

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

the same are true and correct, so help me God.

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1156547

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 Spot Description: 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:										
								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: Plugging Completed:		
								Depth to	Top: Botto	m:T.D				
								Show depth and thickness of a		ations.				
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)											
Formation	Content	Casing	Size		Setting Depth	Pulled Out								
cement or other plugs were us						Is used in introducing it into the hole. If								
Plugging Contractor License #:			Name:	ame:										
Address 1:			Address 2:											
City:			Sta	ate:		Zip:+								
Phone: ( )														
Name of Party Responsible fo	or Plugging Fees:													
State of County,			, s	is.										
(Drint Marra)				Em	ployee of Operator or	Operator on above-described well,								

**Submitted Electronically** 

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

## ALLIE OIL & GAS SERVICEL, LLC

Federal Tax I.D.# 20-5975804 SERVICE POINT: Medicine Ladge REMIT TO P.O. BOX 93999 SOUTHLAKE, TEXAS 76092 SEC STATE STATE RANGE CALLED OUT ON LOCATION JOB START DATE 7-28-18 COUNTY LEASE Fungel WELL# Ks N across HW156 OLD OR NEW (Circle one) CONTRACTOR **OWNER** TYPE OF JOB CEMENT HOLE SIZE AMOUNT ORDERED **CASING SIZE** DEPTH **TUBING SIZE** DEPTH flo Scal DRILL PIPE DEPTH TOOL DEPTH /20 PRES. MAX COMMON A **MINIMUM** MEAS, LINE SHOE JOINT **POZMIX** <u>80</u> @23,40 CEMENT LEFT IN CSG. **GEL** PERFS. CHLORIDE @ DISPLACEMENT @ ASC 50 ± floseal @ **EQUIPMENT** @ @ PUMP TRUCK CEMENTER Kon (a: @ #558-555 HELPER Scott @ **BULK TRUCK** @ DRIVER Ju @ @ DRIVER Q2.48 HANDLING MILEAGE. TOTAL 4/87/ REMARKS: Cement SERVICE DEPTH OF JOB 1250 PUMP TRUCK CHARGE **EXTRA FOOTAGE** @ @7.70 MANIFOLD @ @ 440 @ Pollak Energy CHARGE TO: \_\_\_ TOTAL 1915.50 STREET \_ CITY\_ \_STATE \_ PLUG & FLOAT EQUIPMENT @ @ @ 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 TOTAL \_ done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL SALES TAX (If Any) -TERMS AND CONDITIONS" listed on the reverse side.

DISCOUNT

PRINTED NAME & David Hickman
SIGNATURE Alarid Hickman

TOTAL CHARGES 4787.30 IF PAID IN 30 DAYS