

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1242976

Employee of Operator or Operator on above-described well,

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: | | | | | Sec T | wp S. R East Wes |
| Address 2: | | | | | Feet from | North / South Line of Section |
| City: | State: | Zip:+ | | | Feet from | East / West Line of Section |
| Contact Person: | | | | Footages (| Calculated from Near | est Outside Section Corner: |
| Phone: () | | | | | NE NW | SE SW |
| Type of Well: (Check one) | il Well Gas Well | OG D&A Cathodi | С | County: | | |
| Water Supply Well Of | ther: | SWD Permit #: | | • | | Well #: |
| ENHR Permit #: | Gas Stor | rage Permit #: | | | | |
| Is ACO-1 filed? Yes | No If not, is well | log attached? Yes | No | | | roved on: (Date |
| Producing Formation(s): List Al | ll (If needed attach another | sheet) | | | | (KCC District Agent's Name |
| Depth to | Top: Bottor | m: T.D | | • | | , |
| Depth to | Top: Bottor | n: T.D | | 00 0 | | |
| Depth to | Top: Bottor | m:T.D | | Plugging C | completed: | |
| | | | | | | |
| Show depth and thickness of a | II water, oil and gas forma | tions. | | | | |
| Oil, Gas or Water | Records | | Casing | Record (Surfa | ace, Conductor & Produ | uction) |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out |
| | | | | | | |
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| cement or other plugs were use | 1 00 | . • | | • | | ods used in introducing it into the hole. |
| | | | | | | |
| City: | | | | _ State: | | Zip:++ |
| Phone: () | | | | _ | | |
| Name of Party Responsible for | Plugging Fees: | | | | | |
| State of | County, _ | | | , ss. | | |

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.

(Print Name)

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

INVOICE

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Date

| CHARGE TO: Chorages to Coloradized 116 | | |
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| CE NO. CUSTOMER | R NO | |
| LINO. | | OTATE F |
| 7 C 038 77 JAC 2 77 7 | TWP / | RANGE |
| S I CASING SIZE C//L | WEIG | |
| CUSTOMER'S T.D. LOG TECH () ENGINEER () OPERATOR | FLUID LEVEL | |
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| MISCELLANEOUS | | |
| Description | Quantity | ty Amount |
| Service Charge | | 3 |
| p.10 1 104 1 20 1 5 5111 4020 2 1 | | 2.6 |
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| | | |
| PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT | | |
| RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS | Sub Total | |
| AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH Code Ref | Tool Insurance | ince Tax |

WHITE - Original

CEMENTING LOG

40

STAGE NO.

| are 1215 Dis | District 216. 185 | | Ticket No. $\frac{C.9590}{C.9690}$. Rig $\frac{M_{100} M_{20}}{M_{100}}$. Well No. $\frac{2.20}{C}$ | CEMENT DATA: Spacer Type: | / S S / (2 / / | . ft³/sk Density | PPG |
|---------------------------------------|--|-------------------------------|---|---|-------------------|--|--------------|
| Sounty Chillian Organism Constitution | Second MS | | () | ZAs LEAD: Pump Time | | hrs. Type 60.909 1600 | 0.00 |
| CASING DATA: Cond Su Size | uctor 🔲 | PTA ☐ S Intermediate ☐ Pro | Squeeze Misc Production Liner | Amt. <u>{ </u> | d 6.4 | # Excess # # # # # # # # # # # # # # # # # # | PPG |
| | | | | Amt. Sks Yield WATER: Lead (2077) | d gals/sk Tail | ft³/sk Density | PPG Bbls. |
| dasing Depths: Top | | Bottom | | Pump Trucks Used 5 66 | 3/25/2 | | |
| Orill Pipe: Size | Weight T.D. | # | Collarsft. P.B. to | ft. Float Equip: Manufacturer | | | |
| ACTO | 4 | | Lin. ft./8bl | 1 | | Depth | |
| Open Holes: Bbls/ Onlitting: Bbls/ | Bbls/Lin. ft. <u>구 (구요요요.</u> Bbls/Lin. ft. <u>구 (구요요요.</u> Bbls/Lin. ft. 고요요. | | Lin. ft./Bbl. <u>/ 75 > 9-62 /</u> Lin. ft./Bbl. <u>/ 56-6</u> Lin. ft./Bbl. / 75. 2-60/ | Centralizers: Quantity Stage Collars Special Equip. | Plugs Top | Btm | |
| ns: | Bbls/Lin. ft. 16582 | ස | Lin. ft./8bl. | Disp. Fluid Type Mud Type | Amt. | Bbls. Weight Weight Weight | PPG |
| | | | | | | | |

| COMPANY REPRESENTATIVE | ESENTATIVE | | | | | CEMENTER Intended |
|------------------------|----------------------|---------------|--|---------------------------|-------------------|--|
| TIME | PRESSU | PRESSURES PSI | FIL | FLUID PUMPED DATA | ATA | DENAADVC |
| AM/PM | DRILL PIPE CASING | ANNULUS | TOTAL FLUID | Pumped Per Time Period | RATE Bbls Min. | REWANG |
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PS.

SERVICES, LLC ALLIED OIL & GA

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

SERVICE POINT:

| ATE / 27 /S | SEC. | TWP. | RANGE | | CALLED OUT | ON LOCATION J | JOB START JOB FINISH | JOB FINISH |
|-----------------|----------|------|---------------|--------------|----------------|---------------|----------------------|------------|
| EASE Property | WELL# | 1.22 | LOCATION [//. |) . Veren | Let low re 165 | | COUNTY | STATE |
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| To: Allied Oil & Gas Services, LLC. | THE PROPERTY OF THE PROPERTY O | 0 | | |
| ٥) | | © © | | |
| and firming companies and halmonial to posite commen on | | 3) | | |

IF PAID IN 30 DAYS

205.10

E.

TOTAL CHARGES.

SALES TAX (If Any)

TERMS AND CONDITIONS" listed on the reverse side. contractor. I have read and understand the "GENERAL

PRINTED NAME

SIGNATURE

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

1-1

DISCOUNT

TOTAL