



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

KANSAS CORPORATION COMMISSION 1230128
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



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 146744
Invoice Date: Oct 30, 2014
Page: 1

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

Federal Tax I.D.#: 20-8651475

Bill To:
Carmen Schmitt, Inc.
P. O. Box 47
Great Bend, KS 67530

Cooper #1-12

Customer ID	Field Ticket #	Payment Terms	
Schm	64218	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Oakley	Oct 30, 2014	11/29/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Cooper #1-12		
255.00	CEMENT MATERIALS	60/40/4% Gel Blend	18.92	4,824.60
64.00	CEMENT MATERIALS	Flo Seal	2.97	190.08
273.87	CEMENT SERVICE	Cubic Feet Charge	2.48	679.20
285.74	CEMENT SERVICE	Ton Mileage Charge	2.75	785.79
1.00	CEMENT SERVICE	Plug to Abandon	2,483.59	2,483.59
25.00	CEMENT SERVICE	Pump Truck Mileage	7.70	192.50
25.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	110.00
1.00	EQUIPMENT SALES	8-5/8 Dry Hole Plug	110.00	110.00
1.00	CEMENT SUPERVISOR	Andrew Forslund		
1.00	EQUIPMENT OPERATOR	Brandon Wilkinson		
1.00	OPERATOR ASSISTANT	Wayne Messalle		

18815.0112
710/43
well file

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

\$ **1,853.15**

ONLY IF PAID ON OR BEFORE
Nov 29, 2014

Subtotal	9,375.76
Sales Tax	670.37
Total Invoice Amount	10,046.13
Payment/Credit Applied	
TOTAL	10,046.13

ALLIED OIL & GAS SERVICES, LLC 0369918

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Oakley

DATE <u>10-30-14</u>	SEC. <u>12</u>	TWP. <u>25</u>	RANGE <u>24</u>	CALLED OUT	ON LOCATION <u>3:30pm</u>	JOB START <u>5:00pm</u>	JOB FINISH <u>6:00pm</u>
LEASE <u>Crop Per</u>	WELL # <u>1-12</u>	LOCATION <u>Oakley 22 N 16 14 N</u>			COUNTY <u>Thomas</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one) <u>NEW</u>				SIT TO <u>8:20</u>			

CONTRACTOR <u>Marfin 22</u>	OWNER <u>same</u>
TYPE OF JOB <u>PTA</u>	
HOLE SIZE <u>2 7/8</u>	T.D. <u>4623'</u>
CASING SIZE	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE <u>4 1/2</u>	DEPTH <u>2670'</u>
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

CEMENT	
AMOUNT ORDERED <u>255 sks 60/10</u>	
<u>480 gel 14 Flo Seal</u>	

COMMON	⊗	
POZMIX	⊗	
GEL	⊗	
CHLORIDE	⊗	
ASC	⊗	
<u>480 480 gel 255 sks</u>	⊗	<u>18.92 4824.60</u>

EQUIPMENT	
PUMP TRUCK	CEMENTER <u>Andrew Forslund</u>
# <u>423-281</u>	HELPER <u>Brandon Wilkinson</u>
BULK TRUCK	
# <u>818</u>	DRIVER <u>Wayne Messalle</u>
BULK TRUCK	
#	DRIVER

<u>Flo Seal 64"</u>	⊗	<u>2.97</u>	<u>190.08</u>
<u>11000 511 200</u>	⊗		<u>2417.62</u>
<u>(1000 511 200)</u>	⊗		
<u>Handling 223.82 c/y</u>	⊗	<u>2.48</u>	<u>679.19</u>
<u>Mileage 7.25 by bike 11.43 700</u>	⊗		<u>85.81</u>

REMARKS:

50 sks @ 2670'
100 sks @ 1790'
50 sks @ 280'
10 sks @ 40'
15 sks mouse hole
30 sks Rat hole

Thank you

CHARGE TO: Carmen Schmitt
STREET _____
CITY _____ STATE _____ ZIP _____

TOTAL _____

SERVICE

DEPTH OF JOB <u>2670'</u>	
PUMPTRUCK CHARGE <u>2483.59</u>	
EXTRA FOOTAGE	⊗
MILEAGE <u>25 miles</u>	⊗ <u>2.20 192.50</u>
MANIFOLD	⊗
<u>light vehicle</u>	⊗ <u>4.40 110.00</u>

(8300.01 / 0000) TOTAL 4,021.00

PLUG & FLOAT EQUIPMENT

<u>858</u>	
<u>1 Dry Hole Plug</u>	⊗ <u>110.00</u>
	⊗
	⊗
	⊗
	⊗

TOTAL 110.00

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 Shirley Fabera

SIGNATURE _____

SALES TAX (If Any) _____
TOTAL CHARGES 9,310.71
DISCOUNT 1,800.00 (20%) IF PAID IN 30 DAYS
7,510.71 Net