



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

KANSAS CORPORATION COMMISSION 1223135  
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

**LOG-TECH OF KANSAS, INC.**

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

INVOICE

8114

Date 8-13-14

CHARGE TO: Cherokee Operating, Inc.  
 ADDRESS \_\_\_\_\_  
 R/A SOURCE NO. \_\_\_\_\_ CUSTOMER ORDER NO. \_\_\_\_\_  
 LEASE AND WELL NO. Merrill Trust #1-24 FIELD \_\_\_\_\_  
 NEAREST TOWN \_\_\_\_\_ COUNTY Comanche STATE KS  
 SPOT LOCATION W15E-NE SEC. 24 TWP. 24S RANGE 10W  
 ZERO 1146 CASING SIZE 5 1/2" WEIGHT \_\_\_\_\_  
 CUSTOMER'S T.D. \_\_\_\_\_ LOG TECH \_\_\_\_\_ FLUID LEVEL \_\_\_\_\_  
 ENGINEER Lee S. Cole OPERATOR Heath Buchler

PERFORATING					
Description	No. Shots	Depth		Amount	
		From	To		

DEPTH AND OPERATIONS CHARGES						
Description	Depth		Total No. Ft.	Price Per Ft.	Amount	
	From	To				
<u>50' 2" WF 1184 DB-5 at 4711</u>	<u>0</u>	<u>4711</u>	<u>4711</u>	<u>0.22</u>	<u>1036.42</u>	
<u>Drop 2 sacks cement supply</u>					<u>1800.00</u>	

MISCELLANEOUS			
Description	Quantity	Amount	
<u>Service Charge</u>	<u>1</u>	<u>550.00</u>	
<u>1184 DB-5</u>	<u>1</u>	<u>100.00</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.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Sub Total	<u>2466.42</u>
Code Ref.	
Tool Insurance	
Tax	
	<u>2343.00</u>

Date 8-26-14 District MARTIN Ticket No. 63155  
 Company WILLIAMS Rig CREATON  
 Lease MERRILL TRUST Well No. 1-24  
 County BARBER State KS  
 Location 1600 HWY 10 RD 5 Field 1  
700 WALKER RD 1 1/2 mi N J070

CASING DATA: Conductor  PTA  Squeeze  Misc   
 Surface  Intermediate  Production  Liner   
 Size 2 3/8 Type \_\_\_\_\_ Weight 6.4 Collar \_\_\_\_\_

Casing Depths: Top \_\_\_\_\_ Bottom \_\_\_\_\_

Drill Pipe: Size \_\_\_\_\_ Weight \_\_\_\_\_ Collars \_\_\_\_\_  
 Open Hole: Size \_\_\_\_\_ T.D. \_\_\_\_\_ ft. P.B. to \_\_\_\_\_ ft.

CAPACITY FACTORS:  
 Casing: Bbbls/Lin. ft. 100.887 Lin. ft./Bbl. \_\_\_\_\_  
 Open Holes: Bbbls/Lin. ft. \_\_\_\_\_ Lin. ft./Bbl. \_\_\_\_\_  
 Drill Pipe: Bbbls/Lin. ft. \_\_\_\_\_ Lin. ft./Bbl. \_\_\_\_\_  
 Annulus: Bbbls/Lin. ft. \_\_\_\_\_ Lin. ft./Bbl. \_\_\_\_\_  
 Perforations: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Amt. \_\_\_\_\_

CEMENT DATA:  
 Spacer Type: \_\_\_\_\_  
 Amt. \_\_\_\_\_ Sks Yield \_\_\_\_\_ ft<sup>3</sup>/sk Density \_\_\_\_\_ PPG

LEAD: Pump Time \_\_\_\_\_ hrs. Type \_\_\_\_\_  
 Excess \_\_\_\_\_  
 Amt. \_\_\_\_\_ Sks Yield \_\_\_\_\_ ft<sup>3</sup>/sk Density \_\_\_\_\_ PPG

TAIL: Pump Time \_\_\_\_\_ hrs. Type \_\_\_\_\_  
 Excess \_\_\_\_\_  
 Amt. \_\_\_\_\_ Sks Yield \_\_\_\_\_ ft<sup>3</sup>/sk Density \_\_\_\_\_ PPG

WATER: Lead \_\_\_\_\_ gals/sk Tail \_\_\_\_\_ gals/sk Total \_\_\_\_\_ Bbbls.

