

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

Kansas Corporation Commission Oil & Gas Conservation Division

1225040

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 #: _ | | | | API No. 1 | 5 | | | |
|---|---------------------------|---|---------------------------------------|--------------|--|-------------------------------------|-------------|--|
| | | | | Spot Desc | cription: | | | |
| Address 1: | | | | | • | | t West | |
| | | | | | Feet fron | North / South Line | of Section | |
| City: | State: | Zip: + | 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 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. | | | | | County: Lease Name: Well #: Date Well Completed: (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 W | ater Records | | Casing | Record (Surf | face, Conductor & Prod | luction) | | |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out | | |
| | | plugged, indicating where the reter of same depth placed from | | • | | ods used in introducing it into the | ne hole. If | |
| Plugging Contractor License #: Nar | | | | × | | | | |
| Address 1: | | | Addres | s 2: | | | | |
| City: | | | | _ State: | | | | |
| Phone: () | | | | _ | | | | |
| Name of Party Responsibl | e for Plugging Fees: | | | | | | | |
| State of | Cou | unty, | | | nployee of Operator o | r Operator on above-descr | ribed well | |

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.

(Print Name)

INVOICE

LOG-TECH OF KANSAS, INC.

P.O. BOX 885

GREAT BEND, KANSAS 67530

(620) 792-2167

8450

CHARGE TO: CHLAPINE T ADDRESS _ R/A SOURCE NO. _ CUSTOMER ORDER NO. _ LEASE AND WELL NO. ____ FIELD NEAREST TOWN 2 LNDA _ COUNTY // AKTE ____ STATE 🦯 SEC.___ CASING SIZE ZERO ______ ___ WEIGHT _ _ FLUID LEVEL <u>*//? (</u>) __ LOG TECH _____ CUSTOMER'S T.D. ENGINEER 4 115/18 _ OPERATOR <u>/-/ /-/ ka 7/5</u> PERFORATING Depth From To Description No. Shots DEPTH AND OPERATIONS CHARGES Description Depth To Amount MISCELLANEOUS Amount Quantity Description Service Charge 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. Date Customer Signature



CEMENTING LOG

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FINAL DISP. PRESS: _

ALLIED OIL & GAS SERVICES, LLC 064377 Federal Tax I.D. # 20-8651475

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