



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

KANSAS CORPORATION COMMISSION 1234662
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



Every Project Is Personal

Pioneer Wireline Services, LLC

Service Order No.

1-48056

Phone: 785.625.3858

Fax: 785.625.8635

Date: 2-1-14

Client Info	Company CHESAPEAKE				Client Order # 921			
	Billing Address				City	ST	Zip	
Well Info	Lease & Well # PERKINS B-1-32			Field Name			Legal Description (coordinates)	
	Nearest Town PICKWATER	County / Parish MORTON KS	ST	Rig	Permit #	Price Zone	Casing Size 6 1/2	Casing Weight
	Fluid WATER	Level (surf.) 1700	Reading from SL	Customer T.D.	Pioneer T.D.	Elevation	KB Elevation	
Crew	Engineer LADD DUTY		Truck Driver MILLER		Crew Members MANUEL		Unit # 3	Miles 120

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
15071	SECTION TO BE DEPTH MIN	1	2400	0	2850	2400 ⁰⁰
15072	OPERATIONS	1				2600 ⁰⁰
15090	5/2 C.I.P.	1				2220 ⁰⁰
15021	DUMP TRUCK DEPTH MIN	1	29	0	2850	1740 ⁰⁰
15022	OPERATIONS	1				2400 ⁰⁰
15060	STAND BY TIME	65	70 ⁰⁰			1050 ⁰⁰
10000	TRUCK # 3					2200 ⁰⁰

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

SUBTOTAL	14610 ⁰⁰
DISCOUNT	
SUBTOTAL	5796 ⁰⁰
TAX	
NET TOTAL	

Client Approval

Ben Miller

Name Printed: _____ Signature / Date: _____

Pioneer Field Representative

LADD DUTY 2/1/14

Name Printed: _____ Signature / Date: _____

PIONEER OFFICE USE ONLY - Manager Approval

Name Printed: _____ Signature / Date: _____



Every Project Is Personal

Pioneer Wireline Services, LLC

Service Order No.

1-48057

Phone: 785.625.3858

Fax: 785.625.8635

Date: 12-2-14

Client Info	Company CHESAPEAKE				Client Order # 02		
	Billing Address				City	ST	Zip
Well Info	Lease & Well # PETERS B 1-32			Field Name		Legal Description (coordinates)	
	Nearest Town ELKHART	County / Parish MORTON KS	ST	Rig	Permit #	Price Zone	Casing Size 5 1/2
	Fluid MUD	Level (surf.) FULL	Reading from 22	Customer T.D.	Pioneer T.D.	Elevation	KB Elevation
Crew	Engineer LADD OUTZ		Truck Driver MILBOLL		Crew Members		Unit # 3
							Miles 120

Product Code	Description	Q-ty	Unit Price	Depth		\$ Amount
				From	To	
11390	P/O	1				800 ⁰⁰
11391	CALC SHOT DEPTH MIN	1	38	0	1672	2240 ⁰⁰
11392	OPERATIONS	1				1800 ⁰⁰
10060	STAND BY TIME	242	700 ⁰⁰			1400 ⁰⁰
10000	TRUCK # 3	1				2200 ⁰⁰

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

SUBTOTAL	9440 ⁰⁰
DISCOUNT	
SUBTOTAL	4150 ⁰⁰
TAX	
NET TOTAL	

Client Approval

[Signature]

Name Printed _____ Signature / Date _____

Pioneer Field Representative

LADD OUTZ 12-2-14

Name Printed _____ Signature / Date _____

PIONEER OFFICE USE ONLY - Manager Approval

Name Printed _____ Signature / Date _____

ALLIED OIL & GAS SERVICES, LLC 064601

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Liberal, KS

DATE <u>12-3-14</u>	SEC. <u>32</u>	TWP. <u>33S</u>	RANGE <u>42W</u>	CALLED OUT	ON LOCATION	JOB START <u>12:00</u>	JOB FINISH <u>1:30</u>
LEASE <u>Perkins B</u>	WELL # <u>1-32</u>		LOCATION <u>Elkhart KS - 10N - W into</u>		COUNTY <u>Morton</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD <input type="radio"/> NEW (Circle one)							

CONTRACTOR

TYPE OF JOB PTA

HOLE SIZE _____ T.D. 1657

CASING SIZE 8 5/8 DEPTH _____

TUBING SIZE 2 3/8 DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER Kirby

549-550 HELPER Alex C.

BULK TRUCK

955-692 DRIVER Ricardo L

BULK TRUCK

_____ DRIVER _____

REMARKS:

50 sk @ 1652ft

40 sk @ 338ft

30 sk @ 60ft

Property # 218507

AFF- 803067

CHARGE TO: Chrispraker

STREET _____

CITY _____ STATE _____ ZIP _____

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 BRAD PALSTIN

SIGNATURE Brad Palstin 012153

OWNER

CEMENT

AMOUNT ORDERED 120 sk 60/40 - 4

100 sk Class A

COMMON <u>165200</u>	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC	@		
<u>60/40</u>	@	<u>120 sk</u>	<u>18.⁹²</u>
	@		<u>2,270.⁴⁰</u>
	@		
	@		
	@		
	@		
	@		
	@		
HANDLING	@		
MILEAGE	@		

TOTAL 2270.⁴⁰

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>2249.⁰⁰</u>
EXTRA FOOTAGE	@		
MILEAGE <u>Light</u>	@	<u>50 mt</u>	<u>4.¹⁰</u>
	@		<u>220.⁰⁰</u>
MANIFOLD	@		
<u>Mileage Heavy</u>	@	<u>50 mt</u>	<u>7.⁷⁰</u>
	@		<u>385.⁰⁰</u>
<u>Handling</u>	@	<u>227 ft</u>	<u>2.⁵⁰</u>
	@		<u>562.⁹⁶</u>
<u>Mileage</u>	@	<u>503 TM</u>	<u>2.¹³</u>
	@		<u>1,382.³⁵</u>
	@		<u>05</u>
	@		<u>4,800.⁰⁵</u>

TOTAL 4,800.⁰⁵

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		

TOTAL 0

SALES TAX (If Any) _____

TOTAL CHARGES 7070.⁴⁵

DISCOUNT _____ IF PAID IN 30 DAYS

Net -6363.⁴¹

Cement Job Summary

Job Number:	Job Purpose 03 Plug	
Customer:	CHESAPEAKE	Date: 12/3/2014
Well Name:	PERKINS B	Number: 1-32
County:	MORTON	City: ELKHART
Cust. Rep:	BRAD RALSTON	Phone: 580-651-0202
Distance	50 miles (one way)	Rig Phone: Supervisor Kirby Harper

Employees:	Emp. ID:	Employees:	Emp. ID:
Harper, Kirby	0		
Corona, Victor A.	0		
Landa, Ricardo	0		

Equipment:	Emp. ID:	Emp. ID:
	549	550
	955	562

Materials - Pumping Schedule

STAGE #1

Fluid Name	Description	Rqstd Qty	Density	Yield	Water (gal/sk)
Lead 1	CLASS A COMMON	100	15.62	1.18	5.20
Fluid Name	Description	Rqstd Qty	Density	Yield	Water (gal/sk)
Tail 1	ALLIED 60/40 POZ 4% BLEND - CLASS A	120	11.70	2.31	13.50

Slurry: Lead 1		Slurry Name: CLASS A COMMON				
Quantity:	100 sacks	Blend Vol:	100 cu.ft.	Blend Weight:	9400 lbs	
Material	Description	Conc. (lb/sk)	Determined by	Load Volume	UOM	
Class A	Cement Premium Class A	94	% Base Materia	9400.0	lbm	
Water	Mixing Water	5.20	gal/sk	520	gal	

Slurry: Tail 1		Slurry Name: ALLIED 60/40 POZ 4% BLEND - CLASS A				
Quantity:	120 sacks	Blend Vol:	126.88 cu.ft.	Blend Weight:	10732.8 lbs	
Material	Description	Conc. (lb/sk)	Determined by	Load Volume	UOM	
CAC	Cement Premium Class A	56.4	% Base Materia	6768.0	lbm	
POZ	Pozmix Flyash C	29.6	% Base Materia	3552.0	lbm	
PGEL	Premium Gel - Bentonite	3.44	% BWOC	412.8	lbm	
Water	Mixing Water	13.50	gal/sk	1620.0	gal	

Job Number:	0	Job Purpose	03 Plug
Customer:	CHESAPEAKE	Date:	12/3/2014
Well Name:	PERKINS B	Number:	1-32
County:	MORTON	City:	ELKHART
Cust. Rep:	BRAD RALSTON	Phone:	580-651-0202
Distance	50 miles (one way)	Rig Phone:	580-651-0202
		Supervisor	Kirby Harper

TIME	PRESSURE - (PSI)		FLUID PUMPED DATA		Comments
	CASING	ANNULUS	VOLUME	RATE (BPM)	
0830					ON LOCATION -- SPOT AND RIG UP
1015					SAFETY MEETING - TUBING @ 1654 FT
1032	200			2.5	CIRCULATE WELL WITH MUD
1058					SHUT DOWN -- MUD RETURNS
1106	200		13	2.5	START MIXING 50 SK 60/40 @ 13.5 PPG
1116	50		5	2.5	START DISPLACING WITH MUD
1119					SHUT DOWN -- PULL 41 JTS
1211					TUBING @ 338 FT



Cement Job Summary

1216	100		10	2	START MIXING 40 SK 60/40 @ 13,5 PPG
1222	100		.5	2	START DISPLACING WITH MUD
1223					SHUT DOWN -- PULL TUBING TO 60 FT
1245	50		8	2	START MIXING 30 SK 60/40 @ 13.5 PPG