



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

KANSAS CORPORATION COMMISSION 1242381
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

STAGE NO.

Date 2-4-15 District OKLAHOMA Ticket No. 104401
 Company ALLIANCE WELLS COMPANY Rig 13
 Lease 517 Well No. 13-4-6
 County McKurtain State OK
 Location 10 of 20012244 Field

CEMENT DATA:

Spacer Type: 20 1/2 INCH ft³/sk Density 9.0 PPG
 Amt. 15 Skis Yield _____

LEAD: Pump Time _____ hrs. Type 2042 Excess 4.7/100
 Amt. 355 Skis Yield 1.40 ft³/sk Density 14.1 PPG
 TAIL: Pump Time _____ hrs. Type _____ Excess _____

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

Pump Trucks Used _____
 Bulk Equip. 364

Float Equip. Manufacturer _____ Depth _____
 Shoe Type _____ Depth _____
 Float Type _____ Depth _____
 Cementizers: Quantity _____ Plugs Top _____ Burn _____
 Stage Collars _____
 Special Equip. _____ Amt. _____ Bbls. Weight 0.33 PPG
 Disp. Fluid Type 6.4 1120 Amt. _____ Weight _____ PPG
 Mud Type _____

Casing Depths: Top _____ Bottom _____

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ T.D. _____ ft. P.B. to _____ ft.
 CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Open Hole: 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. _____

COMPANY REPRESENTATIVE KEVIN CEMENTER T. SEBA

TIME	PRESSURES PSI		FLUID PUMPED DATA		REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Rate Bbls Min.	
9:00					COILED OUT
9:15					CALL FOR WELLS SAFETY NING RISK UP NING
					SAFETY NING HAND TO CG RISK CM 5.0
9:45	190		20	2	100 PUG 460 TAIL 2500'
			12.5		10.8 Pump 13.51 GEL W/200' NING
			1		Mix Pump 50.4 GOMPH 4.75 GEL 100 NING
10:03					DISP W/ PUG
10:15			10	2	200 PUG 60'
10:20			10		Mix Pump 50.41 GEL PUG 40.4 60.40 4.75 GEL
					RISK CM TO RT
11:00					RISK UP PUG OFF LOG

PS BUMP PLUG TO _____ PS BLEEDBACK _____ BBLs _____ THANK YOU



CEMENTING LOG

STAGE NO.

Date 2-3-15 District MEDLOCKE Ticket No. 65075
 Company CHESAPEAKE Rig
 Lease 011-134-6 Well No.
 County HARDY State KS
 Location W. of MEDLOCKE Field

CEMENT DATA:
 Spacer Type: 30 Bbl Cell
 Amt. 15 Sls Yield 9.0 ft³/sk Density 9.0 PPG

LEAD: Pump Time _____ hrs. Type 2040 P02

Amt. _____ Sls Yield 1.42 ft³/sk Density 14.1 PPG

TAIL: Pump Time _____ hrs. Type _____

Amt. _____ Sls Yield _____ ft³/sk Density _____ PPG

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

Pump Trucks Used 540-545
 Bulk Equip. 403-405

Float Equip: Manufacturer _____

Shoe: Type _____ Depth _____

Float: Type _____ Depth _____

Centralizers: Quantity _____ Plugs Top _____ Btm. _____

Stage Collars _____

Special Equip. _____

Disp. Fluid Type Cement Slurry Amt. _____ Bbls. Weight 30 PPG

Mud Type _____ Weight _____

CEMENTER J. SEAN

COMPANY REPRESENTATIVE Keth

Casing Depths: Top _____ Bottom _____

Drill Pipe: Size _____ Weight _____ Collars _____

Open Hole: Size _____ T.D. _____ 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. _____

