



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

KANSAS CORPORATION COMMISSION 1217671
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

ALLIED OIL & GAS SERVICES, LLC 052585

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Liberal (2)

DATE <u>7-18-14</u>	SEC. <u>31</u>	TWP. <u>30</u>	RANGE <u>35</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE # <u>101613000</u>				WELL # <u>2-11</u>	LOCATION <u>woods - 1st</u>	COUNTY <u>STURGEON</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR Exact OWNER _____

TYPE OF JOB P.T.A.

HOLE SIZE T.D.

CASING SIZE 8 7/8 DEPTH 1500'

TUBING SIZE 7 7/8 DEPTH 1500'

DRILL PIPE DEPTH _____

TOOL DEPTH _____

PRES. MAX MINIMUM _____

MEAS. LINE SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

EQUIPMENT _____

PUMP TRUCK CEMENTER Alto Espinoza

503-501 HELPER Cesar Pavia

BULK TRUCK DRIVER Wilson Paez

BULK TRUCK DRIVER _____

HANDLING _____

MILEAGE _____

TOTAL 7,249.87

REMARKS: 5# 803204

SERVICE _____

DEPTH OF JOB _____

PUMP TRUCK CHARGE 2,249.87

EXTRA FOOTAGE 200' @ 4.40 888.00

MILEAGE 200mi @ 7.70 1540.00

MANIFOLD _____

Handling 244 FT @ 2.48 555.52

Wages 201 Tm @ 2.60 521.60

TOTAL _____

CHARGE TO: Wagonlake

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS _____

PRINTED NAME _____

SIGNATURE _____

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.

LOG-TECH OF KANSAS, INC.
P.O. BOX 885
GREAT BEND, KANSAS 67530
(620) 792-2167

INVOICE
8066

Date 7-17-2014

CHARGE TO: Chesapeake Operating Company Inc
ADDRESS _____
R/A SOURCE NO. _____ CUSTOMER ORDER NO. 999-2012
LEASE AND WELL NO. Alderman FIELD _____
NEAREST TOWN Wade COUNTY Stevens STATE KS
SPOT LOCATION Stokow SEC. 11 TWP. 73N RANGE 75E
ZERO 11 AGL CASING SIZE 5 1/2 WEIGHT _____
CUSTOMER'S T.D. _____ LOG TECH # 57 FLUID LEVEL Full
ENGINEER base bally OPERATOR J. Walker

PERFORATING				
Description	No. Shots	From	Depth To	Amount
<u>Cut 5 1/2 casing "PUC"</u>	<u>1</u>		<u>1817</u>	<u>850.00</u>

DEPTH AND OPERATIONS CHARGES					
Description	From	Depth To	Total No. Ft.	Price Per Ft.	Amount
<u>Set 5 1/2 CIP D&S AI</u>	<u>0</u>	<u>1850</u>	<u>1850</u>	<u>2.7</u>	<u>5067.00</u>
<u>Down 2" of Cement AI</u>	<u>0</u>	<u>5870</u>	<u>5870</u>		<u>150.00</u>
<u>Down 2" of Cement AI</u>	<u>0</u>	<u>1850</u>	<u>1850</u>		
<u>Run Cement/CIP/CIP</u>	<u>0</u>	<u>1850</u>	<u>1850</u>	<u>3.1</u>	<u>573.50</u>
<u>" " "</u>	<u>1850</u>	<u>1950</u>		<u>3.79</u>	<u>620.00</u>

MISCELLANEOUS		
Description	Quantity	Amount
<u>Service Charge</u>		
<u>5 1/2 CIP D&S weather seal</u>	<u>1</u>	<u>150.00</u>

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Code Ref.	Sub Total	<u>4137.00</u>
.....	Tool Insurance	
.....	Tax	
.....		

Customer Signature _____ Date _____

WHITE - Original CANARY - File Copy PINK - Customer Copy GOLDENROD - Field Copy