



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

KANSAS CORPORATION COMMISSION 1159394
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.

(Print Name) Employee of Operator or Operator on above-described well,

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 060129

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Dakley

DATE <u>2/23/23</u>	SEC. <u>1</u>	TWP. <u>2</u>	RANGE <u>30</u>	CALLED OUT	ON LOCATION	JOB START <u>2:30 PM</u>	JOB FINISH <u>3:00 PM</u>
CASE <u>Anderson Farms</u>	WELL # <u>1-1</u>	LOCATION <u>Obestion 5th 5th 4E</u>			COUNTY <u>Midland</u>	STATE <u>TX</u>	
OLD OR NEW (Circle one)	<u>NEW</u>			<u>1-01</u>	<u>7.3</u>		

CONTRACTOR WW 6 OWNER Same

TYPE OF JOB Surf Pave
 HOLE SIZE 12" x 14" T.D. 259 CEMENT AMOUNT ORDERED 170 cum 3070 cc
 CASING SIZE DEPTH 259
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 CROWFOOT DEPTH

RES. MAX MINIMUM COMMON
 FEAS. LINE SHOE JOINT POZMIX
 CEMENT LEFT IN CSO. 15' GEL
 BRFS. CHLORIDE
 DISPLACEMENT 15-54 ASC

EQUIPMENT

PUMP TRUCK CEMENTER Alan Ryan 1
 HELPER Craig Maghghy 2
 ULK TRUCK DRIVER Kevin Ryan 3
 ULK TRUCK DRIVER

HANDLING MILEAGE 2

REMARKS:

Only Circulate, Mix Cement
Displace Cement
Cement did Circulate
Thank You
PlayWay, Kevin

24
100'
 DEPTH OF PUMP TRUCK EXTRA FOOT MILEAGE
 MANIFOLD Circulate

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

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
 TOTAL CHARGE
 DISCOUNT

PRINTED NAME _____

SIGNATURE Jim Mondro

ALLIED OIL & GAS SERVICES, LLC

60177

Federal Tax I.D. # 20-8851475

TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT
Oakley

DATE <i>3-2-13</i>	SEC <i>1</i>	TWP. <i>2</i>	RANGE <i>30</i>	CALLED OUT	ON LOCATION	JOB START <i>1:30 Pm</i>	JOB FINISH <i>2:30 Pm</i>
LEASE <i>Anderson Farms</i>	WELL# <i>1-1</i>	LOCATION <i>Oberlin SW-SN-4W</i>	COUNTY <i>Decatur</i>	STATE <i>KS</i>			
OLD OR <u>NEW</u> (Circle one)			<i>N+W into</i>				

CONTRACTOR *WW-6* OWNER *Same*

TYPE OF JOB *PRA*
 HOLE SIZE *7 7/8* T.D. *4060'*
 CASING SIZE DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE *4 1/2* DEPTH *2549'*
 TOOL DEPTH

CEMENT
 AMOUNT ORDERED *205 SKS 60/40 40/60*
1/4" Floseal

PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

CC
PC
GI
CI
AS
E

EQUIPMENT

PUMP TRUCK CEMENTER *Darren Pacette*
 # *422* HELPER *Tyler Flipse*
 BULK TRUCK
 # *396-306* DRIVER *David Scariano*
 BULK TRUCK
 # DRIVER

REMARKS:

mix 25 SKs Cement 2549'
mix 100 SKs Cement 1860'
mix 40 SKs Cement 308'
mix 10 SKs Cement 40'

Plug Rathole 30 SKs Cement
Thank You.

DI
PI
EJ
M
M

CHARGE TO: *Cholla Productions*
 STREET _____
 CITY _____ STATE _____ ZIP _____

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.

7
S
T
D

PRINTED NAME *Jason Ruckeson*

SIGNATURE *[Signature]*