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

1187564

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 #:	API No. 15
Name:	Spot Description:
Address 1:	
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 #: 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:	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 sugar an asthe says. 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

ALLI OIL & GAS SERVICE, LLC 054053

Fede	eral Tax I.D.# 20-5975804			
REMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665		SERV	VICE POINT: Mulic	in Lodge
DATE 3-1-12 18 TWP. RANGE 275 124	CALLED OUT	ON LOCATION	JOB START	JOB FINISH 12:00
LEASE SICU WELL # 17 LOCATION	Pratt 30 Ave 5/1		COUNTY Tratt	STATE
QLD OR NEW (Circle one)				100
CONTRACTOR Front Well Service TYPE OF JOB OHP	OWNER 5	Pratt Well S	bervice	
HOLE SIZE T.D.	CEMENT			
CASING SIZEC/2DEPTHØ 3 2TUBING SIZEDEPTH	AMOUNT OF	RDERED 400		
TUBING SIZE DEPTH DRILL PIPE DEPTH			sy A Neat	Extra
TOOL DEPTH				
PRES. MAX / 000 MINIMUM	COMMON		_@	
MEAS. LINE SHOE JOINT	POZMIX			
CEMENT LEFT IN CSG. PERFS.	GEL		_@	
DISPLACEMENT	CHLORIDE _		_@	
EQUIPMENT	ASC		0	
EQUIPMENT			@	
PUMP TRUCK CEMENTER Kon Gilley				
# 471-302 HELPER				
BULK TRUCK			-	
#356-190 DRIVER Durch G				
BULKTRUCK			_@	
#364 DRIVER Froyt	HANDLING	400	@	900.00
/		400× 57		220.00
REMARKS:	4		TOTA	L _/120.00
Pumped 18 b) & down 5 1/2 p	Tussiand		IOIA	
40 to Soossi released		SERV	ICE	
Punel 3 bis down Back side				
pressured up to goopsi Leaking		OB 832		
85/8 released	PUMP TRUC	CK CHARGE		1250.90
	EXTRA FOO	TAGE	@	
				2_35-00_
	MANIFOLD	icle 5	 	20.00
	2	ucle 2	<u>4.00</u>	
CHARGE TO: Pratt Well Service			_	
STREET			TOTA	L 130500
CITYSTATEZIP_				
		PLUG & FLOA	T EQUIPME	NT
			0	
		11.	@	
To: Allied Oil & Gas Services, LLC.	216	N	@	-
You are hereby requested to rent cementing equ	ipment	,	@	
and furnish cementer and helper(s) to assist own	ier or		@	
contractor to do work as is listed. The above we	ork was			
done to satisfaction and supervision of owner ag	gent or		TOTA	L
contractor. I have read and understand the "GE		de a		
TERMS AND CONDITIONS" listed on the reve	erse side. SALES TAX	(If Any)		
	TOTAL CHA	RGES #24	2500	
PRINTED NAME				ID IN 30 DAYS
				/
SIGNATURE I and IN Inke				

5 8

ALLIED CEMENTING CO., LLC. 038021

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RUS	BOX 31 SELL, KA	ANSAS 6760	65		5	SERVICE	POINT:	dell
DATE 3-2-12	SEC.	TWP. 275	RANGE 12w	CALLED OUT	ON LOCATI	32	START	JOB FINISH 3:30pm
LEASE SICU	WELL#	17	LOCATION Port	168 254+61			off	STATE
OLD OR NEW (C			A/ to 30th	AVE 1/2 MI. FU	office Shafe			1.60
					2000 - 10			
CONTRACTOR		service		OWNER Pr	Anell Secon	e.		
TYPE OF JOB C HOLE SIZE	1.H.P.	T.D		CEMENT	4			
CASING SIZE 3	1/2		PTH		RDERED 3	OSV .	1 40	· 15% 1
TUBING SIZE	23/8		PTH 826'				20.10	- 475901
DRILL PIPE		DE	PTH			19 1000	. i.	
TOOL	<u> </u>		PTH		20		1000	1107 65
PRES. MAX 70 MEAS. LINE	0 091		NIMUM OE JOINT	COMMON_		@.	16.25	487,50
CEMENT LEFT	IN CSG	· 3H	<u>UE JOINT</u>	POZMIX _ GEL	20		21,25	
PERFS.				CHLORIDE			200	
DISPLACEMEN'	T / 666	65		ASC				
	EQ	UIPMENT	Γ			@		
						@_		
PUMP TRUCK		TER Mot				@.		
#471/302	HELPE	R Jasons	Thimesch		· .	@_ @		
BULK TRUCK	DDD	DT ((<u>-</u>		@	•	
# <u>356/290</u> BULK TRUCK	DRIVE	R Troy h.	12			@		
#	DRIVE	Ŕ						
			9	HANDLING MILEAGE		@	2.25	28.60
CITE CONTRACTOR OF CONTRACTOR) R	REMARKS:		MILEAGE .	0 Laips			845,60
MTKand punt	<u> </u>				JOB <u>826</u> ' CK CHARGE		12.5	50 **
pull taking			······					
pull toping				EXTRA FO	OTAGE	@		
			•	EXTRA FO MILEAGE	otage	@	7~	35"
				EXTRA FO MILEAGE MANIFOLI	otage	@	7**	35
				EXTRA FO MILEAGE MANIFOLI	OTAGE	@	-7°	35"
CHARGE TO:	P co H wel			EXTRA FO MILEAGE MANIFOLI /196+	OTAGE	@ @	-7	<u>35</u> 207 1. /305
CHARGE TO: _/	l collad	STATE	ZIP	EXTRA FO MILEAGE MANIFOLI	OTAGE	@ @ @		L /305
CHARGE TO: STREET CITY	l collad	STATE		EXTRA FO MILEAGE MANIFOLI	otage	@ @ @	QUIPME	L <u>/305</u>
CHARGE TO: STREET CITY	l collad	STATE		EXTRA FO MILEAGE MANIFOLI	otage	@ @ LOAT EC	QUIPME	L <u>/305</u>
CHARGE TO: STREET CITY P W S (P collact	STATE 1282_		EXTRA FO MILEAGE MANIFOLI	otage	@ @ LOAT EC @ @	QUIPME	L <u>/305</u>
CHARGE TO: STREET CITY P & & J To Allied Cema	P collact 2030 enting Co	STATE 1 2 8 2 5., LLC.	ZIP	EXTRA FO MILEAGE MANIFOLI 	otage	@ @ LOAT EC @ @	QUIPME	L <u>/305</u> NT
CHARGE TO:	2030 requeste nenter an	STATE 2 2 2 2 5., LLC. ed to rent ce id helper(s)	ZIP ementing equipme to assist owner or	nt	otage	@ @ LOAT EC @ @	QUIPME	L <u>/305</u> [~] NT
CHARGE TO: STREET CITY <i>P W S (</i> To Allied Ceme You are hereby and furnish cen contractor to do	2030 requeste nenter an o work as	STATE D 1 0 2 D, LLC. ed to rent ce id helper(s) s is listed.	ZIP ementing equipme to assist owner or The above work w	nt	otage	@ @ LOAT EC @ @	QUIPME	L /305 [~]
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