>215sx Class A</i>	@ <i>16.25</i>	<i>3493.75</i>
POZMIX	@	
GEL	@	
CHLORIDE	@ <i>5</i>	<i>291.00</i>
ASC	@	
HANDLING <i>222</i>	@ <i>2.10</i>	<i>466.20</i>
MILEAGE <i>10.3.35.2.25</i>		<i>542.75</i>
<i>360.194</i>		<i>5098.70</i>
TOTAL		<i>5098.70</i>

REMARKS:

Pipe at 100', Pump 215sx class A + 2k cc, cement did cure.

THX ☺ See Job Log

SERVICE

DEPTH OF JOB _____ *1050"*

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE *N/A* @ _____

MANIFOLD *N/A* @ _____

TOTAL *1050"*

CHARGE TO: *Tug Hill*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

NONE

TOTAL _____

AFF 12-0127
830-18

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.

SALES TAX (If Any) *266.82*

TOTAL CHARGES *6148.70*

DISCOUNT *35* *2152.04* IF PAID IN 30 DAYS

3996.66

PRINTED NAME *Troy Hunter*

SIGNATURE *Troy Hunter*