



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

KANSAS CORPORATION COMMISSION 1242955  
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.  
\_\_\_\_\_  
(Print Name)  Employee of Operator or  Operator on above-described well,

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 064599

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
Liberals KS

DATE <u>1-30-15</u>	SEC <u>1B</u>	TWP <u>34S</u>	RANGE <u>36W</u>	CALLED OUT	ON LOCATION <u>6:00 a.m.</u>	JOB START <u>9:00 a.m.</u>	JOB FINISH <u>10:30 a.m.</u>
LEASE <u>Foster</u>	WELL # <u>21B</u>	LOCATION <u>Vec Hugoton MS</u>			COUNTY <u>Stephens</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)							

CONTRACTOR Exact Well Service  
 TYPE OF JOB DTA  
 HOLE SIZE \_\_\_\_\_ T.D. \_\_\_\_\_  
 CASING SIZE 8 5/8 DEPTH \_\_\_\_\_  
 TUBING SIZE 2 3/8 DEPTH 100' 600' 60'  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_

**EQUIPMENT**

PUMP TRUCK CEMENTER Lenny Boerger  
 # 549-550 HELPER Alex C.  
 BULK TRUCK  
 # 994-642 DRIVER Ramon E.  
 BULK TRUCK  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:  
AFE # 603475

CHARGE TO: Chesapeake Energy  
 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 Emich  
 SIGNATURE [Signature] 010735

OWNER \_\_\_\_\_  
 CEMENT  
 AMOUNT ORDERED 110SK 60-40 4% gel  
15SK Gel  
 COMMON \_\_\_\_\_ @ \_\_\_\_\_  
 POZMIX \_\_\_\_\_ @ \_\_\_\_\_  
 GEL 1500# @ 1.05 1575.00  
 CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_  
 ASC \_\_\_\_\_ @ \_\_\_\_\_  
60-40 4% gel 110SK @ 18.92 2081.20  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_

TOTAL 3656.20

**SERVICE**

DEPTH OF JOB 1001-2000  
 PUMP TRUCK CHARGE 2249.84  
Light Vehicle 50 @ 4.40 220.00  
 MILEAGE 50 @ 7.70 385.00  
 MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_  
Handling \_\_\_\_\_ @ \_\_\_\_\_ 360.00  
Drayage 296 @ 2.60 769.60  
 TOTAL 3533.44

**PLUG & FLOAT EQUIPMENT**

\_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 TOTAL \_\_\_\_\_

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES \$ 7189.64  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS  
Net \$ 6470.67