



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

KANSAS CORPORATION COMMISSION 1200078
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 061092

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Great Bend

DATE <u>1-4-13</u>	SEC. <u>4</u>	TWP. <u>26</u>	RANGE <u>24</u>	CALLED OUT	ON LOCATION	JOB START <u>9:17 AM</u>	JOB FINISH <u>9:30 AM</u>
LEASE <u>Lex</u>	WELL # <u>3-4</u>	LOCATION <u>ZN Wright - 2W - Ainto</u>			COUNTY <u>Ford</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Dut-21 OWNER _____

TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D.
CASING SIZE <u>8 5/8</u>	DEPTH <u>313 9/16</u>
TUBING SIZE	DEPTH
DRILL PIPE <u>4 1/2</u>	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>15 Ft</u>	
PERFS.	
DISPLACEMENT <u>19.09 bbl fresh water</u>	

CEMENT
AMOUNT ORDERED 200 SKS Class A 3 1/2 cc
2 1/2 gal

EQUIPMENT

PUMP TRUCK # <u>398</u>	CEMENTER <u>Josh Sobe</u>
	HELPER <u>Andy Fimple</u>
BULK TRUCK # <u>871-112</u>	DRIVER <u>Kevin Weighman</u>
BULK TRUCK # _____	DRIVER _____

COMMON	<u>200</u>	@ <u>17.90</u>	<u>3580.00</u>
POZMIX		@	
GEL	<u>4</u>	@ <u>23.40</u>	<u>93.60</u>
CHLORIDE	<u>564</u>	@ <u>80</u>	<u>451.20</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>216.66</u>	@ <u>2.48</u>	<u>537.32</u>
MILEAGE	<u>9.88 x 40 x</u>	<u>2.60</u>	<u>1.027.52</u>
TOTAL			<u>5.689.63</u>

REMARKS:
On location - Rig up - well safety meeting
for 8 5/8 casing - break circulation - rig with
pump 5 bbl fresh water
mix 200 SKS Class A 3 1/2 cc 2 1/2 gal
Displace 19.09 bbl fresh water
shut in
Cement allow circulate 9:15 AM
Rig down

SERVICE

DEPTH OF JOB	
PUMP TRUCK CHARGE	<u>1512.25</u>
EXTRA FOOTAGE	@
MILEAGE	<u>Hum 40 @ 7.70 308.00</u>
MANIFOLD	@
	<u>Hum 40 @ 4.40 176.00</u>
	@

CHARGE TO: Vincent oil
STREET _____
CITY _____ STATE _____ ZIP _____

TOTAL 1.996.25

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 contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

TOTAL _____

PRINTED NAME X Mike Godfrey
SIGNATURE X Mike Godfrey
Thank you!!

SALES TAX (If Any) _____
TOTAL CHARGES 7.685.88
DISCOUNT 1.537.17 IF PAID IN 30 DAYS
6.148.70

ALLIED OIL & GAS SERVICES, LLC 061098

Federal Tax I.D. # 20-3651475

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

SERVICE POINT: Great Bend

DATE <u>1-13-14</u>	SEC. <u>4</u>	TWP. <u>26</u>	RANGE <u>24</u>	CALLED OUT	ON LOCATION	JOB START <u>3:00pm</u>	JOB FINISH <u>4:30 AM</u>
LEASE <u>lex</u>	WELL # <u>3-4</u>	LOCATION <u>2N Wright - 2W - Vito</u>		COUNTY <u>Ford</u>	STATE <u>K</u>		
OLD OR NEW (Circle one)							

CONTRACTOR Duke 1

TYPE OF JOB Rotary plug

HOLE SIZE 12 1/4 T.D.

CASING SIZE 8 3/4 DEPTH

TUBING SIZE DEPTH

DRILL PIPE 4 1/2 DEPTH 1680

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. All

PERFS.

DISPLACEMENT Pro Water

EQUIPMENT

PUMP TRUCK CEMENTER Jose Isaac

366 HELPER Ben Merrill

BULK TRUCK DRIVER CS Gwest

610-170

BULK TRUCK DRIVER

#

REMARKS:

On location - rig up - had safety meeting
Run 4 1/2 drill pipe - fall hole w/ rig mud
#1 - 1680 FT - 50 SKS
#2 - 900 - 80 RH - 30 SKS
#3 - 350 - 50 RH - 20
#4 - 60 - 20
Plug down 4 AM
Plug down

CHARGE TO: Vincent oil

STREET _____

CITY _____ STATE _____ ZIP _____

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 X Mike Godfrey

SIGNATURE X Mike Godfrey

Thank you!!

OWNER _____

CEMENT AMOUNT ORDERED 750 SKS 60/40 4 1/2 gel
X4 Flt

COMMON	<u>150</u>	@	<u>17.90</u>	<u>2,685.00</u>
POZMIX	<u>100</u>	@	<u>9.35</u>	<u>935.00</u>
GEL	<u>9</u>	@	<u>23.40</u>	<u>210.68</u>
CHLORIDE		@		
ASC		@		
<u>Roscal</u>	<u>63</u>	@	<u>2.97</u>	<u>187.11</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>267.42</u>	@	<u>2.48</u>	<u>663.20</u>
MILEAGE	<u>11.23 x 40 x</u>	@	<u>2.60</u>	<u>1,167.92</u>
TOTAL				<u>5,848.83</u>

SERVICE

DEPTH OF JOB	<u>1680</u>		
PUMP TRUCK CHARGE	<u>2249.84</u>		
EXTRA FOOTAGE		@	
MILEAGE	<u>Hum 40</u>	@	<u>7.70</u>
MANIFOLD		@	
	<u>Hum 40</u>	@	<u>4.40</u>
		@	

TOTAL 2,733.84

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES 8,582.67

DISCOUNT 1,716.53 IF PAID IN 30 DAYS

6,866.13