



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

KANSAS CORPORATION COMMISSION 1163465
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

L.R.

ALLIED OIL & GAS SERVICES, LLC

24 S. Lincoln Street
P.O. Box 31
Russell, KS 67665-2906

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

Nov.

INVOICE

Invoice Number: 129469

Invoice Date: Nov 30, 2011

Page: 1

USED FOR PA
J.P.K.

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

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Murfin	Gano # Se Unit 3-2	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-03	Russell	Nov 30, 2011	12/30/11

Quantity	Item	Description	Unit Price	Amount
255.00	MAT	Class A Common	16.25	4,143.75
170.00	MAT	Pozmix	8.50	1,445.00
17.00	MAT	Gel	21.25	361.25
4.00	MAT	Hulls	31.85	127.40
425.00	SER	Handling	2.25	956.25
47.00	SER	Mileage	46.75	2,197.25
1.00	SER	Plug Abandoned Well	1,250.00	1,250.00
47.00	SER	Heavy Vehicle Mileage	7.00	329.00
47.00	SER	Light Vehicle Mileage	4.00	188.00
1.00	CEMENTER	Glenn Ginther		
1.00	OPER ASSIST	Woody O'Neil		
1.00	OPER ASSIST	Robert Yakubovich		

PAID 2649.00 17.1 7778.97 Plug To Abandon #3-2

Subtotal	10,997.90
Sales Tax	830.34
Total Invoice Amount	11,828.24
Payment/Credit Applied	
TOTAL	11,828.24

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

33849.27

ONLY IF PAID ON OR BEFORE
Dec 25, 2011

3849.27
7778.97

ALLIED CEMENTING CO., LLC. 038202

Federal Tax I.D.# 20-5976804

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

SERVICE POINT:
Russell KS

DATE <u>11-30-2011</u>	SEC. <u>12</u>	TWP. <u>10s</u>	RANGE <u>24w</u>	CALLED OUT	ON LOCATION	JOB START <u>12:30pm</u>	JOB FINISH <u>1:00pm</u>
LEASE <u>GAHO</u>	SECT <u>3-2</u>	WELL # <u>3-2</u>	LOCATION <u>Hill City Ks. 10s 4w 1s</u>			COUNTY <u>Graham</u>	STATE <u>KANSAS</u>
OLD OR NEW (Circle one)		<u>1w 1/2s 1/2 E INTO</u>					

CONTRACTOR Co Tool's
 TYPE OF JOB Plug Arandon Well
 HOLE SIZE _____ T.D. _____
 CASING SIZE 5 1/2 DEPTH 4040'
 TUBING SIZE 2 7/8 DEPTH 2401'
 DRILL PIPE 58 DEPTH 203'
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. 200'
 DISPLACEMENT _____

OWNER _____
 CEMENT 425 sx 60
 AMOUNT ORDERED ~~450~~ 48 Gal
4 sx Hull's on Site
 COMMON 255 sx @ 16.25 4143.75
 POZMIX 170 sx @ 8.50 1445.00
 GEL 17 sx @ 21.25 361.25
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 Hull's 4 sx @ 31.85 127.40
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 45 Total sx @ 2.25 956.25
 MILEAGE 47 Ton Mile @ 114 2197.25
 TOTAL 9230.90

EQUIPMENT
 PUMP TRUCK CEMENTER Glen
 # 409 HELPER Woody
 BULK TRUCK
 # 423 DRIVER Bob
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:
2 7/8 Tubing @ 2401' * Spot 200sx Next
+ 100 sx w/ 400# Hull's * Pulled up
To 1321 + Circulated Cement To
Surface w/ 75' sx * Pulled 2 7/8 Tubing
* Put on 5 1/2 Swage + mixed 50 sx Cement
+ Cement Circulated Around Annulus.
* Shot 14'.
THANKS

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____ 1250.00
 EXTRA FOOTAGE @ _____
 MILEAGE 47 HV MI @ 2.00 329.00
 MANIFOLD @ _____
47 LV MI @ 4.00 188.00
 _____ @ _____
 TOTAL 1767.00

CHARGE TO: MARFIN Drilling Co.
 STREET _____
 CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., 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 John Luster

PLUG & FLOAT EQUIPMENT
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____
 SALES TAX (if Any) _____
 TOTAL CHARGES 10,997.90
 DISCOUNT _____ IF PAID IN 30 DAYS