



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

KANSAS CORPORATION COMMISSION 1168059
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



PO BOX 31 Russell, KS 67665

Voice: (785) 483-3887

Fax: (785) 483-5566

Acctg — cc: Lin ec: WF

INVOICE

Invoice Number: 122760

Invoice Date: May 17, 2010

Page: 1

USED FOR

APPROVED

P-A
JFK

Bill To:
 Murfin Drfg. 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	NorthLatonUnit#5-1	Net 30 Days
Job Location	Camp Location	Service Date
KS2-03	Russell	May 17, 2010
		Due Date
		6/16/10

Quantity	Item	Description	Unit Price	Amount
160.00	MAT	Class A Common	13.50	2,160.00
105.00	MAT	Pozmix	7.55	792.75
20.00	MAT	Gel	20.25	405.00
65.00	MAT	Flo Seal	2.45	159.25
6.00	MAT	Cottonseed Hulls	31.05	186.30
265.00	SER	Handling	2.25	596.25
35.00	SER	Mileage 265 sx @ .10 per sk per mi	26.50	927.50
1.00	SER	Plug to Abandon	875.00	875.00
35.00	SER	Pump truck Mileage	7.00	245.00

Subtotal	6,347.05
Sales Tax	336.39
Total Invoice Amount	6,683.44
Payment/Credit Applied	
TOTAL	6,683.44

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

\$ 1586.76

ONLY IF PAID ON OR BEFORE

Jun 11, 2010

ALLIEL CEMENTING CO., LLC. 041593

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell KS

DATE <u>5-17-10</u>	SEC. <u>28</u>	TWP. <u>8</u>	RANGE <u>16</u>	CALLED OUT	ON LOCATION	JOB START COUNTY <u>Rooks</u> STATE <u>KS</u>	JOB FINISH COUNTY <u>Rooks</u> STATE <u>KS</u>
WELL # <u>5-1</u>		LOCATION <u>Plainville KS 5 East to curve</u>					
<input checked="" type="radio"/> OLD OR NEW (Circle one)		5 East on county Rd to D.E. 6 3/4 North West side.					

CONTRACTOR Murfin OWNER _____
 TYPE OF JOB PTA CEMENT (used 65 sk cement 600 # Hulls 1 sk Gd space)
 HOLE SIZE _____ T.D. _____
 CASING SIZE 5 1/2 DEPTH _____
 TUBING SIZE 2 3/8 DEPTH 3126'
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____

DISPLACEMENT	COMMON	160	@	1350	2160.00
	POZMIX	105	@	755	792.75
	GEL	20	@	20.25	405.00
	CHLORIDE		@		
	ASC		@		
	Flo seal	65 #	@	2.45 #	159.25
	Hulls	600 #	@	31.05	186.30

EQUIPMENT					
PUMP TRUCK	CEMENTER <u>John Roberts</u>				
# <u>417</u>	HELPER <u>Matt</u>				
BULK TRUCK	DRIVER <u>Ron</u>				
# <u>481</u>	DRIVER				
BULK TRUCK					
#					
HANDLING	265	@	2.25	596.25	
MILEAGE	.104/sk/mile	@		927.50	
				TOTAL	5227.05

REMARKS:
 Spot 11 sk gel & 75 sk cement w/ 200 # Hulls
 @ 3126' Pulled up to 1280' mix
 75 sk cement w/ 200 # Hulls Pull
 up to 650' mix 50 sk cement w/ 200 #
 Hulls come out of hole. Mixed
 45 sk cement to top off 5 1/2 casing.
 and 20 sk down back side
 @ 100 psi and shut in. Thank you!

DEPTH OF JOB		
PUMP TRUCK CHARGE		875.00
EXTRA FOOTAGE	@	
MILEAGE	@ 7.00	245.00
MANIFOLD	@	
	@	
	@	

CHARGE TO: Murfin TOTAL 1120.00
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	

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