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

KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

1173753

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #:	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	Plugging Commenced:

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		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 Plug	gging Fees:			
State of	County,	, SS.		
	(Print Name)	Employee of Operate	or or Operator on	above-described well,
haing first duly swarp on asth	That I have knowledge of the fact	e statements, and matters barain contained, and the l	og of the above decerib	ad wall is as filed and

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

IEC_CEMENTING C.)., LLC. 040126 Al

Federal Tax I.D.# 20-5975804

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

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SERVICE POINT:

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BULK TRUCK	1000	1.440	/			@	
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To Allied Cementing Co., LLC.					@	<u>, 1919</u>	
You are hereby requested to rent cementing equipment			nent	fi persi e s	@	the stand of the	
a ou use nelevy 1	ou are necessively requested to rem cementing equipment					~	

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or

ALLIEC_CEMENTING C.J., LLC. 040054

Federal Tax I.D.# 20-5975804

EMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665 SERVICE POINT:

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Medicine Ludsens

DATE 3-25-24 SEC. 26 TWP. 285	RANGE 13 W	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
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To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helner(s) to assist owner or