



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

KANSAS CORPORATION COMMISSION 1167081
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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

Activity -

cc: WLF
cc: L



PO BOX 31 Russell, KS 67665

Voice: (785) 483-3887
Fax: (785) 483-5566

INVOICE

Invoice Number: 125196
Invoice Date: Nov 1, 2010
Page: 1

36 Pdt
[Signature]

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	Hadley #D-8	Net 30 Days
Job Location	Camp Location	Service Date
KS2-03	Great Bend	Nov 1, 2010
		Due Date
		12/1/10

Quantity	Item	Description	Unit Price	Amount
60.00	MAT	Class A Common	13.50	810.00
40.00	MAT	Pozmix	7.55	302.00
4.00	MAT	Gel	20.25	81.00
100.00	SER	Handling	2.25	225.00
1.00	SER	Handling Mileage Charge	300.00	300.00
1.00	SER	Old Hole Plug	875.00	875.00
15.00	SER	Pump Truck Mileage	7.00	105.00

Subtotal	2,698.00
Sales Tax	169.97
Total Invoice Amount	2,867.97
Payment/Credit Applied	
TOTAL	2,867.97

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

\$ 674.50

ONLY IF PAID ON OR BEFORE
Nov 26 2010

ALLIED CEMENTING CO., LLC. 036863

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Grant Bendler

DATE <u>11-1-10</u>	SEC. <u>17</u>	TWP. <u>11D</u>	RANGE <u>17W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE NAME <u>MADLEY</u>	WELL # <u>D-8</u>	LOCATION <u>Hays W 14 North To</u>		COUNTY <u>Ellis</u>	STATE <u>KS</u>		
<u>OLD OR NEW (Circle one)</u>				LOCATION <u>River Road 4 East 3000 into</u>			

CONTRACTOR Martin OWNER

TYPE OF JOB Old Well Plug
HOLE SIZE 2 3/8 T.D.
CASING SIZE _____ DEPTH _____
TUBING SIZE _____ DEPTH 3149
DRILL PIPE _____ DEPTH _____
TOOL _____ DEPTH _____
PRES. MAX _____ MINIMUM _____
MEAS. LINE _____ SHOE JOINT _____
CEMENT LEFT IN CSG. _____
PERFS. _____
DISPLACEMENT _____

CEMENT

AMOUNT ORDERED 100 sk 60/40 1/2 Gel

COMMON	<u>60</u>	@	<u>13.50</u>	<u>810.00</u>
POZMIX	<u>40</u>	@	<u>7.55</u>	<u>302.00</u>
GEL	<u>4</u>	@	<u>20.25</u>	<u>81.00</u>
CHLORIDE		@		
ASC		@		
<u>After start</u>				
		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>100</u>	@	<u>2.25</u>	<u>2.25.00</u>
MILEAGE	<u>100 x 15 x 1.10</u>	@	<u>150.00</u>	<u>300.00</u>
			TOTAL	<u>1718.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER wayne Bill
224 HELPER Bill
BULK TRUCK
260 DRIVER CS
BULK TRUCK
_____ DRIVER _____

REMARKS:

Run 1" to 3149 mix 50sk Displace
188L
2nd plug 1575 mix 30sk to surface
.25 88L Displacement
Pulled Tubing
Hook up to Backside mix 15 sk
Down 2 3/4 55x
Wash up Ris Down

6575

SERVICE

DEPTH OF JOB	<u>3149</u>		<u>875.00</u>	
PUMP TRUCK CHARGE				
EXTRA FOOTAGE	<u>15</u>	@	<u>7.00</u>	
MILEAGE		@	<u>105.00</u>	
MANIFOLD		@		
		@		
		@		
			TOTAL	<u>980.00</u>

CHARGE TO: Martin

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment