

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD

162163

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

		K.A.K. O.	2-3-117			
OPERATOR: License #:			A	API No. 15		
Name:			s	Spot Description:		
Address 1:			_		_ Sec T	Гwp S. R East We
Address 2:					Feet from	North / South Line of Section
City:	State:	Zip:++	_		Feet from	East / West Line of Section
Contact Person:			F	ootages Calcula	ted from Near	est Outside Section Corner:
Phone: ()				NE	≣	SE SW
Type of Well: (Check one) O Water Supply Well O ENHR Permit #: Is ACO-1 filed? Yes Producing Formation(s): List A Depth to Depth to	Other: Gas Storm Gas	rage Permit #: Yes Yes Yes Yes Yes T.D	No T	ease Name: Date Well Comple The plugging prop By: Plugging Commen	eted: posal was app nced:	vroved on: (Da
Show depth and thickness of a	اله water, oil and gas forma	ations.				
Oil, Gas or Water	Records		Casing Rec	ord (Surface, Cor	nductor & Produ	uction)
Formation	Content	Casing	Size	Settir	ng Depth	Pulled Out
Depth to Depth to Show depth and thickness of a	D Top: Botton	m: T.D m: T.D ations.	Casing Rec	Plugging Complet	ted:	uction)

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 Fee	3:					
State of	County,		, ss.			
				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.

ALLIED OIL & GAS SERVICES, LLC 059591 Federal Tax I.D.# 20-5975804

REMIT TO P.O. E SOUT		9 TEXAS 76	5092		SER	VICE POINT: <u>Medicí</u> n	chodge	
DATE, 9-26-13	SEC.	TWP	RANGE S	CALLED OUT	ON LOCATION	N JOB STARTON	JOB FINISH S	
Driffwaod	10			1/ /	11.00	COUNTY	STATE	
LEASE ROOL	WELL#		LOCATION 281+	Hardther	Short cut	Barber	Kansas	
OLD OR NEW (Ci	rcle one)		62 west	12 W then	West +500	ith		
CONTRACTOR /- TYPE OF JOB	Alliano	ce Wel	1 Service	OWNER	Anderson	Oil		
HOLE SIZE	WY F	T.D	· · · · · · · · · · · · · · · · · · ·	CEMENT				
CASING SIZE ,5	1/2		PTH	AMOUNT O	DIVEBED			
TUBING SIZE	23/8		PTH		5x 60:40-4	17100		
DRILL PIPE	<u> </u>		PTH		10 00.10	17-13-0-		
TOOL			PTH		74	- W		
PRES. MAX	60		NIMUM	COMMON	120 A	@17.90	2148.0	
MEAS. LINE			OE JOINT	POZMIX	80 Fly	9.35	748.00	
CEMENT LEFT IN	V CSG.		O. D. O. I. I.	GEL	7 34	@ 73.40	163.80	
PERFS.				CHLORIDE	,	_ <u> </u>	,00,00	
DISPLACEMENT		Fres	hwater	ASC		@		
		UIPMENT			- VENEZA	_		
	EQ	OTE MISTAI						
			a PH					
PUMPTRUCK			Ralding					
	HELPER	Kon	Billey			@		
BULK TRUCK	DDUIED	\bigcap	Bl.			@		
***************************************	DRIVER	Haron	2 Blazi			@		
BULK TRUCK	DDIVED							
#	DRIVER			— HANDLING	211.46	1@2.48	524.45	
				MILEAGE _		2.60	581.36	
	RE	EMARKS:				TOTAL	4165.59	
Perforate st @ 600				SERVICE				
Eva 200	7 - N	2014TE	CAMPANT FO	DEPTHON	100			
Surface, L	agin	rent.	25 S		јов <u>600</u>	1250	20	
	Zen	200	100 0 -10	EXTRA FO	CK CHARGE			
pung life	Maci		hird Time	MILEAGE_		@ 	192.50	
TON OT	Bales	./ /	viface	MILEAGE _			110-30	
	- COURT	70.0		— MANIFOLD	75	-@ 1/40	IID DE	
				no	20	@ 	110.00	
CHARGE TO:	Inders	on D	1		1,24		1	
						TOTAL	. <u>1552.50</u>	
CITY	S	TATE	ZIP	···	PLUG & FLOAT EQUIPMENT			
						@		
				-				
To: Allied Oil &	Gas Serv	vices, LLC	· .	****				
You are hereby r	equested	to rent ce	menting equipmen	t		@		
			to assist owner or			@		
			The above work wa	ıs				
			of owner agent or			TOTAL		
			and the "GENERA					
			ed on the reverse si	CAT FO TAK	(If Any)			
					ARGES 57/	18.09		
	D .) ,						
PRINTED NAME	Hest	on L L	M. ling	DISCOUNT	. — — — — —	IF PA	ID IN 30 DAY	
	//	1.	7 A		15+ 468			
SIGNATURE 2	1/	1//		JO	- T 300	00		