



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

KANSAS CORPORATION COMMISSION 1213286
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 143403

Invoice Date: May 24, 2014

Page: 1

Bill To:
Robert F. Hembree P O Box 542 Ness City, KS 67560

Customer ID	Field Ticket #	Payment Terms	
Hem	62941	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Great Bend	May 24, 2014	6/23/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Petersilie #5		
132.00	CEMENT MATERIALS	Class A Common	17.90	2,362.80
88.00	CEMENT MATERIALS	Pozmix	9.35	822.80
8.00	CEMENT MATERIALS	Gel	23.40	187.20
55.00	CEMENT MATERIALS	Flo Seal	2.97	163.35
236.99	CEMENT SERVICE	Cubic Feet Charge	2.48	587.74
98.80	CEMENT SERVICE	Ton Mileage Charge	2.60	256.88
1.00	CEMENT SERVICE	Rotary Plug	2,213.75	2,213.75
10.00	CEMENT SERVICE	Pump Truck Mileage	7.70	77.00
10.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	44.00
1.00	CEMENT SUPERVISOR	Joshua Isaac		
1.00	EQUIPMENT OPERATOR	Ben Newell		
1.00	OPERATOR ASSISTANT	Brian Lang		

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

\$ 1,343.10

ONLY IF PAID ON OR BEFORE
Jun 23, 2014

Subtotal	6,715.52
Sales Tax	413.00
Total Invoice Amount	7,128.52
Payment/Credit Applied	
TOTAL	7,128.52

< 1343.10 >
\$ 5,785.42

ALLIED OIL & GAS SERVICE, LLC 062941

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: EnnetBad

DATE: <u>5-24-14</u>	SEC: <u>12</u>	TWP: <u>20</u>	RANGE: <u>24</u>	CALLED OUT	ON LOCATION: <u>4pm</u>	JOB START: <u>6pm</u>	JOB FINISH: <u>7pm</u>
LEASE: <u>Petersville</u>		WELL #: <u>5</u>		LOCATION: <u>Miss city 5 to 40rd - 1W</u>		COUNTY: <u>Miss</u>	STATE: <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>				Name: <u>Niara</u>			

CONTRACTOR: Pickrell 10
 TYPE OF JOB: Rotary plug
 HOLE SIZE: 7 1/2 T.D. _____
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE: 4 1/2 DEPTH: 1615
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG.: All
 PERFS. _____
 DISPLACEMENT: Freshwater
 EQUIPMENT _____

PUMP TRUCK # 306 CEMENTER: Josh Bess
 HELPER: Ben Howell
 BULK TRUCK # 610-170 DRIVER: Brian Long
 BULK TRUCK # _____ DRIVER _____

OWNER _____

CEMENT AMOUNT ORDERED: 220 60/40 4/8 gal

COMMON	<u>132</u>	@	<u>17.90</u>	<u>2,362.80</u>
POZMIX	<u>88</u>	@	<u>9.35</u>	<u>822.80</u>
GEL	<u>8</u>	@	<u>23.40</u>	<u>187.20</u>
CHLORIDE		@		
ASC		@		
<u>#10 deal</u>	<u>55</u>	@	<u>2.97</u>	<u>163.35</u>
<u>Materials Total</u>				<u>3536.15</u>
	<u>Disc</u>	@	<u>20%</u>	<u>707.23</u>
<u>Service</u>				
HANDLING	<u>236.99</u>	@	<u>2.48</u>	<u>587.73</u>
MILEAGE	<u>9.88 x 10 x</u>	@	<u>2.60</u>	<u>256.88</u>

REMARKS:

on location - Dig up - need safety meeting
for 4 1/2 drill pipe & tool joint w/ pipe
#1 - 1615 - 505 SK
#2 - 770 - 80 RH - 30 SK
#3 - 290 40
#4 - 69 - 20
Plug down 7pm
Plug down

DEPTH OF JOB			
PUMP TRUCK CHARGE	<u>2213.25</u>		
EXTRA FOOTAGE		@	
MILEAGE <u>Hum 10</u>		@	<u>7.70 77.00</u>
MANIFOLD		@	
<u>Hum 10</u>		@	<u>4.40 44.00</u>
		@	

CHARGE TO: Robert F Hambric
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 3,179.36
20% 635.87

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: X Mike Ker

SIGNATURE: X Mike Ker

Thank you!!

SALES TAX (If Any) _____
 TOTAL CHARGES 6,715.51
 DISCOUNT 1,343.10 (20/20%)
 IF PAID IN 30 DAYS
5,372.41