



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

KANSAS CORPORATION COMMISSION 1193677
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 062306

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge KS

| | | | | | | | |
|-------------------------|--------------|-------------------|---|------------|----------------------|-----------------|---------------------------|
| DATE <u>1-13-14</u> | SEC <u>9</u> | TWP <u>30S</u> | RANGE <u>8E</u> | CALLED OUT | ON LOCATION | JOB START | JOB FINISH <u>5:00 PM</u> |
| LEASE <u>Clark 3008</u> | | WELL # <u>1-9</u> | LOCATION <u>Cambridge KS 7.56 N to Ferguson Ranch</u> | | COUNTY <u>Cowley</u> | STATE <u>Ks</u> | |
| OLD OR NEW (Circle one) | | | <u>past bridge past 2 houses, sky left of Y3</u> | | | | |

CONTRACTOR TITAN w/s OWNER CWS

TYPE OF JOB PTA

| | |
|--|---|
| HOLE SIZE _____ T.D. _____ | CEMENT _____ |
| CASING SIZE <u>7"</u> DEPTH <u>2650</u> | AMOUNT ORDERED <u>875x 60:40:41 Gel</u> |
| TUBING SIZE <u>2 7/8</u> DEPTH <u>2650</u> | |

| | |
|-----------------------------------|----------------------------------|
| DRILL PIPE _____ DEPTH _____ | COMMON <u>525x @ 17.90 930.8</u> |
| TOOL _____ DEPTH _____ | POZMIX <u>355x @ 9.35 327.25</u> |
| PRES. MAX _____ MINIMUM _____ | GEL <u>35x @ 28.40 76.2</u> |
| MEAS. LINE _____ SHOE JOINT _____ | CHLORIDE _____ @ _____ |
| CEMENT LEFT IN CSG. _____ | ASC _____ @ _____ |
| PERFS. _____ | _____ @ _____ |
| DISPLACEMENT _____ | _____ @ _____ |

| | |
|-----------------------------------|---|
| PRES. MAX _____ MINIMUM _____ | HANDLING <u>91.98 @ 2.48 228.11</u> |
| MEAS. LINE _____ SHOE JOINT _____ | MILEAGE <u>3.89 x 135.52 @ 2.60 1365.39</u> |
| CEMENT LEFT IN CSG. _____ | TOTAL <u>2921.75</u> |

| | |
|--------------------|---|
| PERFS. _____ | MILEAGE <u>3.89 x 135.52 @ 2.60 1365.39</u> |
| DISPLACEMENT _____ | TOTAL <u>2921.75</u> |

EQUIPMENT

PUMP TRUCK CEMENTER Jake HEARD
548/545 HELPER Jason Thimesch
BULK TRUCK
364 DRIVER CJ Raekley
BULK TRUCK
_____ DRIVER _____

REMARKS:

SERVICE

| | |
|------------------------------------|----------------|
| DEPTH OF JOB <u>2650'</u> | |
| PUMP TRUCK CHARGE _____ | <u>2483.59</u> |
| EXTRA FOOTAGE _____ @ _____ | |
| MILEAGE <u>135 miles @ 7.70</u> | <u>1039.5</u> |
| MANIFOLD _____ @ _____ | |
| <u>LV Mileage 135 miles @ 4.40</u> | <u>594</u> |

CHARGE TO: CWS
STREET _____
CITY _____ STATE _____ ZIP _____

TOTAL 4117.09

PLUG & FLOAT EQUIPMENT

| | |
|---------------|--|
| _____ @ _____ | |
| _____ @ _____ | |
| _____ @ _____ | |
| _____ @ _____ | |
| _____ @ _____ | |

TOTAL _____

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.

SALES TAX (If Any) _____
TOTAL CHARGES 7038.84
DISCOUNT 5631.07 IF PAID IN 30 DAYS

PRINTED NAME X Amy Sauer

SIGNATURE X Amy Sauer