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

1176916

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 #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: No Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Uell #: 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	g Fees:		
State of	County,	, SS.	
	(Print Name)		or or Operator on above-described well
haing first duly sugars an eath source. The	at I have knowledge of the factor	totomonto, and mottors harain contained, and the la	a of the choice described well is so filed on

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

ALLIED OIL & GAS SERVICES, LLC 062355

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999 SERVICE POINT: SOUTHLAKE, TEXAS 76092 Medicine Loder KS TWP. SEC. RANGE CALLED OUT ON LOCATION JOB START JOB FINISH DATE 12/04/13 12308 610 COUNTY STATE LEASE The 1-11 WELL # 3296 LOCATION A Aha KS EE. RVPN Harper OLD OR NEW (Circle one) 2N. th Wat Nul Sa CONTRACTOR ON. CWS OWNER TYPE OF JOB OHP CEMENT HOLE SIZE 824 T.D. AMOUNT ORDERED 255 CASING SIZE 95 SV 60:40:47.6. 614 DEPTH 1050 TUBING SIZE 🔍 DEPTH DRILL PIPE DEPTH TOOL DEPTH PRES. MAX MINIMUM COMMON Chan SY @ MEAS. LINE SHOE JOINT POZMIX × @ CEMENT LEFT IN CSG. GEL Y @ PERFS. CHLORIDE @ DISPLACEMENT 11 0 ASC @ 1.17.4.20011.0 55 . @ 15. 30_ EQUIPMENT AFB 3901 @ @ PUMP TRUCK CEMENTER _____ @ #471/265 HELPER Jast. Bame @ BULK TRUCK @ # 381/252 (TW) DRIVER N. @ BULK TRUCK @ DRIVER # 269.6 CH. 48 HANDLING @ 2 2.60 mX 1627.46 **REMARKS:** TOTAL 5607.50 SERVICE 140 1012014 DEPTH OF JOB PUMP TRUCK CHARGE 2158.75 EXTRA FOOTAGE @ MILEAGE 35. @ 7.70 269.50 MANIFOLD @ 4.40 154.00 35~ @ @ CWS CHARGE TO: TOTAL 2382,25 STREET ____ _____ STATE _____ ZIP_ CITY___ **PLUG & FLOAT EQUIPMENT** @ @ @ 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 TOTAL _ contractor. I have read and understand the "GENERAL SALES TAX (If Any) ____ TERMS AND CONDITIONS" listed on the reverse side. TOTAL CHARGES 818975 PRINTED NAME. DISCOUNT . _ IF PAID IN 30 DAYS Net \$6142,31 SIGNATURE