



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

KANSAS CORPORATION COMMISSION 1221365
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



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 145247
Invoice Date: Aug 17, 2014
Page: 1

Bill To:
White Exploration, Inc. 1635 N. Waterfront Parkway Suite 100 Wichita, KS 67206

Customer ID	Field Ticket #	Payment Terms	
WhiteE	63076	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Medicine Lodge	Aug 14, 2014	9/16/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Medix #1-14		
120.00	CEMENT MATERIALS	60/40/4% Gel Blend	18.92	2,270.40
1,000.00	CEMENT MATERIALS	Gel	0.50	500.00
143.55	CEMENT SERVICE	Cubic Feet Charge	2.48	356.00
56.60	CEMENT SERVICE	Ton Mileage Charge	2.75	155.65
1.00	CEMENT SERVICE	Plug to Abandon	1,250.00	1,250.00
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	Dustin Smith		
1.00	CEMENT SUPERVISOR	Coy Price		
1.00	OPERATOR ASSISTANT	Kenneth Jack		

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

\$ 930.61

ONLY IF PAID ON OR BEFORE
Sep 16, 2014

Subtotal	4,653.05
Sales Tax	332.69
Total Invoice Amount	4,985.74
Payment/Credit Applied	
TOTAL	4,985.74

(930.61)
\$4055.13

ALLIED OIL & GAS SERVICES, LLC 063076

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge

DATE <u>8-14-14</u>	SEC.	TWP.	RANGE	CALLED OUT <u>8:00am</u>	ON LOCATION <u>1:30pm</u>	JOB START <u>2:00pm</u>	JOB FINISH <u>4:30pm</u>
LEASE <u>Medix</u>		WELL # <u>1-14</u>		LOCATION <u>Medicine Lodge KS</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
<input checked="" type="radio"/> OLD OR NEW (Circle one)							

CONTRACTOR _____ OWNER White Exploration

TYPE OF JOB PTA

HOLE SIZE 7 5/8 T.D. 660

CASING SIZE 4 1/2 DEPTH 660

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 500 MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. -

PERFS. _____

DISPLACEMENT 6 1/2 / 1/2 / 0

EQUIPMENT

PUMP TRUCK CEMENTER Dustin Smith

886/499 HELPER Cay Price

BULK TRUCK

949/741 DRIVER Ken Jack

BULK TRUCK

_____ DRIVER _____

REMARKS:

CEMENT	AMOUNT ORDERED <u>120 sks 10/140 4% gel</u>
COMMON	@ _____
POZMIX	@ _____
GEL	@ _____
CHLORIDE	@ _____
ASC	@ _____
	@ _____
<u>10/140 4%</u>	<u>12 @ 18.92 2270.40</u>
<u>10 sk Gel</u>	<u>1000 @ .5 500-</u>
	@ _____
	@ _____
	@ _____
	@ _____
	@ _____
HANDLING	@ _____
MILEAGE	_____
<u>20% 554.08</u>	TOTAL <u>2770.40</u>

SERVICE

DEPTH OF JOB	<u>660</u>
PUMP TRUCK CHARGE	<u>1250-</u>
EXTRA FOOTAGE <u>Hwv</u>	<u>10 @ 7.70 77-</u>
MILEAGE <u>Lwv</u>	<u>10 @ 4.40 44-</u>
MANIFOLD	@ _____
<u>Handling</u>	<u>143.55 @ 2.48 356.00</u>
<u>Drayage</u>	@ _____
<u>20% 376.53</u>	TOTAL <u>1882.65</u>

CHARGE TO: White Exploration

STREET _____

CITY _____ STATE _____ ZIP _____

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 Terry Baird

SIGNATURE [Signature]
White Exploration

SALES TAX (If Any) _____

TOTAL CHARGES 4653.05

DISCOUNT _____ IF PAID IN 30 DAYS

\$ 3722.44