



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

KANSAS CORPORATION COMMISSION 1193693  
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

College SW 3202 1-4

# ALLIED OIL & GAS SERVICES, LLC 062436

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
Medicine Lodge, KS

DATE <u>2-3-2014</u>	SEC. <u>4</u>	TWP. <u>32S</u>	RANGE <u>2W</u>	CALLED OUT <u>5:00 AM</u>	ON LOCATION <u>8:00 AM</u>	JOB START <u>8:30 AM</u>	JOB FINISH <u>10:00 AM</u>
LEASE <u>Trunk</u>	WELL # <u>2-30</u>	LOCATION <u>160s 49 Jct, 2 E 95st, 1 1/4</u>			COUNTY <u>Sumner</u>	STATE <u>Ks</u>	
<input checked="" type="radio"/> OLD <input type="radio"/> NEW (Circle one)			north, east into				

CONTRACTOR Titan Well Service  
 TYPE OF JOB Old hole Plus  
 HOLE SIZE \_\_\_\_\_ T.D. \_\_\_\_\_  
 CASING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TUBING SIZE 2 3/4 DEPTH 550'  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 2 bbls mud

OWNER Shirley Energy

CEMENT AMOUNT ORDERED 170 sc 60:40:40:60

COMMON	<u>A</u>	<u>102</u>	@ <u>17.90</u>	<u>1825.80</u>
POZMIX		<u>68</u>	@ <u>9.35</u>	<u>635.80</u>
GEL		<u>6</u>	@ <u>25.40</u>	<u>140.40</u>
CHLORIDE			@ _____	_____
ASC			@ _____	_____
			@ _____	_____
			@ _____	_____
			@ _____	_____
			@ _____	_____
			@ _____	_____
			@ _____	_____
HANDLING		<u>179.40</u>	@ <u>2.48</u>	<u>444.91</u>
MILEAGE		<u>7.60/50/2.60</u>	@ _____	<u>988.31</u>
				TOTAL <u>4035.22</u>

EQUIPMENT  
 PUMP TRUCK CEMENTER Derin F  
 # 548-545 HELPER Jason J.  
 BULK TRUCK  
 # 421-290 DRIVER James B  
 BULK TRUCK  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:  
550' - Lost hole, mix 35% cement  
Displace 2 bbls mud

350' - Circulate to surface with 135 sc

CHARGE TO: CWS  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB	<u>550'</u>		
PUMP TRUCK CHARGE	<u>2158.75</u>		
EXTRA FOOTAGE		@ _____	_____
MILEAGE	<u>50</u>	@ <u>7.70</u>	<u>385.00</u>
MANIFOLD		@ _____	_____
<u>10</u> <u>50</u>		@ <u>4.40</u>	<u>220.00</u>
		@ _____	_____

TOTAL 2763.75

PLUG & FLOAT EQUIPMENT

	@ _____	_____
<u>None</u>	@ _____	_____
	@ _____	_____
	@ _____	_____
	@ _____	_____
	@ _____	_____
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.

PRINTED NAME GARY MATTHEWS  
 SIGNATURE Gary Matthews  
 Thank you!!!

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES 6798.97  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS  
NET 5779.12