



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

KANSAS CORPORATION COMMISSION 1238692
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



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 145992
Invoice Date: Sep 26, 2014
Page: 1

Federal Tax I.D.#: 20-8651475

Bill To:
Novy Oil & Gas, Inc. P.O. Box 559 Goddard, KS 67052

OCT 09 2014

Customer ID	Field Ticket #	Payment Terms	
Nove	63926	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-03	Great Bend	Sep 26, 2014	10/26/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Withroder #1		
45.00	CEMENT MATERIALS	Class A Common	17.90	805.50
127.00	CEMENT MATERIALS	Chloride	1.10	139.70
210.00	CEMENT MATERIALS	60/40/4% Gel Blend	18.92	3,973.20
20.00	CEMENT MATERIALS	Sand	10.08	201.60
269.30	CEMENT SERVICE	Cubic Feet Charge	2.48	667.86
289.25	CEMENT SERVICE	Ton Mileage Charge	2.75	795.44
1.00	CEMENT SERVICE	Plug to Abandon	1,512.25	1,512.25
25.00	CEMENT SERVICE	Pump Truck Mileage	7.70	192.50
25.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	110.00
1.00	CEMENT SUPERVISOR	Charles Kinyon		
1.00	OPERATOR ASSISTANT	Marlyn Spangenberg		
1.00	OPERATOR ASSISTANT	Kevin Weighous		

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

\$ 839.81

ONLY IF PAID ON OR BEFORE
Oct 26, 2014

Subtotal	8,398.05
Sales Tax	600.46
Total Invoice Amount	8,998.51
Payment/Credit Applied	
TOTAL	8,998.51

- 839.81
\$ 8,158.70

ALLIED OIL & GAS SERVICES, LLC 063926

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: grout Bend

OCT 09 2014

DATE <u>9-26-14</u>	SEC. <u>15</u>	TWP. <u>23</u>	RANGE <u>10</u>	CALLED OUT	ON LOCATION <u>10:00 am</u>	JOB START <u>2:00 pm</u>	JOB FINISH <u>3:00 pm</u>
LEASE <u>with no order</u>	WELL # <u>1</u>	LOCATION <u>281 to 4th st rd E to</u>			COUNTY <u>Reed</u>	STATE <u>Ks</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)				LOCATION <u>281 to 4th st rd E to</u> <u>Lybia rd 1/2 E S chtr</u>			

CONTRACTOR Cheyenne Well Service OWNER same

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 1300

CASING SIZE 5 1/2 DEPTH 1300

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT H2O

CEMENT

AMOUNT ORDERED 45 m class A 3% cc
210 m 60/40 4% gel 1/4 lb
2000 sand

COMMON	<u>45</u>	@	<u>17.90</u>	<u>805.50</u>
POZMIX		@		
GEL		@		
CHLORIDE	<u>127</u>	@	<u>1.10</u>	<u>139.70</u>
ASC		@		
	<u>210 m 60/40 + 4%</u>	@	<u>18.92</u>	<u>3,973.20</u>
	<u>20 sand</u>	@	<u>10.08</u>	<u>201.60</u>
		@		
	<u>Material Total</u>			<u>5,120.00</u>
	<u>Disc 10%</u>			<u>512.00</u>
		@		
	<u>Service</u>	@		
		@		
HANDLING	<u>269.30</u>	@	<u>2.48</u>	<u>667.86</u>
MILEAGE	<u>11.57 x 25 x</u>	@	<u>2.75</u>	<u>795.44</u>

EQUIPMENT

PUMP TRUCK CEMENTER Charles King

366 HELPER Marilyn Spangenberg

BULK TRUCK DRIVER Kevin Weighouse

544-198 DRIVER

DRIVER

REMARKS:

1st plug @ 1300' pump 8 BBI H2O
mix 45 m class A 3% cc displace
20 @ 17 BBI H2O tag 1st plug @
2nd plug @ 900' pump 8 BBI H2O
mix 35 m 60/40 4% gel 1/4 lb displace
11.45 BBI H2O 3rd plug @ 310' mix
mix 155 m cement to surface pull all
chgs & top off w/ 20 m

DEPTH OF JOB 1300

PUMP TRUCK CHARGE 1512.35

EXTRA FOOTAGE @

MILEAGE Hvm 25 @ 7.70 192.50

MANIFOLD @

Hvm 25 @ 4.40 110.00

CHARGE TO: noog oil

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 3,278.95
Disc 10% 327.81

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

Disc 0% TOTAL 0

Thank you!

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 8,398.95

DISCOUNT 10% 839.81 (10/10/0) IF PAID IN 30 DAYS

7,558.34

PRINTED NAME X Hal K Hoss

SIGNATURE X Hal K Hoss