



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

KANSAS CORPORATION COMMISSION 1187564
OIL & GAS CONSERVATION DIVISION

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 #: _____
 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 OIL & GAS SERVICES, LLC 054053

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge

DATE <i>3-1-12</i>	SEC. <i>18</i>	TWP. <i>27s</i>	RANGE <i>12W</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>SICU</i>	WELL # <i>17</i>	LOCATION <i>Pratt, 30 Ave S/N</i>			COUNTY <i>Pratt</i>	STATE <i>Ks</i>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)							

CONTRACTOR *Pratt Well Service* OWNER *Pratt Well Service*

TYPE OF JOB *OHP*

HOLE SIZE _____ T.D. _____ CEMENT _____

CASING SIZE *5 1/2* DEPTH *832* AMOUNT ORDERED *400 sy 60/40:4*

TUBING SIZE _____ DEPTH _____ *100 sy A Neat Extra*

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX *1,000* MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER *Ron Willey*

471-302 HELPER _____

BULK TRUCK _____

356-290 DRIVER *Derek G*

BULK TRUCK _____

364 DRIVER *Troy K*

REMARKS:

*Pumped 18 bts down 5 1/2 pressured up to 800psi released
Pumped 3 bts down back side pressured up to 900psi leaking out 8 5/8 released*

CHARGE TO: *Pratt Well Service*

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 _____

SIGNATURE *Donald W Duke*

CEMENT _____

AMOUNT ORDERED *400 sy 60/40:4*

100 sy A Neat Extra

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING *400* @ *2.25* *900.00*

MILEAGE *400 x 5 x .11* *220.00*

TOTAL *1120.00*

SERVICE

DEPTH OF JOB *832*

PUMP TRUCK CHARGE *1250.00*

EXTRA FOOTAGE _____ @ _____

MILEAGE *5* @ *7.00* *35.00*

MANIFOLD _____ @ _____

Light Vehicle *5* @ *4.00* *20.00*

_____ @ _____

TOTAL *1305.00*

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES *\$2425.00*

DISCOUNT _____ IF PAID IN 30 DAYS

ALLIED CEMENTING CO., LLC. 038021

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Med. Lodge

DATE <i>3-2-12</i>	SEC. <i>18</i>	TWP. <i>27s</i>	RANGE <i>12W</i>	CALLED OUT	ON LOCATION	JOB START <i>3:00 pm</i>	JOB FINISH <i>3:30 pm</i>
LEASE <i>SICU</i>	WELL# <i>17</i>	LOCATION <i>Pratt WS #54+61 juv.</i>			COUNTY <i>Pratt</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)			<i>N to 30th AVE 1/2 mi. further S into</i>				

CONTRACTOR *Pratt well service* OWNER *Pratt well service*

TYPE OF JOB *O.H.P.*

HOLE SIZE _____ T.D. _____ CEMENT _____

CASING SIZE *5 1/2* DEPTH _____ AMOUNT ORDERED *50 x 60:40:4/gel*

TUBING SIZE *2 3/8* DEPTH *826'*

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX *700 psi* MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT *1 bbls*

EQUIPMENT

PUMP TRUCK CEMENTER *Mark Thimesch*

471/302 HELPER *Jason Thimesch*

BULK TRUCK _____

356/290 DRIVER *Troy Kunz*

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

*Tubing at 826' mix and pump 45 sk
down and cut parts in 5 1/2 pull tubing up 5'
mix and pump 58 sk disgo 1 bbls H2O
pull tubing*

COMMON *30* @ *16.25* *487.50*

POZMIX *20* @ *8.50* *170.00*

GEL *2* @ *21.25* *42.50*

CHLORIDE @ _____

ASC @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING *52* @ *2.25* *117.00*

MILEAGE *52.11/5* *28.60*

TOTAL *845.60*

SERVICE

DEPTH OF JOB *826'*

PUMP TRUCK CHARGE *1250.00*

EXTRA FOOTAGE @ _____

MILEAGE *5* @ *7.00* *35.00*

MANIFOLD @ _____

light vehicle 5 @ *4.00* *20.00*

_____ @ _____

TOTAL *1305.00*

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES *\$ 2150.60*

DISCOUNT _____ IF PAID IN 30 DAYS

CHARGE TO: *Pratt well service*

STREET _____

CITY _____ STATE _____ ZIP _____

PWS 12030202

To Allied Cementing Co., 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 _____

SIGNATURE *[Signature]*