



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

KANSAS CORPORATION COMMISSION 1204249
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

Date 5-9-14 District Co. Hedges Ticket No. 062068
 Company TCKRAN Rig _____
 Lease SOUTH Well No. 1
 County _____ State KO
 Location 30-9-21 Field _____

CEMENT DATA:
 Spacer Type: Water
 Amt. 380 Skys Yield 1.91 ft³/sk Density 14.2 PPG
22000 10/10 POC 46601

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 2 7/8 Type wood Weight 6.4# Collar _____

LEAD: Pump Time _____ hrs. Type _____
 Excess _____

Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

TAIL: Pump Time _____ hrs. Type _____
 Excess _____

Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.

Casing Depths: Top _____ Bottom _____

Pump Trucks Used 422

Bulk Equip. 818

Drill Pipe: Size _____ Weight _____ Collars _____

Float Equip: Manufacturer _____

Open Hole: Size _____ T.D. 3800 ft. P.B. to _____ ft.

Shoe: Type _____ Depth _____

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Float: Type _____ Depth _____

Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Centralizers: Quantity _____ Plugs Top _____ Btm. _____

Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Stage Collars _____

Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Special Equip. _____

Perforations: From _____ ft. to _____ ft. Amt. _____

Disp. Fluid Type Water Amt. _____ Bbls. Weight _____ PPG

Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE Tom DeLeon

CEMENTER _____

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	
						hold saddle mud up
				3 bbl		establish a blow
				22 bbl		mix 11 sks gel
				12 bbl		mix 25 sks @ 3800
				10 bbl		displace water
				16 bbl		mix 100 sks @ 1950 ft
				4 bbl		displace water
				16 bbl		mix 100 sks to surface
				6 bbl		toped hole with 36 sks
				6 bbl		40 sks @ 200 psi Annulus
				6 bbl		wash up pump pb loss

FINAL DISP. PRESS: _____ PSI BUMP PLUG TO _____ PSI BLEEDBACK _____ BBLs. THANK YOU

ALLIED OIL & GAS SERVICES, LLC 062068

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakmyrfs

DATE <u>5-9-14</u>	SEC. <u>20</u>	TWP. <u>9</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION <u>11 am</u>	JOB START	JOB FINISH
LEASE <u>Smith</u>	WELL# <u>1</u>	LOCATION <u>Wakrency N to Rd H</u>			COUNTY <u>Graham</u>	STATE <u>TX</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)		<u>W 15 m. N into</u>					

CONTRACTOR Express

TYPE OF JOB PTA

HOLE SIZE <u>5 1/2</u>	T.D. <u>3890</u>
CASING SIZE	DEPTH
TUBING SIZE <u>2 7/8</u>	DEPTH <u>3860</u>
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

OWNER Same

CEMENT

AMOUNT ORDERED 350 sks 60/40, 202
41 gal
11 sks Gel

COMMON	<u>210</u>	@	<u>17.90</u>	<u>3759.00</u>
POZMIX	<u>140</u>	@	<u>9.35</u>	<u>1309.00</u>
GEL	<u>23</u>	@	<u>23.40</u>	<u>538.20</u>
CHLORIDE		@		
ASC		@		
	<u>4 sks cottonseed hulls</u>	@	<u>35.00</u>	<u>140.00</u>
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>20 cutt</u>	@	<u>248</u>	<u>917.60</u>
MILEAGE	<u>15.65 hr @ 17.50</u>	@	<u>2.60</u>	<u>3051.75</u>
TOTAL				

EQUIPMENT

PUMP TRUCK CEMENTER Talon Jones

422 HELPER Wayne

BULK TRUCK

818 DRIVER Adam

BULK TRUCK

DRIVER

REMARKS:

Mix 11 sks Gel

filled w/ by 25 sks cement & displaced

w/ water to 3860 ft

Mix 100 sks @ 1950 ft

Mix 100 sks @ surface

taped the hole 36 AS

40 sks @ 200 ps. Anulus

CHARGE TO:

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB 3890 ft

PUMP TRUCK CHARGE 1250.00

EXTRA FOOTAGE @

MILEAGE 16.4 hr 25 m. @ 2.70

MANIFOLD @

6.4 hr 25 m. @ 4.40

TOTAL

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.

PRINTED NAME

SIGNATURE Tom Jones

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT IF PAID IN 30 DAYS