Pump Trucks Used 892-553  
 Bulk Equip. 361

Float Equip: Manufacturer \_\_\_\_\_  
 Shoe: Type \_\_\_\_\_ Depth \_\_\_\_\_  
 Float: Type \_\_\_\_\_ Depth \_\_\_\_\_  
 Centralizers: Quantity \_\_\_\_\_ Plugs Top \_\_\_\_\_ Btm. \_\_\_\_\_  
 Stage Collars \_\_\_\_\_  
 Special Equip. \_\_\_\_\_  
 Disp. Fluid Type \_\_\_\_\_ Amt. \_\_\_\_\_ Bbbls. Weight \_\_\_\_\_ PPG  
 Mud Type \_\_\_\_\_ Weight \_\_\_\_\_ PPG

COMPANY REPRESENTATIVE \_\_\_\_\_ CEMENTER SCOTT PRIDDY

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbbls Min.	
12:00 PM						ON LOCATION (SPT) MORTAR SPOT IN RAMP PREP TOP SPT MORTAR
12:30 PM	1000					PRESSURE TEST PUMP GEL
12:40			12 1/2		4	SET 1 <sup>ST</sup> PLUG 50% TDC 952 FT
12:45			1 1/2		3 1/2	DISPLACE PLUG
1:00 PM			12 1/2		4	SET 2 <sup>ND</sup> PLUG 50% TDC 157 FT
1:10 PM			.5		2	DISPLACE PLUG
1:15 PM			12 1/2		3	SET SURFACE PLUG 50% SA
			3 1/2			TOP OFF
1:30 PM						LINK UP

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

# ALLIED OIL & GAS SERVICES, LLC 063155

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
*MEDICINE LODGE 10*

DATE <i>8-15-14</i>	SEC. <i>24</i>	TWP. <i>34 S</i>	RANGE <i>16 W</i>	CALLED OUT <i>9:30 AM</i>	ON LOCATION <i>12:00 PM</i>	JOB START <i>12:30 PM</i>	JOB FINISH <i>1:30 PM</i>
LEASE <i>MERRILL TRUST</i>		WELL # <i>1-24</i>		LOCATION <i>100 + HAYNA RD S TO HICKBERRY</i>		COUNTY	STATE
OLD OR NEW (Circle one)			<i>RD 1/4 W THEN N INTO</i>				

CONTRACTOR *ALLIANCE WELL SERVICE*  
 TYPE OF JOB *P T A*  
 HOLE SIZE *8 5/8* T.D.  
 CASING SIZE DEPTH  
 TUBING SIZE *2 7/8* DEPTH *160'*  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG.  
 PERFS.  
 DISPLACEMENT *FRESH H<sub>2</sub>O*

OWNER *CHESAPEAKE ENERGY*  
 CEMENT  
 AMOUNT ORDERED *160SK 60.40 + 470 GEL*  
*10SK GEL*

**EQUIPMENT**

PUMP TRUCK CEMENTER *SCOTT PRIDDY*  
 # *892-555* HELPER *THOMAS GIBSON*  
 BULK TRUCK  
 # *364* DRIVER *JOHN BURGESS*  
 BULK TRUCK  
 # DRIVER

COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING	@	
MILEAGE	@	
		TOTAL

**REMARKS:**

*ON LOCATION FIG UP PRESSURE TEST  
 SPOT GEL, SET + DISPLACED 1ST PLUG  
 @ 660' SET + DISPLACED 2ND PLUG 360'  
 SET SURFACE PLUG WASH UP. END JOB.  
 1ST PLUG 50 SK  
 2ND PLUG 30 SK  
 SURFACE PLUG 50 SK*

**SERVICE**

DEPTH OF JOB	<i>660</i>	
PUMP TRUCK CHARGE		
EXTRA FOOTAGE	@	
MILEAGE	@	
MANIFOLD	@	
	@	
	@	
		TOTAL

CHARGE TO: *CHESAPEAKE ENERGY*  
 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.

SALES TAX (If Any)  
 TOTAL CHARGES  
 DISCOUNT IF PAID IN 30 DAYS

PRINTED NAME  
 SIGNATURE *[Signature]*