



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

KANSAS CORPORATION COMMISSION 1169198
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 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 130962
Invoice Date: Apr 25, 2012
Page: 1



Bill To:
Culbreath Oil & Gas Co., Inc. 1532 South Peoria Avenue Tulsa, OK 74120

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Cul	Breeden 1-35	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Oakley	Apr 25, 2012	5/25/12

Quantity	Item	Description	Unit Price	Amount
132.00	MAT	Class A Common	16.25	2,145.00
88.00	MAT	Pozmix	8.50	748.00
7.00	MAT	Gel	21.25	148.75
55.00	MAT	FloSeal	2.70	148.50
236.27	SER	Cubic Feet	2.10	496.17
396.00	SER	Ton Miles	2.35	930.60
1.00	SER	Plug To Abandon	1,250.00	1,250.00
40.00	SER	Heavy Vehicle Mileage	7.00	280.00
40.00	SER	Light Vehicle Mileage	4.00	160.00
1.00	EQP	8 5/8 Dry Hole Plug	92.00	92.00
1.00	CEMENTER	Andrew Forslund		
1.00	EQUIP OPER	Jerry Yates		
1.00	OPER ASSIST	Steve Heikkila		

Subtotal	6,399.02
Sales Tax	547.12
Total Invoice Amount	6,946.14
Payment/Credit Applied	
TOTAL	6,946.14

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

\$ 1279.81

ONLY IF PAID ON OR BEFORE
Apr 25, 2012

ALLIED OIL & GAS SERVICES, LLC 056253

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Dakley

DATE <u>4-25-12</u>	SEC. <u>35</u>	TWP. <u>9</u>	RANGE <u>26</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Breeders</u>	WELL # <u>1-35</u>	LOCATION <u>Quinter 08 11N</u>			COUNTY <u>Sheridan</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)				WIND			

CONTRACTOR makerick 108

TYPE OF JOB PTA

HOLE SIZE 2 7/8 T.D. 4175'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 2259'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER same

CEMENT AMOUNT ORDERED 220 sks 60/40

496.9 gel 1/4 Flo-seal

COMMON	<u>139 sks</u>	@	<u>16.25</u>	<u>2148.00</u>
POZMIX	<u>88 sks</u>	@	<u>8.50</u>	<u>748.00</u>
GEL	<u>7 sks</u>	@	<u>21.25</u>	<u>148.75</u>
CHLORIDE	_____	@	_____	_____
ASC	_____	@	_____	_____
	<u>Flo-seal 55 sks</u>	@	<u>2.70</u>	<u>148.50</u>
	_____	@	_____	_____
	_____	@	_____	_____
	_____	@	_____	_____
	_____	@	_____	_____
	_____	@	_____	_____
HANDLING	<u>236.27 cu ft</u>	@	<u>2.10</u>	<u>496.16</u>
MILEAGE	<u>9.9 7215 mile</u>	@	<u>2.35</u>	<u>930.10</u>
TOTAL				<u>4617.01</u>

EQUIPMENT

PUMP TRUCK CEMENTER Andrew

423-281 HELPER Jerry

BULK TRUCK

404 DRIVER steven

BULK TRUCK

_____ DRIVER _____

REMARKS:

- 25 sks @ 22.59'
- 100 sks @ 13.40'
- 40 sks @ 3.12'
- 10 sks @ 40'
- 15 sks mouse hole
- 30 sks Rat hole

Thank you

CHARGE TO: Culbreath oil + gas

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>2259'</u>		
PUMP TRUCK CHARGE			<u>1250.00</u>
EXTRA FOOTAGE	_____	@	_____
MILEAGE	<u>40 miles</u>	@	<u>2.00</u> <u>280.00</u>
MANIFOLD	_____	@	_____
<u>Light vehicle</u>	_____	@	<u>4.00</u> <u>160.00</u>
TOTAL <u>1690.00</u>			

PLUG & FLOAT EQUIPMENT

<u>8 5/8</u>			
<u>1 Dry hole plug</u>	@		<u>92.00</u>
_____	@		_____
_____	@		_____
_____	@		_____
TOTAL <u>92.00</u>			

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.

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Jeremy Stucky

SIGNATURE [Signature]