



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

KANSAS CORPORATION COMMISSION 1169626
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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.

041757

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell Ks.

DATE <u>10-26-2010</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>ANDRES</u>	WELL # <u>B-13</u>	LOCATION <u>WASH OF GOOD W 2 N</u>				COUNTY <u>GRAHAM</u>	STATE <u>KANSAS</u>
OLD OR NEW (Circle one)							
CONTRACTOR <u>Gigshler Well Service</u>	OWNER						
TYPE OF JOB <u>Plug Abandoned well</u>	CEMENT						
HOLE SIZE	T.D.	CEMENT					
CASING SIZE <u>5 1/2</u>	DEPTH	AMOUNT ORDERED		<u>8x 140 49666</u>			
TUBING SIZE <u>2 7/8</u>	DEPTH <u>3695</u>						
DRILL PIPE	DEPTH						
TOOL	DEPTH						
PRES. MAX	MINIMUM						
MEAS. LINE	SHOE JOINT						
CEMENT LEFT IN CSG.							
PERFS. <u>@ 200' 900' 1690'</u>							
DISPLACEMENT							

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Genal</u>	
# <u>398</u>	HELPER <u>Rich</u>	
BULK TRUCK		
# <u>482</u>	DRIVER <u>Ron</u>	
BULK TRUCK		
#	DRIVER	
	HANDLING	
	MILEAGE	

REMARKS:

2 7/8 T.B.M. @ 3695'; Spot on Bottom 75' cement w/ 100# Hull's, + 14 SX Gel, Pulled up to 1750'; Spot 90 SX Cement w/ 200# Hull's Pulled to 850' + Circulated Cement to Surface w/ 80 SX cement + 200# Hull's, (pulled 278) CAPP OFF w/ 15 SX - Hole Stayed Full.

THANKS

CHARGE TO: Block Diamond Oil Co.

STREET _____ STATE _____ ZIP _____

TOTAL	
SERVICE	
DEPTH OF JOB	
PUMP TRUCK CHARGE	
EXTRA FOOTAGE	@
MILEAGE	@
MANIFOLD	@
	@
	@

PLUG & FLOAT EQUIPMENT

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment