



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

KANSAS CORPORATION COMMISSION 1169174
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 054831

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell, KS

DATE <u>11-19-13</u>	SEC. <u>26</u>	TWP. <u>5</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION	JOB START <u>1:30pm</u>	JOB FINISH <u>2:00pm</u>
LEASE <u>Kemper</u>		WELL# <u>2</u>	LOCATION <u>Logan KS 55 SW N.10</u>			COUNTY <u>Norton</u>	STATE <u>KS</u>
<input checked="" type="radio"/> OLD OR NEW (Circle one)							

CONTRACTOR Western Well service
 TYPE OF JOB PTA
 HOLE SIZE _____ T.D. _____
 CASING SIZE 5/8 DEPTH _____
 TUBING SIZE 2 7/8 DEPTH 3491
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER Robert Y
 # 417 HELPER Woody O
 BULK TRUCK
 # 473 DRIVER Joe G
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:
pt 70 cement 150' hells 12 gal @ 3491
pt 150 cement 350' hells @ 1862
top of SS well with 25 lbs
pumped down back side 5' with 200'

Thank you!!

CHARGE TO: WMKS
 STREET _____
 CITY _____ STATE _____ ZIP _____

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 Becerra

OWNER _____
 CEMENT
 AMOUNT ORDERED 350 40' 4 3/8 gel
14 gal, 500' hells on well
 COMMON 150 @ 17.90 2685.00
 POZMIX 100 @ 9.35 935.00
 GEL 20.6 @ 23.40 482.04
 CHLORIDE @ _____
 ASC @ _____
 hells 10 @ 35.00 350.00
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 HANDLING 403.82 @ 2.48 1001.47
 MILEAGE 830.1 @ 2.60 2158.26
 TOTAL 7611.77

SERVICE

DEPTH OF JOB 3491
 PUMP TRUCK CHARGE 1250.00
 EXTRA FOOTAGE @ _____
 MILEAGE 50 HVMT @ 7.70 385.00
 MANIFOLD @ _____
50 LVMI @ 4.40 220.00
 @ _____
 TOTAL 1855.00

PLUG & FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL 0

SALES TAX (If Any) _____
 TOTAL CHARGES 9466.77
 DISCOUNT 2366.69 IF PAID IN 30 DAYS
net # 7100.08