



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

KANSAS CORPORATION COMMISSION 1156281
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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

ALLIED OIL & GAS SERVICES, LLC 060843

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Oakley

DATE <u>6-6-13</u>	SEC. <u>27</u>	TWP. <u>33</u>	RANGE <u>35</u>	CALLED OUT	ON LOCATION	JOB START <u>11:30 Am</u>	JOB FINISH <u>12:00 Am</u>
WELL # <u>1-27</u>		LOCATION <u>woods 1W 1S 1/2 E</u>				COUNTY <u>Stevens</u>	STATE <u>TX</u>
WELL OR NEW (Circle one)		<u>into</u>					

CONTRACTOR none
 TYPE OF JOB OH P
 HOLE SIZE _____ T.D. _____
 CASING SIZE 4 1/2 DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 COLLAR _____ DEPTH _____
 RES. MAX _____ MINIMUM _____
 WEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 DEPT. _____
 DISPLACEMENT _____

OWNER same
 CEMENT
 AMOUNT ORDERED 250 sks 6940 429.6
10 gal 1cc onside

COMMON	<u>22 sks</u>	@ <u>17.90</u>	<u>1288.80</u>
POZMIX	<u>48 sks</u>	@ <u>9.35</u>	<u>448.80</u>
GEL	<u>14 sks</u>	@ <u>23.40</u>	<u>327.60</u>
CHLORIDE	<u>1 sk</u>	@ <u>44.00</u>	<u>44.00</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	

EQUIPMENT
 PUMP TRUCK CEMENTER Andrea
431 HELPER Dane
 TRUCK DRIVER Chris
 TRUCK DRIVER

HANDLING 280 116.00/PT @ 2.48 1295.54
 MILEAGE 2.60 Ton/mil @ 11.222 437.58
 TOTAL 3262.02

REMARKS:
2x 10 sks gel followed by 50 sks 60/40
10 gal 28cc, displace half in half
cut @ 1500'
@ 600' mix 120 sks cement to surface.

SERVICE
 DEPTH OF JOB 1500'
 PUMP TRUCK CHARGE _____ 1250.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 1.5 miles @ 2.20 115.50
 MANIFOLD _____ @ _____
Light vehicle @ 4.40 N/C

CHARGE TO: Borexco
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 1365.50

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
TOTAL _____		

I, _____ of 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) _____
 TOTAL CHARGES 4,627.52
 DISCOUNT 1,295.70 IF PAID IN 30 DAYS
3331.81 Net.

PRINTED NAME _____
 SIGNATURE Shy m [Signature]



CEMENTING LOG

STAGE NO. _____

Date 4-6-13 District Oakley Ticket No. 060843
 Company Bereco Rig none
 Lease Hilbig Well No. 1-27
 County Stevens State KS
 Location 27 33 35 Field _____
woods 1w 15 1/2E sinto

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 4 1/2 Type _____ Weight _____ Collar _____

Casing Depths: Top _____ Bottom _____

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ T.D. _____ ft. P.B. to _____ ft.

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. 0.059 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. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:

Spacer Type: water gel
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time _____ hrs. Type W/GP 40%gel
10gal 100 on side Excess _____
 Amt. 250 Sks Yield 1.4 ft³/sk Density 14.1 PPG

TAIL: Pump Time _____ hrs. Type _____
 Excess _____

Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG
 WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.

Pump Trucks Used 431
 Bulk Equip. 347

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type _____ Amt. _____ Bbls. Weight _____ PPG
 Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____

CEMENTER Andrea

TIME (AM/PM)	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
<u>11:30</u>	<u>50</u>			<u>20</u>		<u>mix and pump 10 sks gel 1500'</u>
				<u>10</u>		<u>mix 50 sks gel 40% gel 200cc</u>
	<u>50</u>			<u>8</u>		<u>start displacement</u>
						<u>Displacement in</u>
<u>12:30pm</u>	<u>125</u>					<u>stop pump</u>
						<u>mix 120 sks to surface 600'</u>