



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

KANSAS CORPORATION COMMISSION 1159658
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

ALLIED

OIL & GAS SERVICES, LLC

PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 136754

Invoice Date: Jun 10, 2013

Page: 1

USED FOR PTA
APPROVED [Signature]

Now Includes:



Bill To:
Murfin Drig. Co., Inc.
250 N. Water
STE #300
Wichita, KS 67202

Customer ID	Field Ticket #	Payment Terms	
Murfin	54127	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-03	Russell	Jun 10, 2013	7/10/13

Quantity	Item	Description	Unit Price	Amount
129.00	MAT	Johnson ABE #B-11		
		Class A Common	17.90	2,309.10
86.00	MAT	Pozmix	9.35	804.10
7.39	MAT	Gel	23.40	172.93
54.00	MAT	Flo Seal	2.97	160.38
2.00	MAT	Cottonseed Hulls	35.00	70.00
329.65	SER	Cubic Feet	2.48	817.53
159.32	SER	Ton Mileage	2.60	414.24
1.00	SER	Plug to Abandon	1,250.00	1,250.00
12.00	SER	Pump Truck Mileage	7.70	92.40
12.00	SER	Light Vehicle Mileage	4.40	52.80
1.00	CEMENTER	Robert Yakubovich		
1.00	EQUIP OPER	Woody O'Neil		
1.00	OPER ASSIST	Danny Sinner		

PAID 1 3924.0011.1 5178.96 PTA B#11

Subtotal	6,143.48
Sales Tax	387.04
Total Invoice Amount	6,530.52
Payment/Credit Applied	
TOTAL	6,530.52

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 1,351.56

ONLY IF PAID ON OR BEFORE

Jul 6, 2013

Take discount → <1351.56>
5178.96

ALLIED OIL & GAS SERVICES, LLC 054127

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell KS

DATE <u>10-10-13</u>	SEC. <u>29</u>	TWP. <u>11</u>	RANGE <u>18</u>	CALLED OUT	ON LOCATION	JOB START <u>6:50pm</u>	JOB FINISH <u>7:00pm</u>
LEASE <u>Johnson A. BELL, Bill</u>			LOCATION <u>Hays KS SW 2 1/4 Sec 4 into</u>		COUNTY <u>Ellis</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Murfin OWNER used 215 sks

TYPE OF JOB PTA

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/2 DEPTH 3368

TUBING SIZE 2 3/8 DEPTH 1368

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

CEMENT

AMOUNT ORDERED 2.75 60/40 42 bagel 1/4 #40

COMMON	<u>129</u>	@	<u>17.90</u>	<u>2309.10</u>
POZMIX	<u>86</u>	@	<u>9.35</u>	<u>804.10</u>
GEL	<u>7.39</u>	@	<u>23.40</u>	<u>172.93</u>
CHLORIDE		@		
ASC		@		
<u>fls</u>	<u>.54</u>	@	<u>2.97</u>	<u>160.38</u>
<u>hulls</u>	<u>2</u>	@	<u>35.00</u>	<u>70.00</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>329.65</u>	@	<u>2.48</u>	<u>817.53</u>
MILBAGB	<u>159.324</u>	@	<u>2.60</u>	<u>414.24</u>
				TOTAL <u>4748.28</u>

EQUIPMENT

PUMP TRUCK CEMENTER Robert V.

417 HELPER Woody Q.

BULK TRUCK

473 DRIVER Danny S.

BULK TRUCK

_____ DRIVER _____

REMARKS:

run to 1368 mix 175 # 40 100 # hulls
displace 1/2 bbl put to surface mix 2.5 sk
squeeze to 300 # 200 sks in backside
15
squeeze to 300 #

Thank you

CHARGE TO: Murfin

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>1368</u>		
PUMP TRUCK CHARGE			<u>1250.00</u>
EXTRA FOOTAGE		@	
MILEAGE <u>12</u> <u>HVAE</u>		@	<u>7.70</u> <u>92.40</u>
MANIFOLD		@	
<u>12</u> <u>LVAE</u>		@	<u>4.40</u> <u>52.80</u>
		@	

TOTAL 1345.20

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

TOTAL _____

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.

PRINTED NAME _____

SIGNATURE Craig Adams

SALES TAX (If Any) _____

TOTAL CHARGES 6143.48

DISCOUNT 1351.56 IF PAID IN 30 DAYS

4791.92 net

W. J. J. J.