



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

KANSAS CORPORATION COMMISSION 1196858
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



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 142187
Invoice Date: Mar 30, 2014
Page: 1

Voice: (817) 546-7282
Fax: (817) 246-3361

Bill To:
Carmen Schmitt, Inc. P. O. Box 47 Great Bend, KS 67530

Customer ID	Field Ticket #	Payment Terms	
Schm	55178	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-03	Russell	Mar 30, 2014	4/29/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Bentz-Griebel #1-33		
270.00	CEMENT MATERIALS	60/40 Blend	15.30	4,131.00
59.00	CEMENT MATERIALS	Flo Seal	2.97	175.23
270.00	CEMENT SERVICE	Cubic Feet Charge	1.40	378.00
466.00	CEMENT SERVICE	Ton Mileage Charge	2.60	1,211.60
1.00	CEMENT SERVICE	Plug to Abandon	2,483.59	2,483.59
80.00	CEMENT SERVICE	Heavy Vehicle Mileage	7.70	616.00
40.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	176.00
1.00	EQUIPMENT SALES	8-5/8 Wooden Plug	110.00	110.00
1.00	CEMENT SUPERVISOR	Tony Pfannenstiel		
1.00	OPERATOR ASSISTANT	Danny Sinner		
1.00	OPERATOR ASSISTANT	Joe Goodson		
1.00	OPERATOR ASSISTANT	Tyler Dobson		
		18418.0133 710/43 "Cement Plug" Well File		

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 2,320.35

ONLY IF PAID ON OR BEFORE
Apr 24, 2014

Subtotal	9,281.42
Sales Tax	271.60
Total Invoice Amount	9,553.02
Payment/Credit Applied	
TOTAL	9,553.02

ALLIED OIL & GAS SERVICES, LLC 055178

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Russell, Ks

DATE 3.30.14 SEC. 33 TWP. 6 RANGE 19 CALLED OUT _____ ON LOCATION _____ JOB START _____ JOB FINISH _____
 LEASE Bentz/Griebel WELL # 1-33 LOCATION Stockton Ks, COUNTY NDOK STATE Ks
 OLD OR NEW (Circle one) _____

CONTRACTOR Mallard Drilling OWNER _____
 TYPE OF JOB PTA
 HOLE SIZE 7 7/8 T.D. _____
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH 3635'
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

CEMENT AMOUNT ORDERED 270SK
6040 + 4.1 gal #14 cell
 COMMON 270SK @ 15.3 \$4131.00
 POZMIX @ _____
 GEL @ _____
 CHLORIDE @ _____
 ASC @ _____
Flo-Seal 2 @ _____
5916 @ 2.97 \$175.23
 HANDLING 270 @ 1.40 \$378.00
 MILEAGE 466 @ 7.11 \$3311.60
 TOTAL \$5895.83

EQUIPMENT

PUMP TRUCK CEMENTER Tony Hernandez
 # 409 HELPER Denny S
 BULK TRUCK _____
 # 481 DRIVER Taylor / Joe C
 BULK TRUCK _____
 # _____ DRIVER _____

REMARKS:

See Connecting Job log

SERVICE 3635'

DEPTH OF JOB _____
 PUMP TRUCK CHARGE \$2483.59
 EXTRA FOOTAGE @ _____
 MILEAGE Heavy 80 @ 7.7 \$616.00
 MANIFOLD Light 40 @ 4.4 \$176.00

CHARGE TO: Carmen Schmitt
 STREET _____
 CITY _____ STATE _____ ZIP 67665

TOTAL \$3,275.59

PLUG & FLOAT EQUIPMENT

1x 8 5/8 wooden Plug - \$110.00
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____

TOTAL \$110.00

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 \$9,281.42
 DISCOUNT 2320.35 IF PAID IN 30 DAYS
 Net 6961.07

PRINTED NAME Frank S. Manke
 SIGNATURE Frank S. Manke