TIME	PRESSURES PSI		FLUID PUMPED DATA		REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	
8:30					
11:00					Called out
11:45					under no flow
12:00					50000 PPG
12:00					100000 PPG
12:00					150000 PPG
12:00					200000 PPG
12:00					250000 PPG
12:00					300000 PPG
12:00					350000 PPG
12:00					400000 PPG
12:00					450000 PPG
12:00					500000 PPG
12:00					550000 PPG
12:00					600000 PPG
12:00					650000 PPG
12:00					700000 PPG
12:00					750000 PPG
12:00					800000 PPG
12:00					850000 PPG
12:00					900000 PPG
12:00					950000 PPG
12:00					1000000 PPG

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

MULLER PROTECTORS, INC. - Great Bend, KS

ALLIED OIL & GAS SERVICES, LLC 065075

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999

SOUTHLAKE, TEXAS 76092

SERVICE POINT:

WFO 6062

DATE <u>2-3-15</u>	SEC. <u>6</u>	TWP. <u>24</u>	RANGE <u>13</u>	CALLED OUT <u>4:30</u>	ON LOCATION <u>1:30</u>	JOB START <u>3:00</u>	JOB FINISH <u>4:30</u>
LEASE <u>OTT</u>	WELL # <u>B4-6</u>	LOCATIONS <u>West on 100 to Spring Hill</u>		COUNTY <u>Waller</u>	STATE <u>KY</u>		
OLD OR NEW (Circle one) <u>NEW</u>				REMARKS <u>Measure West on 100 to Spring Hill</u>			
				LOCATIONS <u>to drive drilled well to L&L 114</u>			
				1 1/2 S.W. 10 to City Park E 1/2 10			

CONTRACTOR Alliance Well OWNER CHESAPEAKE

TYPE OF JOB DDH

HOLE SIZE 7 7/8 T.D. 430

CASING SIZE 2 3/8 DEPTH 374

TUBING SIZE 2 3/8 DEPTH 374

DRILL PIPE DEPTH 374

TOOL DEPTH 374

PRES. MAX. MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

CEMENT

AMOUNT ORDERED 160.5x 6040 4766L

154 66L

COMMON @

POZMIX @

GEL 1503 161 @ 1.25 1875.00

CHLORIDE @

ASC @

6040 4766L @ 13.92

EQUIPMENT

PUMP TRUCK CEMENTER LISEBA

540-545 HELPER JEROME V.

BULK TRUCK

939-939 DRIVER DAVID H

BULK TRUCK DRIVER

HANDLING _____

MILEAGE _____

TOTAL 3163.20

REMARKS: 1st Plug 874 15506L Six 6040 4766L

2nd Plug 441 5022 6040 4766L

3rd Plug 62'

2nd Plug 22'

1st Plug 22'

MANIFOLD

Handling 11487

1250.00

4.40

96.80

7.70

2.48

2.75

234.40

275.34

CHARGE TO: _____ TOTAL 2076.92

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

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.

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES 5259.62

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Kathy Johnson

SIGNATURE [Signature]

DATE 2-11-15 4970.61

ALLIED OIL & GAS SERVICES, LLC 064404

Federal Tax I.D. # 20-8651475

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

SERVICE POINT

Medicine Lodge KS

DATE <u>2-8-15</u>	SEC. <u>6</u>	TWP. <u>34</u>	RANGE <u>13</u>	CALLED OUT	ON LOCATION <u>12:45 P</u>	JOB START <u>1:00 P</u>	JOB FINISH <u>2:00 P</u>
LEASE <u>OTT</u>	WELL # <u>B 4-6</u>	LOCATION <u>Uic</u>	<u>Medicine Lodge KS</u>		COUNTY <u>Butler</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Chesapeake OWNER Chesapeake

TYPE OF JOB Top off

HOLE SIZE 8 1/2" I.D.

