



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

KANSAS CORPORATION COMMISSION 1168730
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 CEMENTING CO., LLC. 036377

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend

DATE <u>2-5-10</u>	SEC. <u>4</u>	TWP. <u>17</u>	RANGE <u>23</u>	CALLED OUT	ON LOCATION	JOB START <u>10:00 AM</u>	JOB FINISH <u>10:30 AM</u>
LEASE <u>Stull</u>		WELL# <u>1</u>		LOCATION <u>B-ownell 4 west</u>		COUNTY <u>NESS</u>	STATE <u>KS</u>
<input checked="" type="radio"/> OLD OR <input type="radio"/> NEW (Circle one)				<u>4 South Southwest into</u>			

CONTRACTOR Mallard Rig 1
 TYPE OF JOB Rotary Plug
 HOLE SIZE 7 3/4 T.D. 4460
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH 1770
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 15 1/2 BBHs H2P mud

OWNER Carmen Schmitt INC

CEMENT
 AMOUNT ORDERED 270 SX 60/40 4% GEL
1/4 # flo seal

COMMON <u>162</u>	@ <u>13.50</u>	<u>2,187.00</u>
POZMIX <u>108</u>	@ <u>7.55</u>	<u>815.40</u>
GEL <u>9</u>	@ <u>20.25</u>	<u>182.25</u>
CHLORIDE _____	@ _____	_____
ASC _____	@ _____	_____
<u>1/4 flo seal 65</u>	@ <u>2.45</u>	<u>159.25</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>270</u>	@ <u>2.25</u>	<u>607.50</u>
MILEAGE <u>270 x 22 x .10</u>		<u>594.00</u>
TOTAL		<u>4,545.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER Wayne-D
 # 191 HELPER Mark C
 BULK TRUCK
 # _____ DRIVER RON
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

1st plug 1770 mix 50SX Dis 5 H 26
16 BBHs mud
2nd plug 990 mix 80SX Dis 6 1/2 BBHs
3rd plug 510 mix 50SX Dis 4 BBHs
4th plug 240 mix 40SX
5th plug 60 mix 40SX
Rat 30 SX
wash up Rig Down

SERVICE

DEPTH OF JOB <u>1770</u>		
PUMP TRUCK CHARGE _____		<u>990.00</u>
EXTRA FOOTAGE _____	@ _____	_____
MILEAGE <u>22</u>	@ <u>7.00</u>	<u>154.00</u>
MANIFOLD _____	@ _____	_____
_____	@ _____	_____
<u>Waiting time Credit</u>	@ _____	<u>1800.00</u>
TOTAL		<u>1656.00</u>

CHARGE TO: Carmen Schmitt INC
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
TOTAL		_____

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.

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Mark D. Elsea
 SIGNATURE Mark D. Elsea