



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

KANSAS CORPORATION COMMISSION 1168756
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

H.D. Drilling LLC . PLUGGING ORDERS AND REPORTS

CARMEN SCHMITT, INC.
Lease: Sharpe-Beckman #1

Plugging received from: Pat Bedore Date: 5-10-10 Time: 1:30 PM

1 st Plug @ <u>2425</u> FT. <u>25</u> SX	Stands: <u>40</u>	
2 nd Plug @ <u>1370</u> FT. <u>100</u> SX	Stands: <u>22 1/2</u>	middle # 23
3 rd Plug @ <u>275</u> FT. <u>40</u> SX	Stands: <u>4 1/2</u>	middle # 5
4 th Plug @ <u>40</u> FT. <u>wiper plug</u> <u>10</u> SX	Stands: <u>1/2</u>	middle # 1
5 th Plug @ <u>N/A</u> FT. <u>X</u> SX	Stands: <u>X</u>	

Mousehole N/A SX

Rathole 30 SX

Total Cement used: 205 SX

Type of cement: 60/40 Poz Mix w/490 Gcl & 1/4" FloSeal per SX

Plug down at 7:00 AM 5-11-10

Call State When Completed:

Name Pat Dinkel Date: 5-11-10 Time: 8:30 AM

API# 15-109-20910-00-00 1440 FSL & 100 FEL

ELBU2 2970 GL 2980 KB

8 5/8 Set @ 224'

Anhydrite = 2408 - 2431

RTD = 4665

LTD = 4663 by Log Tech

Formation @ TD - Mississippi

Sec. 11 Twp. 13s R. 34w
LOGAN COUNTY, KS

ALLIED CEMENTING CO., LLC. 30753

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal K.S.

DATE <u>5-11-10</u>	SEC. <u>11</u>	TWP. <u>13</u>	RANGE <u>34</u>	CALLED OUT	ON LOCATION	JOB START <u>6:30 AM</u>	JOB FINISH <u>7:00 AM</u>
LEASE <u>Sharrc Beckman</u>		WELL # <u>1</u>	LOCATION <u>Vec Okley K.S.</u>			COUNTY <u>Logan</u>	STATE <u>K.S.</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR H-D
 TYPE OF JOB PTA
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE 4 1/2 DEPTH 2425
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

OWNER
 CEMENT
 AMOUNT ORDERED 205 SK 60/40
4" gel

EQUIPMENT

PUMP TRUCK CEMENTER Kenny
 # 366 HELPER Cesar
 BULK TRUCK
 # 457-239 DRIVER Tony
 BULK TRUCK
 # DRIVER

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC	@		
<u>Light Weight 205</u>	@	<u>14.05</u>	<u>2880.25</u>
	@		
	@		
	@		
	@		
	@		
	@		
HANDLING <u>205</u>	@	<u>2.40</u>	<u>492.00</u>
MILEAGE			<u>615.00</u>
TOTAL			<u>3987.25</u>

REMARKS:
THANK YOU!!!

SERVICE

DEPTH OF JOB		<u>2425</u>	
PUMP TRUCK CHARGE			<u>1185.00</u>
EXTRA FOOTAGE	@		
MILEAGE <u>30</u>	@	<u>7.00</u>	<u>210.00</u>
MANIFOLD	@		
	@		
	@		
TOTAL			<u>1395.00</u>

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

PLUG & FLOAT EQUIPMENT

<u>Wooden Plug 1</u>	@	<u>53.00</u>	<u>53.00</u>
	@		
	@		
	@		
	@		
TOTAL			<u>53.00</u>

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 Doug Roberts
 SIGNATURE Doug Robert
Thanks!





CEMENTING LOG

STAGE NO. _____

Date 5-11-10 District _____ Ticket No. 30753
 Company Cameron Schmitt # Rig H D
 Lease Shore Beckman # Well No. 1
 County Coyne State KS
 Location Ver Oak, K.S. Field _____

CEMENT DATA:

Spacer Type: _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

CASING DATA: PTA Squeeze
 Surface Intermediate Production Liner
 Size _____ Type _____ Weight _____ Collar _____

LEAD: Pump Time _____ hrs. Type 60/40 11%
321 Excess _____

Amt. 205 Skys Yield 1.34 ft³/sk Density 14.8 PPG

TAIL: Pump Time _____ hrs. Type _____
 Excess _____

Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

WATER: Lead 6.74 gals/sk Tail _____ gals/sk Total _____ Bbls.

Casing Depths: Top _____ Bottom _____

Pump Trucks Used 366

Bulk Equip. 457-234

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ T.D. _____ ft. P.B. to _____ ft.

Float Equip: Manufacturer _____

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Shoe: Type _____ Depth _____

Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Float: Type _____ Depth _____

Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Centralizers: Quantity _____ Plugs Top _____ Btm. _____

Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Stage Collars _____

Perforations: From _____ ft. to _____ ft. Amt. _____

Special Equip. _____

Disp. Fluid Type _____ Amt. _____ Bbls. Weight _____ PPG

Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____ CEMENTER Kenny

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
5:15 AM			10		5	1 st Plug @ 2425
5:19 AM			6.18		5	Pumped H ₂ O Ahead
5:23 AM			2		5	Pumped 25 sk of Cement
5:26 AM			30		8.2	Pumped H ₂ O Behind Disp with Mud
6:00 AM			10		5	2 nd Plug @ 1370
6:07 AM			24.75		5	Pumped H ₂ O Ahead
6:22 AM			13.06		5	Pumped 130 sk Cement Disp with H ₂ O
7:00 AM			16		5	3 rd Plug @ 275
7:10 AM			9.4		5	Pumped H ₂ O Ahead
7:13 AM			1.5		5	Pumped 40 sk of Cement Disp with H ₂ O
7:20 AM			2.5		5	4 th Plug @ 40
7:25 AM			7.4		5	Pumped 15 sk to Circulate Put in 5 5/8 Wood on Plug Pumped 30 sk Cement to Plug 0H

FINAL DISP. PRESS: _____ PSI BUMP PLUG TO _____ PSI BLEEDBACK _____ BBLs. THANK YOU