



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

KANSAS CORPORATION COMMISSION 1198609
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 054817

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell KS

DATE <u>10-30-13</u>	SEC. <u>11</u>	TWP. <u>12</u>	RANGE <u>18</u>	CALLED OUT	ON LOCATION	JOB START <u>4:30pm</u>	JOB FINISH <u>5:00pm</u>
LEASE <u>Walters</u>	WELL# <u>1</u>	LOCATION <u>Hays KS 6N 2E Ninto</u>			COUNTY <u>Ellis</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)							

CONTRACTOR None

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 3700

CASING SIZE 5 1/2 14" DEPTH 3699

TUBING SIZE none DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG:

PERFS.

DISPLACEMENT

OWNER

used 2.15 sts

CEMENT AMOUNT ORDERED 350 60/40 49 gel 1/4 # 91s
on the side 14 gel 600 # hulls

COMMON	<u>129</u>	@ <u>17.90</u>	<u>2309.10</u>
POZMIX	<u>86</u>	@ <u>9.35</u>	<u>804.10</u>
GEL	<u>19.39</u>	@ <u>23.90</u>	<u>453.73</u>
CHLORIDE	<u>1</u>	@ <u>64.00</u>	<u>64.00</u>
ASC		@	
<u>Ho</u>	<u>59</u>	@ <u>2.97</u>	<u>160.38</u>
<u>Hull</u>	<u>8</u>	@ <u>35.00</u>	<u>280.00</u>
		@	
		@	
		@	
		@	
HANDLING	<u>412.32</u>	@ <u>2.48</u>	<u>1022.55</u>
MILEAGE	<u>150.566</u>	@ <u>2.60</u>	<u>391.47</u>
TOTAL			<u>5485.23</u>

EQUIPMENT

PUMP TRUCK CEMENTER Robert Y

417 HELPER Woody O

BULK TRUCK

473 DRIVER Jesse C

BULK TRUCK

410 DRIVER Danny S

REMARKS:

mix 75stk cement with 300 # hulls, 12 gel
100 # hulls; 10 sts cement tag cement
mix 125stk down hole and 15sts in
back side

Thank you!!

CHARGE TO: Sandlin

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>3699</u>	
PUMP TRUCK CHARGE	<u>1250</u>	
EXTRA FOOTAGE	@	
MILEAGE	<u>9 HVMI</u>	@ <u>7.70</u> <u>69.30</u>
MANIFOLD	<u>9 LVMI</u>	@ <u>4.40</u> <u>39.60</u>
		@

TOTAL 1358.90

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES 6844.23

DISCOUNT 684.42 IF PAID IN 30 DAYS

net \$ 6159.81

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 Fred Barber

SIGNATURE Fred Barber

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