

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

KANSAS CORPORATION COMMISSION 1181000
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.

(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

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 059624

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Medicine Lodge KS

DATE <u>12-20-13</u>	SEC. <u>31</u>	TWP. <u>29S</u>	RANGE <u>15W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>6:30P</u>
LEASE <u>Shaul</u>	WELL # <u>A-1</u>	LOCATION <u>Croft KS 2 S w into</u>				COUNTY <u>Pratt</u>	STATE <u>Ks</u>
<input checked="" type="radio"/> OLD <input type="radio"/> NEW (Circle one)							

CONTRACTOR Express w/s
TYPE OF JOB PTA
HOLE SIZE 7 7/8 T.D.
CASING SIZE 2 7/8 DEPTH
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL DEPTH
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT
CEMENT LEFT IN CSG.
PERFS.
DISPLACEMENT

EQUIPMENT

PUMP TRUCK CEMENTER Jaime Hagan
548/545 HELPER Justin Bower
BULK TRUCK
561/553 DRIVER Thomas TWS
BULK TRUCK
DRIVER

REMARKS:

Load Hole Mix 15sx Gel
Tubing at 960 mix 50sx pump
Displace 3 3/4 BBL
Tubing at 330 Load Hole mix 50sx pump
Displace 1/4 BBL
Tubing at 40 Load Hole mix 80sx

CHARGE TO: Anderson Energy
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 Rustin L. Reiting

SIGNATURE Rustin L. Reiting

OWNER Anderson Energy

CEMENT
AMOUNT ORDERED 15sx Gel
160sx 60:40:4 1/2 Gel
160sx

COMMON	<u>A 96 sx</u>	@	<u>17.90</u>	<u>1718.40</u>
POZMIX	<u>64 sx</u>	@	<u>9.35</u>	<u>598.40</u>
GEL	<u>20.5</u>	@	<u>23.40</u>	<u>479.70</u>
CHLORIDE		@		
ASC		@		

HANDLING	<u>194.17</u>	@	<u>2.48</u>	<u>481.54</u>
MILEAGE	<u>7.90/30/2-60</u>			<u>616.20</u>
				TOTAL <u>3894.24</u>

SERVICE

DEPTH OF JOB	<u>960</u>	<u>330</u>	<u>40</u>
PUMP TRUCK CHARGE	<u>1250</u>	<u>20</u>	
EXTRA FOOTAGE	@		
MILEAGE	<u>30</u>	@	<u>7.70</u> <u>231.00</u>
MANIFOLD	@		
<u>20 30</u>	@	<u>4.40</u>	<u>132.00</u>

TOTAL 1613.00

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

TOTAL

SALES TAX (If Any)

TOTAL CHARGES 5507.24

DISCOUNT IF PAID IN 30 DAYS

(Net) 4681.15