



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

KANSAS CORPORATION COMMISSION 1168666
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 056822

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Russell, KS

DATE <u>11/18/13</u>	SEC <u>27</u>	TWP. <u>5</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Moulder</u>		WELL # <u>#2</u>		LOCATION <u>Logan, KS</u>		COUNTY <u>Norton</u>	STATE <u>Ks</u>
OLD OR NEW (Circle one)							

CONTRACTOR <u>Workman Well Service</u>	OWNER
TYPE OF JOB <u>PTA</u>	
HOLE SIZE	T.D.
CASING SIZE <u>5 1/2</u>	DEPTH
TUBING SIZE <u>5 7/8</u>	DEPTH <u>3491'</u>
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <u>See Remarks</u>	

CEMENT		
AMOUNT ORDERED	<u>350 SK</u>	
<u>6 1/2" to 4 1/2" gel on the side</u>		
COMMON	<u>151.2 SK</u>	@ <u>17.7</u> \$ <u>2,706.4</u>
POZMIX	<u>100.8 SK</u>	@ <u>9.35</u> \$ <u>942.4</u>
GEL	<u>24 SK</u>	@ <u>23.4</u> \$ <u>561.6</u>
CHLORIDE		@
ASC		@
<u>1 1/2" gel + 500 Hulls</u>		
	<u>500 HULLS @ 12 SK</u>	@ <u>35</u> \$ <u>350.00</u>
HANDLING	<u>403.12</u>	@ <u>2.48</u> \$ <u>1,000.47</u>
MILEAGE	<u>730.10</u>	@ <u>2.60</u> \$ <u>2,157.26</u>
TOTAL		\$7,720.10

EQUIPMENT	
PUMP TRUCK # <u>409</u>	CEMENTER <u>Jonny P. Finney</u>
BULK TRUCK # <u>781</u>	DRIVER <u>Trase C</u>
BULK TRUCK #	DRIVER

REMARKS:
 (3491')
 P1= 5 1/2" hole, Allegant - 14 SK gel + 50 SK @ 2.20" min. + #300 Hulls.
 Discard cement 10' 1/2" @ 20'
 P2= (1808') Pumped 18 SK @ 27.5" min. + #200 Hulls.
 Cement @ 20' depth to surface. Discard to 40' min.
 P3= Topped off with 15 SK @ 2.4" min.

CHARGE TO: WIM OF KS
 STREET _____
 CITY _____ STATE _____ ZIP _____

P4= 8 5/8" Topped off with 7 SK @ 11 1/2" min. @ #200 PSI.

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 Tom Belens

SERVICE		
DEPTH OF JOB	<u>3491'</u>	
PUMP TRUCK CHARGE		<u>41,250.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>Heavy 50 mi</u>	@ <u>7.7</u>	\$ <u>3,385.00</u>
MANIFOLD <u>High 50m</u>	@ <u>4.4</u>	\$ <u>220.00</u>
TOTAL		\$ 1,855.00

PLUG & FLOAT EQUIPMENT		
	@	
	@	
	@	
	@	
	@	
TOTAL		

SALES TAX (If Any) _____
 TOTAL CHARGES **\$ 9,575.10**
 DISCOUNT **\$ 2,393.70** IF PAID IN 30 DAYS