



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

KANSAS CORPORATION COMMISSION 1242375
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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

STAGE NO.

Date 2-2-15 District WEDLOCK Ticket No. 65074
 Company CHESAPEAKE Rig ALLIANCE
 Lease 217 Well No. 3-6
 County Baker State W
 Location _____ Field _____

CEMENT DATA:
 Spacer Type: 3D Multi Cell
 Amt. 1.5 Sks Yield _____ ft³/sk Density _____ PPG

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 2-3/8 Type _____ Weight _____ Collar _____

LEAD: Pump Time _____ hrs. Type _____ Excess _____
 Amt. _____ Sks Yield 1.40 ft³/sk Density _____ PPG
 TAIL: Pump Time _____ hrs. Type _____ Excess _____

Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG
 WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls

Pump Trucks Used _____
 Bulk Equip. SAB-545
939-939

Casing Depths: Top _____ Bottom _____

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ ID _____ ft. P.B. to _____ ft.
 CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

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

COMPANY REPRESENTATIVE _____ CEMENTER T. E. SA

TIME	PRESSURES PSI		FLUID PUMPED DATA		REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	
2:30					CALLING OUT
11:50					ORDER WITNES
					ABLE VERIFY WITH
					RE, SUPPLY
					STARTING WIT
	1200				Wash pipe to log. PIPER CONES
12:20	1200		2.5		1st plug bag. 15 min. 1000 gals. 1000 gals.
12:30	1200		2.5		2nd plug bag. 15 min. 1000 gals. 1000 gals.
					START OVER. 1st Bag 5000 141 1000 1000 gals.
12:55	1000		12.5		2nd Plug bag. 5000 6000 1410
1:00			1		3rd Plug bag. 5000 1410 1000 gals.
					TOP 1000 850
1:10			2.5		3rd Plug bag.
1:15			1.5		3rd Plug bag. 5000 1410 1000 gals.
					CIRCUIT TO SCHEDULE
					Final
2:00					OFFICE
					TOP
					IS (LINE)

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

ALLIED OIL & GAS SERVICES, LLC 065074

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

NEO 6042

DATE <u>2-2-15</u>	SEC <u>6</u>	TWP <u>34</u>	RANGE <u>13</u>	CALLED OUT <u>8:30</u>	ON LOCATION <u>11:30</u>	JOB START <u>12:15</u>	JOB FINISH <u>2:00</u>
LEASE <u>OTT</u>	WELL # <u>36</u>	LOCATION <u>NEO 6042 West on line to GPH Hill Rd</u>		COUNTY <u>Baugh</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one) <u>NEW</u> <u>Union Chapel, West to Eadswood by 1/4 cut section to</u>							

CONTRACTOR Allied Oil & Gas WELL SERVICE OWNER CHESAPEAKE

TYPE OF JOB PTA

HOLE SIZE 7 7/8 I.D.

CASING SIZE _____ DEPTH _____

TUBING SIZE 7 3/8 DEPTH 364

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

CEMENT AMOUNT ORDERED 130 x 6040 4162

15.5 cu yds

COMMON @ _____

POZMIX @ _____

GEL 1500 lbs @ 1.05 1575.00

CHLORIDE @ _____

ASC @ _____

6040 4162 130 54 @ 18.92 2459.60

EQUIPMENT

PUMP TRUCK CEMENTER T. SEGHA

545 HELPER TJ GASON

BULK TRUCK _____

403 DRIVER DAVID H.

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

1st 2 hrs 15.5 gel 5000/40 4162 @ 364

2nd 1 hr 30 min 6040 4162 @ 403

Disc 1st 15.5

2nd 15.5 @ 6040 4162

HANDLING _____

MILEAGE _____

TOTAL 4039.60

SERVICE

DEPTH OF JOB 364'

PUMP TRUCK CHARGE _____ 1950.00

EXTRA FOOTAGE 20 @ 4.40 88.00

MILEAGE 20 @ 7.70 154.00

MANIFOLD _____ @ _____

Handling 167.45 @ 2.48 402.34

Charge 131.27 @ 3.75 492.26

CHARGE TO: _____ TOTAL 2255.97

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.

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (if Any) _____

TOTAL CHARGES 6290.47

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____

SIGNATURE [Signature]

NET 5340.90

ALLIED OIL & GAS SERVICES, LLC 064403

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge, KS

DATE <u>2-5-15</u>	SEC. <u>6</u>	TWP. <u>34</u>	RANGE <u>13</u>	CALLED OUT	ON LOCATION <u>1.1.15</u>	JOB START <u>2:00 P</u>	JOB FINISH <u>3:00 P</u>
LEASE <u>OTT</u>	WELL # <u>B-3-6</u>		LOCATION <u>Med. Lodge, KS into Gyp</u>		COUNTY <u>Nowata</u>	STATE <u>KS</u>	
<u>OLD</u> OR NEW (Circle one)	<u>57 W 5 Site</u>						

CONTRACTOR Chesapeake OWNER Chesapeake

TYPE OF JOB Top off

HOLE SIZE	T.D.
CASING SIZE <u>8 5/8</u>	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

CEMENT
AMOUNT ORDERED 50 SX 60.40.41.66

COMMON	@
POZMIX	@
GEL	@
CHLORIDE	@
ASC	@
<u>60.40.4</u>	<u>50 SX</u>
	<u>18.92</u>
	<u>946.00</u>
HANDLING	
MILEAGE	
TOTAL	<u>946.00</u>

PUMP TRUCK	CEMENTER <u>LODD SEBIA</u>
# <u>888/302</u>	HELPER <u>Kade Williams / Bat</u>
BULK TRUCK	
# <u>364</u>	DRIVER <u>Robert J.</u>
BULK TRUCK	
# <u>381/250</u>	DRIVER <u>John H.</u>

REMARKS:
Top off cu / 50 SX

DEPTH OF JOB	
PUMP TRUCK CHARGE	
EXTRA FOOTAGE	@
MILEAGE	@
MANIFOLD	@
<u>52.8 cu ft</u>	@ <u>2.48</u>
<u>Disposal 2.24 / 48.78</u>	@ <u>2.28</u>
<u>Field Hours 1</u>	<u>440.00</u>
TOTAL	<u>706.47</u>

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 1652.47
DISCOUNT 1404.60 IF PAID IN 30 DAYS

PRINTED NAME Robert Williams
SIGNATURE [Signature]

