



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

KANSAS CORPORATION COMMISSION 1242990
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

ALLIED OIL & GAS SERVICES, LLC 064891

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Madison County, MO

DATE <u>1-27-15</u>	SEC. <u>22</u>	TWP. <u>33S</u>	RANGE <u>14W</u>	CALLED OUT	ON LOCATION <u>1:30 PM</u>	JOB START <u>2:10 PM</u>	JOB FINISH <u>3:10 PM</u>
LEASE <u>Harbaugh</u>		WELL # <u>A 1-22</u>	LOCATION <u>Hold Lake City Rd 54.5M</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>	
<u>OLD</u> OR NEW (Circle one)		<u>1W 54 W into</u>					

CONTRACTOR Alliance W/S
 TYPE OF JOB Old hole plug
 HOLE SIZE 7 7/8 TD.
 CASING SIZE 8 5/8 DEPTH 1015
 TUBING SIZE 2 3/8 DEPTH 1066, 504, 602
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

EQUIPMENT

PUMP TRUCK CEMENTER Take + board
 # 548/545 HELPER Justin Bauer
 BULK TRUCK
 # 988/989 DRIVER Arthur Henderson
 BULK TRUCK
 # DRIVER

REMARKS:

1st plug 1066' 1500 gal cement
2nd plug 564' 500 gal cement
3rd plug 602'

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.

PRINTED NAME Justin Bauer
 SIGNATURE [Signature]

OWNER Chesapeake

CEMENT AMOUNT ORDERED 1600x 600 40: 476 gal

COMMON	@		
POZMIX	@		
GEL	@	<u>1500 #</u>	<u>1875.00</u>
CHLORIDE	@		
ASC	@		
	@		
<u>60 40:4 Blend 1600x</u>	@	<u>18.92</u>	<u>3027.2</u>
	@		
	@		
	@		
	@		
	@		
HANDLING	@		
MILEAGE	@		

TOTAL 4602.20

SERVICE

DEPTH OF JOB <u>1066-504-602</u>		
PUMP TRUCK CHARGE		<u>1250.00</u>
EXTRA FOOTAGE <u>602</u>	@ <u>4.40</u>	<u>110.00</u>
MILEAGE <u>29</u>	@ <u>7.70</u>	<u>192.50</u>
MANIFOLD	@	
<u>Handling 194.16 / 191</u>	@ <u>2.48</u>	<u>481.51</u>
<u>Disposal 7.9 / 197.62</u>	@ <u>2.75</u>	<u>543.40</u>

TOTAL 2577.47

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		

TOTAL

SALES TAX (If Any)
 TOTAL CHARGES 7179.67
 DISCOUNT (6102.72) IF PAID IN 30 DAYS



CEMENTING LOG

STAGE NO.

Date 1-27-15 District ML-K3 Ticket No. 64891
 Company Chesapeake Rig Allard 1215
 Lease Hochstadt Well No. 19 1-22
 County Roanoke State KS
 Location U.S. LAKE CITY, KS Field 22-335-146

CEMENT DATA:
 Spacer Type: 15 sk Gel
 Amt. 15 Skys Yield _____ ft³/sk Density _____ PPG

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 3/8 Type J 55 Weight 240 Collar _____

LEAD: Pump Time _____ hrs. Type 100-40.4 / Gel
 Amt. _____ Skys Yield 1.4 ft³/sk Density 14.1 PPG

Casing Depths: Top 0 Bottom 1015

TAIL: Pump Time _____ hrs. Type _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 7 7/8 TD. _____ ft. P.B. to _____ ft.

WATER: Lead 10.7 gals/sk Tail _____ gals/sk Total _____ Bbls

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. 16.637 Lin. ft./Bbl. 15.7
 Open Holes: Bbls/Lin. ft. 16.637 Lin. ft./Bbl. 16.899
 Drill Pipe: Bbls/Lin. ft. 10.387 Lin. ft./Bbl. 2.786
 Annulus: Bbls/Lin. ft. 10.546 Lin. ft./Bbl. 18.360
 Bbls/Lin. ft. 10.582 Lin. ft./Bbl. 17.18

Pump Trucks Used 548/545
 Bulk Equip. 985/989

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

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

COMPANY REPRESENTATIVE _____

CEMENTER _____

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
1:30pm						On Location Safety Meeting
2:10pm	1600					Safety Meeting
2:13pm	250				4.5	Annulus Squeeze
	250		12.5		4.5	Mix + pump Cmt
2:30pm	350		7.25		4.5	Displace
2:40pm	200		12.5		4.5	Mix + pump Cmt
2:50pm	200		3/4		4.5	Displace
3:00pm			15		4.5	Mix + pump Cmt
3:10pm						Stop
						Back up pump

FINAL DISP. PRESS: _____ PSI BUMP PLUG TO _____ PSI BLEEDBACK _____ BBLs. THANK YOU
 MILLER PRINTERS, INC. - Grand Bend, KS