



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

KANSAS CORPORATION COMMISSION 1241274
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



CEMENTING LOG

Date 1/21/2015 District Liberal # 21 Ticket No. 52811
 Company CHESAPEAKE Rig _____
 Lease MLP STUBBS Well No 1-11
 County _____ State _____

CEMENT DATA
 Spacer Type _____ **5 BBLs H2O**
 Amt. _____ Sks Yield _____ ft³/sk Density 8.33 PPG

Location _____
 Field _____
 Casing Data Conductor PTA Squeeze Misc.
 Surface Intermediate Production Liner
 Size 5 1/2 Type J-55 Weight 17# Collar _____

LEAD: Time _____ hrs. Type 60/40/6 CLASS A Excess _____
 Amt. 50 Sks Yield 1.5 ft³/sk Density 13.5 PPG
 TAIL: Time _____ hrs. Type CLASS A NEAT
 Amt. 200 Sks Yield 1.19 ft³/sk Density 15.62 PPG
 WATER Lead 7.5 Gal/sk Tail 5.2 Gal/sk Total _____ BBLs

Casing Depths Top _____ Bottom 1600 PLUS FT.

Pump Trucks Used: 531-541
 Bulk Equipment _____

Drill Pipe: _____ LIN. FT/BBL
 Open Hole: _____ LIN. FT/BBL
 Capacity Factors: _____ LIN. FT/BBL
 Casing _____ 0.0238 LIN. FT/BBL
 Open Holes _____ LIN. FT/BBL
 Drill Pipe _____ 0.00387 LIN. FT/BBL
 Annulus _____ 0.0158 LIN. FT/BBL 63.4
 Perforations From _____ ft to _____ ft Amt _____

Float Equipment: Manufacturer WEATHERFORD
 Shoe: Type _____ Depth 1600 FT.
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Bottom _____
 Stage Collars _____
 Special Equipment _____
 Disp: Fluid Type H2O Amt _____ bbls Weight 9.4 PPG
 Mud Type _____ Weight _____

COMPANY REPRESENTATIVE _____
 CEMENTER _____ Ruben Chavez

TIME	PRESSURES PSI	FLUID PUMPED DATA			REMARKS
		DRILL PIPE CASING	ANNULUS	TOTAL FLUID	
1:30 pm.					
2:20					Got to location and rig up
2:40	40		2	2	HAVE PRE-JOB SAFETY MEETING
2:43					Pump 2 bbls h2o
2:45			15.3	13.3	Pressure test at 500 psi
					Start pumping 50 sk cement 13.3 bbls slurry
3:00			17.9	2.6	Pull out tubing
					Top it off with 10 sk cement class a
					Job finished
					Wash pumping lines
					Rig down
					Thankyou.

FINAL DISP. PRESS. 430 PSI BUMP PLUG TO _____ no _____ PSI BLEEDBACK 0.25 BBLs _____ THANK YOU

ALLIED OIL & GAS SERVICES, LLC 052811

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Liberal, ks

DATE <u>01-21-11</u>	SEC. <u>305</u>	TWP. <u>35W</u>	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
MLP LEASE <u>STUBS</u>	WELL # <u>1-11</u>	LOCATION <u>Starts to NW on 140 to CR 2001 WSA 5 1/2 M. S 10 to</u>				COUNTY <u>Grant</u>	STATE <u>Ks</u>
OLD OR NEW (Circle one)							

CONTRACTOR Chesapeake OWNER Chesapeake

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D.

CASING SIZE 5 1/2 DEPTH 15.5# DEPTH 600-ft

TUBING SIZE 2 7/8 DEPTH 6.4# DEPTH 600-ft

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 40 MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 1A BBLS.

PERFS.

DISPLACEMENT None

EQUIPMENT

PUMP TRUCK CEMENTER Tuben Chavez

531-541 HELPER Ricardo Lande

BULK TRUCK

993-1068 DRIVER Jose Caldeen

BULK TRUCK

DRIVER

DRIVER

DRIVER

DRIVER

DRIVER

DRIVER

REMARKS:

TOTAL 1125.00

SERVICE

DEPTH OF JOB 1 390.00

PUMP TRUCK CHARGE 2,213.75

EXTRA FOOTAGE T.M. @ 723.13

MILEAGE How 50 Mi. @ 7.70 385.00

MANIFOLD @ 440 220.00

Light Vehicle 50 Mi. @ 7.70 385.00

TOTAL 3522.50

CHARGE TO: Chesapeake

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

TOTAL

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 4,647.50

DISCOUNT 464.75

IF PAID IN 30 DAYS

PRINTED NAME Steve Emch

SIGNATURE [Signature]

NET = 4,182.75

ALLIED OIL & GAS SERVICES, LLC 061479

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTH LAKE, TEXAS 76092

SERVICE POINT: Liberia 21

DATE <u>1-20-15</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>ML 05500000</u>	WELL # <u>1-11</u>	LOCATION <u>Spartan 155 - 1/2 mi. 100 to CR W</u>			COUNTY <u>Greene</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		55 - 1/2 E - North					

CONTRACTOR w/o OWNER _____

TYPE OF JOB Plug & Abandon

HOLE SIZE 5 7/8 T.D.

CASING SIZE 5 7/8 DEPTH

TUBING SIZE 2 3/4 DEPTH 1570 ft

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

EQUIPMENT

PUMP TRUCK CEMENTER Bieber A

530-480 HELPER Gregory R

BULK TRUCK DRIVER Tony H

903-0000 DRIVER

BULK TRUCK

903-0000 DRIVER

REMARKS:

COMMON 200sk @ 17.90 3580.00

POZMIX @ @ 3

GEL @ @

CHLORIDE @ @

ASC @ @

COBLO-H 170sk @ 18.90 3216.00

HANDLING @ @

MILEAGE @ @

TOTAL 6796.00

DEPTH OF JOB

PUMP TRUCK CHARGE 2015.00

EXTRA FOOTAGE @ @

MILEAGE 4 mi @ 7.75 385.00

MANIFOLD @ @

4 mi @ 4.00 20.00

Handing @ 2.99 941.00

Damage @ 340.17 2357.00

TOTAL 6098.00

PLUG & FLOAT EQUIPMENT

@ @

@ @

@ @

@ @

@ @

TOTAL 0

SALES TAX (If Any) _____

TOTAL CHARGES 12,894.73

DISCOUNT Net - 11,605.25 IF PAID IN 30 DAYS

CHARGE TO: Chesapeake

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 Steve Eash

SIGNATURE [Signature]

