

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1193695

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:				Sec T	wp S. R East West	
Address 2:				Feet from North / South Line of Section		
City:				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)			ic Coun	ty:		
Water Supply Well Other: SWD Permit #:			Lease	Lease Name: Well #:		
ENHR Permit #: Gas Storage Permit #:			Date	Well Completed:		
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on: (Date)		
Producing Formation(s): List A			' -		(KCC District Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth to Top: Bottom: T.D			Plugg	Plugging Completed:		
Depth to	o Top: Botto	m:T.D				
Ob d	all contain all and man famous					
Show depth and thickness of		ations.	0 ' 0 '	(0.1		
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
cement or other plugs were us	. 00		•		ods used in introducing it into the hole. If	
Plugging Contractor License #:			Name:	ne:		
Address 1:			Address 2:			
City:			State	:	Zip:+	
Phone: ()						
Name of Party Responsible fo	or Plugging Fees:					
State of	County, _		, SS.			
(Print Name)				Employee of Operator or	Operator on above-described well,	

Submitted Electronically

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

ALLIED OIL & GAS SERVICES, LLC 062314

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999

SIGNATURE

SERVICE POINT: SOUTHLAKE, TEXAS 76092 Mede. TWP. RANGE CALLED OUT ON LOCATION JOB START JOB FINISH DATE 2-10-14 COUNTY STATE LEASE WELL# LOCATION C pater KS OLD OR NEW (Circle one) CONTRACTOR **OWNER** TYPE OF JOB HOLE SIZE T.D. CEMENT CASING SIZE DEPTH AMOUNT ORDERED **TUBING SIZE DEPTH** (-01 DRILL PIPE DEPTH TOOL DEPTH PRES. MAX **MINIMUM** COMMON MEAS. LINE SHOE JOINT POZMIX CEMENT LEFT IN CSG. **GEL** @ PERFS. CHLORIDE @ DISPLACEMENT ASC @ **EQUIPMENT** @ @ @ PUMP TRUCK CEMENTER @ **HELPER** @ BULK TRUCK @ DRIVER @ **BULK TRUCK** @ DRIVER HANDLING III @ 2 MILEAGE 4 **REMARKS:** TOTAL SERVICE **DEPTH OF JOB** PUMP TRUCK CHARGE **EXTRA FOOTAGE** @ MILEAGE @ MANIFOLD @ @ @ CHARGE TO: TOTAL 4578.75 STREET_ STATE ZIP PLUG & FLOAT EQUIPMENT @ @ 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 TOTAL . contractor. I have read and understand the "GENERAL SALES TAX (If Any) TERMS AND CONDITIONS" listed on the reverse side. TOTAL CHARGES PRINTED NAME DISCOUNT IF PAID IN 30 DAYS