

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

Name of Party Responsible for Plugging Fees: ____

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1222838

Employee of Operator or Operator on above-described well,

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD

API No. 15 - _____ OPERATOR: License #: Spot Description: _-__- Sec. ___ Twp. ___ S. R. ___ East West Address 1: ___ Feet from North / South Line of Section Address 2: ___ _____ Feet from East / West Line of Section Contact Person: ____ Footages Calculated from Nearest Outside Section Corner: Phone: (_____) _____ NE NW SE SW Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic County: ____ Water Supply Well Other: SWD Permit #:_ Lease Name: ______ Well #:_____ ENHR Permit #: _____ Gas Storage Permit #: ____ Date Well Completed: ___ Is ACO-1 filed? Yes No If not, is well log attached? Yes No The plugging proposal was approved on: ____ Producing Formation(s): List All (If needed attach another sheet) _____(KCC **District** Agent's Name) _____ Depth to Top: _____ Bottom: _____ T.D. ___ Plugging Commenced:_____ ___ T.D. ___ _ Depth to Top: ___ Bottom: Plugging Completed:_____ ______ Depth to Top: ______ Bottom: _____ T.D. _____ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Size Formation Content Casing 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. _____ Name: ___ Plugging Contractor License #: ___

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.

_____ County, ______ , ss.

(Print Name)

ALLIED OIL & GAS SERVICES, LLC 063506 Federal Tax I.D. # 20-8651475

SOUTI	BOX 93999 HLAKE, TEXAS	S 76092				SER	VICE POINT:	Bend
DATE 8-6-14	SEC. 27 TWE	2/ RANGE /7		CALLED OUT	ONI	OCATION	JOB START	JOB FINISH
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CONTRACTOR C	sterling dril	118-9		OWNER				The state of the s
HOLE SIZE 7.74 T.D.				CEMENT				
CASING SIZE DEPTH			AMOUNT ORDERED 2100x 60/40 4196					
TUBING SIZE		DEPTH				·	02 0-1	200
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TOOL		DEPTH				in other		
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PERFS.				CHLORIDE_			_@	
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# 366	HELPER MA	dyn Spanglbuy					_@	
BULK TRUCK		,					_@	
# 871-112	DRIVER Ze	5 Schwaller		-			_@	
BULK TRUCK		1341						
#	DRIVER	9		- HANDLING_		Se!	vice.	550.65
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To: Allied Oil & Gas Services, LLC.				- }		_@	-	
You are hereby requested to rent cementing equipment						_@		
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