



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

KANSAS CORPORATION COMMISSION 1224284
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

ALLIED CEMENTING CO., LLC. 038970

Federal Tax I.D.# 20-5975804

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Pat M. Lodge

DATE 8-13-10	SEC. 24	TWP. 29S	RANGE 9W	CALLED OUT	ON LOCATION 11:30am	JOB START 9:30am	JOB FINISH 10:00pm
LEASE m. Ulek #5	WELL#		LOCATION Zenda 4N-11/2E NW	COUNTY Kingsman	STATE KS		
OLD OR NEW (Circle one)							

CONTRACTOR Dickell #10

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 4002'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 1350'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT

AMOUNT ORDERED 155 60140 49ozel
114# Closeal

COMMON	<u>93</u>	@	<u>15⁴⁵</u>	<u>1436⁸⁵</u>
POZMIX	<u>62</u>	@	<u>8⁰⁰</u>	<u>496⁰⁰</u>
GEL	<u>5</u>	@	<u>20⁰⁰</u>	<u>104⁰⁰</u>
CHLORIDE		@		
ASC		@		
		@		
<u>Closeal</u>	<u>39⁺</u>	@	<u>2⁵⁰</u>	<u>97⁵⁰</u>
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>161</u>	@	<u>2⁴⁰</u>	<u>386⁴⁰</u>
MILEAGE	<u>161/10/20</u>			<u>322⁰⁰</u>
TOTAL				<u>2842⁷⁵</u>

EQUIPMENT

PUMP TRUCK CEMENTER Fuzzy (O)

471 HELPER Mat (m.l.)

BULK TRUCK

381 DRIVER Antonio (m.l.)

BULK TRUCK

_____ DRIVER _____

REMARKS:

35 sks @ 1350'

35 sks @ 925'

35 sks @ 235'

25 sks @ 60'

15 sks PB

10 sks mlt

Job completed @ 10:00pm

Thanks Fuzzy & crew

SERVICE

DEPTH OF JOB 1350'

PUMP TRUCK CHARGE 1017⁰⁰

EXTRA FOOTAGE @ _____

MILEAGE 20 @ 7⁰⁰ 140⁰⁰

MANIFOLD @ _____

@ _____

@ _____

TOTAL 1157⁰⁰

CHARGE TO: Edwards Oil Co.

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

~~_____ @ _____~~

~~_____ @ _____~~

~~_____ @ _____~~