



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

KANSAS CORPORATION COMMISSION 1242581
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

WEI.L FILE

ALLIED OIL & GAS SERVICES, LLC

21930
063832

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Dakley B

DATE <i>7/8/15</i>	SEC. <i>19</i>	TWP. <i>1</i>	RANGE <i>37</i>	CALLED OUT	ON LOCATION	JOB START <i>9:00</i>	JOB FINISH <i>10:00</i>
LEASE <i>Quercus tract</i>	WELL # <i>2-9</i>	LOCATION <i>Bunkle 5th Still W 2E</i>			COUNTY <i>Wichita</i>	STATE <i>Ks</i>	
OLD OR NEW (Circle one)		<i>35 W05-W05-W 30A</i>					

CONTRACTOR *Bingled J*
 TYPE OF JOB *PTA*
 HOLE SIZE *7 7/8* T.D. *4250*
 CASING SIZE *8 5/8* DEPTH *240*
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

OWNER *Same*
 CEMENT AMOUNT ORDERED *255 68/40 400 1400*

EQUIPMENT
 PUMP TRUCK CEMENTER *Alan Ryan*
 # *105281* HELPER *Kevin Ryan*
 BULK TRUCK DRIVER *Dan Racette*
 # *373*
 BULK TRUCK DRIVER
 #

COMMON *255* @ *18.92* *4824.00*
 POZMIX @
 GEL @
 CHLORIDE @
 ASC @

Flu Seal 6.916 @ *2.72* *190.08*

Material Total @ *5000.00*
(2000.00/4000) @

HANDLING *273.89* @ *2.18* *629.25*
 MILEAGE *7.25* @ *11.04* *79.70*
 TOTAL

REMARKS:

50 SK @ 2300'
100 SK @ 2400'
50 SK @ 360'
10 SK @ 40'
30 SK PTA
15 SK - M P

D. J. Dakley
Alan, Kevin, Dan

CHARGE TO: *Bingled*
 STREET
 CITY STATE ZIP

SERVICE

DEPTH OF JOB
 PUMP TRUCK CHARGE *2600.47*
 EXTRA FOOTAGE @
 MILEAGE *5.0* @ *7.0* *35.00*
 MANIFOLD @

(2073.08/4000) TOTAL *5,182.72*

PLUG & FLOAT EQUIPMENT

2.5' wooden Plug @ *110.00*

(44.00/4000) TOTAL *110.00*

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 *Mylo Salinas*
 SIGNATURE *Mylo Salinas*

SALES TAX (If Any)
 TOTAL CHARGES *10,307.40*
 DISCOUNT *4,122.96 (4000)* IF PAID IN 30 DAYS
6184.44 Net



CEMENTING LOG

STAGE NO. _____

Date 2/8/11 District Rocky Ticket No. 265832
 Company Energy Rig 2-9
 Lease Quinn T. West Well No. 2-9
 County Cherokee State Ky
 Location _____ Field _____

CEMENT DATA:

Spacer Type: _____
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time _____ hrs. Type 60/40 400 gal
 Excess _____

Amt. 285 Sks Yield 1.41 ft³/sk Density 13.85 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 495-1-81
 Bulk Equip. 333

Float Equip: Manufacturer _____

Shoe: Type _____ Depth _____

Float: Type _____ Depth _____

Centralizers: Quantity _____ Plugs Top _____ Btm. _____

Stage Collars _____

Special Equip. _____

Disp. Fluid Type H₂O Amt. _____ Bbls. Weight _____ PPG

Mud Type Ag Mud Weight _____ PPG

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 1/2 Type _____ Weight _____ Collar _____

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. 0.037 Lin. ft./Bbl. _____

Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Drill Pipe: Bbls/Lin. ft. 0.1422 Lin. ft./Bbl. _____

Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Perforations: From _____ ft. to _____ ft. Amt. _____

COMPANY REPRESENTATIVE _____

CEMENTER MA

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
				10.0	5.0	Relocation 50% mix Seal off
				8'1/4	3.0	max 50 SK - 100' 1
				10'1/2	3.0	max 100 SK @
				8'1/4	3.0	mix 50 SK @
				8.0	3.0	max 10 SK @ 40' 20
				5.0	1.0	30 SK R.H
				2'1/2	3.0	15 SK M.H