



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

KANSAS CORPORATION COMMISSION 1195520
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 054983

Federal Tax I.D.# 20-6976804

PO BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell KS

A/E <u>2-17-14</u>	SEC <u>19</u>	TWP. <u>8</u>	RANGE <u>17</u>	CALLED OUT	ON LOCATION	JOB START <u>2:00 PM</u>	JOB FINISH <u>2:30 PM</u>
LEASE <u>Krag</u>		WELL# <u>7</u>		LOCATION <u>Plainville, KS 8N 134E</u>		COUNTY <u>Rooks</u>	STATE <u>KS</u>
<input checked="" type="radio"/> OLD		<input type="radio"/> NEW (Circle one)		Minto			

CONTRACTOR <u>Smoky H.T.I</u>	
TYPE OF JOB <u>PTA</u>	
HOLE SIZE	T.D.
CASING SIZE <u>5 1/2</u>	DEPTH <u>15.5</u>
TUBING SIZE <u>2 3/8</u>	DEPTH <u>3286</u>
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

OWNER	
CEMENT AMOUNT ORDERED <u>450 6 3/4 4 7/8 gal</u>	
<u>1/4 # 5 1/2</u>	
<u>600 # 10 - 15 gal on side</u>	
COMMON	⊙
POZMIX	⊙ <u>635.52</u>
GEL	3048 ²⁶⁴⁸ ⊙ <u>24</u> <u>731.52</u>
CHLORIDE	⊙
ASC	⊙
<u>60/45 mix</u>	<u>450</u> ⊙ <u>14.93</u> <u>6718.50</u>
<u>Hulls</u>	<u>350</u> # ⊙ <u>.35</u> <u>122.50</u>
HANDLING <u>450 gal</u>	⊙ <u>2.48</u> <u>1116.00</u>
MILBAGE <u>672.25 hrs</u>	<u>2.60</u> <u>1760.85</u>
TOTAL <u>10353.37</u>	

EQUIPMENT	
PUMP TRUCK	CEMENTER <u>Robert Y</u>
# <u>409</u>	HELPER <u>Kevin R</u>
BULK TRUCK	
# <u>481</u>	DRIVER <u>Jesse C</u>
BULK TRUCK	
#	DRIVER

REMARKS:

see log

Thank you!!!

CHARGE TO: Vess Oil

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>3286</u>
PUMP TRUCK CHARGE	<u>1250</u>
EXTRA FOOTAGE	⊙
MILBAGE <u>35 LVMT</u>	⊙ <u>4.40</u> <u>154.00</u>
MANIFOLD	⊙
<u>35 HVMT x 2</u>	⊙ <u>7.70</u> <u>539.00</u>
TOTAL <u>1993.00</u>	

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 12276.37

DISCOUNT 2459.27 IF PAID IN 30 DAYS

net \$ 9837.10

PRINTED NAME _____

SIGNATURE

ALLIED OIL & GAS SERVICES, LLC 054984

Federal Tax I.D.# 20-5975804

TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell, KS

DATE <u>2-18-14</u>	SEC <u>17</u>	TWP <u>8</u>	RANGE <u>17</u>	CALLED OUT	ON LOCATION	JOB START <u>12:00 pm</u>	JOB FINISH <u>12:30 pm</u>
LEASE <u>Krug</u>	WELL# <u>7</u>	LOCATION <u>Plainville KS 8th 13/4E</u>			COUNTY <u>Rooks</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>None</u>					

CONTRACTOR Smoky Hill

TYPE OF JOB PTA

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/2 15.5 DEPTH _____

TUBING SIZE 2 3/8 DEPTH 960

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED 100 60/90 470g = 1 1/4 470

COMMON _____ @ _____

POZMIX _____ @ _____

GBL 3.10 @ .24 74.40

CHLORIDE _____ @ _____

ASC _____ @ _____

60/90 mix 90 @ 14.93 1343.70

Hylls 150 @ .35 52.50

Flu 25 @ 2.97 74.25

HANDLING 107.37 @ 2.48 266.28

MILBAGE 156.45 @ 2.60 406.77

TOTAL 2212.90

EQUIPMENT

PUMP TRUCK CEMENTER Robert V

409 HELPER Nathan D

BULK TRUCK

473 DRIVER Kevin R

BULK TRUCK

_____ DRIVER _____

REMARKS:

See log

Thank you

CHARGE TO: Ven oil

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 960

PUMP TRUCK CHARGE 1250.00

EXTRA FOOTAGE @ _____

MILBAGE 35 LVMI @ 4.40 154.00

MANIFOLD 70 LVMI @ 7.70 539.00

TOTAL 1943.00

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To: Allied Oil & Gas Services, LLC.
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PRINTED NAME _____

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES 4160.90

DISCOUNT 11040.23 IF PAID IN 30 DAYS

Net 3120.67