



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

KANSAS CORPORATION COMMISSION 1241393
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

ALLIED OIL & GAS SERVICES, LLC 064892

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge Ks

DATE <u>1-28-15</u>	SEC. <u>3</u>	TWP. <u>24S</u>	RANGE <u>14E</u>	CALLED OUT	ON LOCATION <u>11:45 am</u>	JOB START <u>12:10 pm</u>	JOB FINISH <u>1:10 pm</u>
LEASE <u>Wheat</u>		WELL # <u>A 1-3</u>		LOCATION <u>V.C. Lake C.F. Ks</u>		COUNTY <u>Barber</u>	STATE <u>Ks</u>
OLD OR NEW (Circle one)							

CONTRACTOR Alliance W/S OWNER Champion Ks

TYPE OF JOB Old Hole Plug

HOLE SIZE 9 7/8 T.D.

CASING SIZE 8 5/8 DEPTH 1041

TUBING SIZE 2 3/8 DEPTH 1079, 529, 43

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

CEMENT
AMOUNT ORDERED 145 600.40 476.61

COMMON @

POZMIX @

GEL 1500 # @ 1.05 1575.00

CHLORIDE @

ASC @

600.40 145 30 @ 18.92 2743.40

HANDLING @

MILEAGE @

EQUIPMENT

PUMP TRUCK CEMENTER Mike Howard

548/548 HELPER Justin Brewer

BULK TRUCK

908/489 DRIVER George Becker

BULK TRUCK

DRIVER

TOTAL 4318.40

REMARKS:

1st plug 1079 1500 Gel 5000 Cmt

2nd plug 539 5000 Cmt

3rd plug 63 45 00 Cmt

SERVICE

DEPTH OF JOB 1079 539 63

PUMP TRUCK CHARGE 1250.00

EXTRA FOOTAGE L.V 30 @ 4.40 132.00

MILEAGE 30 @ 7.70 231.00

MANIFOLD @

Handling 194.16 00/101 @ 2.48 481.52

Draysage 7.90/30.15 @ 2.75 652.10

TOTAL 2746.68

CHARGE TO: Champion Ks

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 7065.08

DISCOUNT 6005.32 IF PAID IN 30 DAYS

PRINTED NAME V F...

SIGNATURE V



CEMENTING LOG

STAGE NO.

Date 1/27/13 District ALLIANCE Ticket No. 1000000
 Company Chesapeake Rig 100000000
 Lease 1000000 Well No. A 1-3
 County Barber State KS
 Location 1/2 Lake City, KS Field 3-345-1400

CEMENT DATA:

Spacer Type: 15 #100
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. 145 Skys Yield 100 ft³/sk Density 1.21 PPG

TAIL: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

WATER: Lead _____ gals/sk Tail _____ gals/sk Total 23 Bbls.

Pump Trucks Used _____
 Bulk Equip. _____

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 7/8 Type 5.055 Weight 24 Collar _____

Casing Depths: Top _____ Bottom _____

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 7 7/8 T.D. _____ ft. P.B. to _____ ft.

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Open Holes: Bbls/Lin. ft. 10600 Lin. ft./Bbl. 11.0000
 Drill Pipe: Bbls/Lin. ft. 10387 Lin. ft./Bbl. 495.6
 Annulus: Bbls/Lin. ft. 10582 Lin. ft./Bbl. 1718
 Bbls/Lin. ft. 10582 Lin. ft./Bbl. 12.2601
 Perforations: From _____ ft. to _____ ft. Amt. _____

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type 100 Amt. _____ Bbls. Weight _____ PPG
 Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____ CEMENTER _____

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
12:00 PM						On Location Safety Meeting
12:10 PM	1000					Pressure Test
	200		12.5		4	Mix + pump Cmt. Top of Cmt
	366				4	Displace Cmt. 875.92
12:25	200		2.5		4	Displace
12:35 PM	200		12.5		4	Mix + pump Cmt. Top of Cmt
12:45 PM	200		3/4		4	Displace 338.15
1:00 PM	150		11		4	Mix + pump Cmt. 45 SX CMT
1:10 PM						Wash up pump

FINAL DISP. PRESS: _____ PSI BUMP PLUG TO _____ PSI BLEEDBACK _____ BBLs. THANK YOU