CASING SIZE 8 5/8" 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 35 SX 60.40.412

Gel

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

60.40.4 35 SX @ 18.93 1662.26

EQUIPMENT

PUMP TRUCK CEMENTER Top off S&H

SSS/302 HELPER Kidell H

BULK TRUCK

364 DRIVER Robert J

BULK TRUCK

381/257 DRIVER Jake H

REMARKS:

Top off w/ 35 SX CMT

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD @

Handling 37 miles @ 2.08 76.26

Drayage 4.51 miles @ 2.75 94.68

Add Hours 1 490.00

TOTAL 662.20

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.

SALES TAX (If Any)

TOTAL CHARGES 1788.64

DISCOUNT (1005.34)

TOTAL

IF PAID IN 30 DAYS

PRINTED NAME X Robert J. ...

SIGNATURE [Signature]

LEASE CTT | WELL # 4-6 | LOCATION Southwind Camp 1 Rd, Wagon & Cosswood 15HIVER | 10
 OLD OR NEW (Circle one) NEW | Wagon & Cosswood 15HIVER

CONTRACTOR Alliance Well | OWNER CHESPEAKE
 TYPE OF JOB PT
 HOLE SIZE 7 7/8 | T.D. _____
 CASING SIZE 3 9/4 | DEPTH 430
 TUBING SIZE 2 3/4 | DEPTH 450
 DRILL PIPE _____ | DEPTH _____
 TOOL _____ | DEPTH _____
 PRES. MAX _____ | MINIMUM _____
 MEAS. LINE _____ | SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

EQUIPMENT
 PUMP TRUCK CEMENTER 1500A Cementer
 # 558-302 HELPER Robert J
 BULK TRUCK _____
 # 364 DRIVER Tim B
 BULK TRUCK _____
 # _____ DRIVER _____

REMARKS:
760' 500'
160' 450'
120' 120' FEL w/ 200' bulk
100' 500' 500' 600' 400' 100' bulk
200' 120'
400' 600'
100' 100' 400' 600' 90' FEL
Call Call to see file

DEPTH OF JOB	SERVICE
460	
PUMP TRUCK CHARGE	1250.00
EXTRA-FOOTAGE	22 @ 4.40 967.00
MILEAGE	22 @ 7.70 167.40
MANIFOLD	
Flare Fee	124.87 @ 2.48 309.89
Surge	108.05 @ 2.75 297.04
TOTAL	3570.91

CHARGE TO: _____
 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.

PRINTED NAME Keith Johnson
 SIGNATURE [Signature]

SALES TAX (If Any) _____
 TOTAL CHARGES 5689.57
 DISCOUNT _____ IF PAID IN 30 DAYS _____

NET: 4836.13

INVOICE

LOG-TECH OF KANSAS, INC.

8391

P.O. BOX 885
GREAT BEND, KANSAS 67530
(620) 792-2167

Date 2-2-15

CHARGE TO: CHESSAPAKE OPERATIONS INC
 ADDRESS _____ CUSTOMER ORDER NO. _____
 R/A SOURCE NO. _____ FIELD _____
 LEASE AND WELL NO. OTT B ME 4-6
 NEAREST TOWN HEAT RIVER COUNTY BARBER STATE KS
 SPOT LOCATION ME. SUR ME SEC. 6 TWP. 34S RANGE 13W
 ZERO S AG 2 CASING SIZE _____ WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH _____ FLUID LEVEL 1320
 ENGINEER WILLIE OPERATOR AJ

Description	No. Sacks	Depth		Price Per Ft	Amount
		From	To		
PERFORATING					

Description	No. Sacks	Depth		Price Per Ft	Amount
		From	To		
DEPTH AND OPERATIONS CHARGES					
<u>Depth 25x11 cement</u>		<u>4820</u>	<u>4820</u>	<u>1.10</u>	<u>4820.00</u>

Description	Quantity	Amount
MISCELLANEOUS		
Service Charge		<u>980.00</u>

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

[Signature] _____ Date 2-2-15

Code Ref.	Sub Total	<u>980.00</u>
.....	Tool Insurance	
.....	Tax	
.....		
.....		
.....		
.....		
.....		