



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

KANSAS CORPORATION COMMISSION 1244794
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 2-11-15 District MEDLODGE Ticker No. 6AA07
 Company CHELA PEAK Rig 10
 Lease MORNING Well No. A 1-1
 County Barber State OK
 Location W. OF HORTON K Field

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

CASING DATA: Conductor PTA Misc
 Surface Intermediate Production Liner
 Size 23/8 Type Weight Collar

LEAD: Pump Time 6040 hrs. Type P02
 Excess 4.6 GEL
 Amt. 135 Sks Yield 1.40 ft³/sk Density PPG
 TAIL: Pump Time 14.1 hrs. Type PPG
 Excess

Casing Depths: Top 0 Bottom 384
384

Amt. 6.70 Sks Yield 21.54 ft³/sk Density PPG
 WATER: Lead 6.70 gals/sk Tail gals/sk Total

Pump Trucks Used 592-555
 Bulk Equip. 249.791

Pump Trucks Used 592-555
 Bulk Equip. 249.791

Drill Pipe: Size Weight Collars ft
 Open Hole: Size ID 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. ft

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

COMPANY REPRESENTATIVE BARRY

CEMENTER J. SEBA

TIME	PRESSURES PSI		FLUID PUMPED DATA		REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	
8:00					Called out
11:45					ON LOG WITH 60'S SAFETY MITA
12:00					Big up tel's
12:10			30		Hook up to Hg 60's
12:30			12.5		1st Plug 154 GEL 50's 6040's 475 GEL
			1.5		Min. Pump 15.4 GEL
					Min. Pump 50's 6040's 141.1 GAL
					Disp WITH 20 40's
					2 nd Plug 435 50's 6040
					Hook up to 1st
12:58			12.5		Mix: Pump 50's 6040's 141.1 GAL
1:06			1		Disp WITH 20 239.4
1:15			8.7		3 rd Plug 60's
					Min. Pump 35.4 6040's 141.1 GAL
					Call CMT TO 9.1
					WARNING!
					Roll up tel
					DEF/OC
1:30					

ALLIED OIL & GAS SERVICES, LLC 064407

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999

SOUTHLAKE, TEXAS 76092

SERVICE POINT:

MEO LOPEC

DATE <u>2-11-15</u>	SEC. <u>1</u>	TWP. <u>35</u>	RANGE <u>14</u>	CALLED OUT <u>8:00</u>	ON LOCATION <u>11:35</u>	JOB START <u>12:00</u>	JOB FINISH <u>1:30</u>
LEASE <u>MORROW</u>	WELL # <u>A-1</u>	LOCATION <u>Proactive N. West to Cassville</u>					
OLD OR NEW (Circle one)	COUNTY <u>USACHE</u> STATE <u>KY</u>						

CONTRACTOR Alliance Well "25" OWNER CHESEAPEAKE

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 609

CASING SIZE B310 DEPTH 334

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

CEMENT

AMOUNT ORDERED 1605x 6040 4% FEL

15x FEL

COMMON @

POZMIX @

GEL 1500 lbs @ 1.05 1575.00

CHLORIDE @

ASC @

6040 4% 1355x @ 18.92 2354.20

EQUIPMENT

PUMP TRUCK CEMENTER F. SEBA

892-555 HELPER T. GIBSON

BULK TRUCK DRIVER PAUL M

BULK TRUCK DRIVER

HANDLING MILEAGE

TOTAL 4129.20

REMARKS:

1st Plug - 15x FEL 505x 609'

0.50 w/H₂O

2nd Plug 505x 435'

0.50 w/H₂O

3rd Plug 60' 355x

SERVICE

DEPTH OF JOB 609'

PUMP TRUCK CHARGE 1250.00

EXTRA-FOOTAGE 33 @ 440 145.20

MILEAGE 33 @ 770 2541.0

MANIFOLD 167.74 @ 2.40 416.00

DRYAGE 223.50 @ 2.75 615.95

CHARGE TO: CHESEAPEAKE TOTAL 2681.25

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 6810.45

DISCOUNT 5708.99 IF PAID IN 30 DAYS

PRINTED NAME X Perry W. Hays

SIGNATURE X Perry W. Hays

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

INVOICE
8396

Date 2-2-75

CHARGE TO: CHIESAPPAKI OPERATING INC
ADDRESS _____
R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
LEASE AND WELL NO. MCCROW A 11 FIELD _____
NEAREST TOWN WASHTON COUNTY BARBER STATE KS
SPOT LOCATION _____ SEC. 1 TWP. 33S RANGE 14W
ZERO MC1 W/2 N/2 CASING SIZE _____ WEIGHT _____
CUSTOMER'S T.D. _____ LOG TECH _____ FLUID LEVEL _____
ENGINEER WILLIAM OPERATOR WILLIAM

PERFORATING				
Description	No. Shots	From	Depth To	Amount

DEPTH AND OPERATIONS CHARGES					
Description	Depth From	To	Total No. Ft.	Price Per Ft.	Amount
<u>SET 5 1/2" Weatherhead</u>	<u>0</u>	<u>4770</u>	<u>4770</u>	<u>1.22</u>	<u>10419.40</u>
<u>Double Box of Cement</u>	<u>0</u>	<u>4770</u>	<u>4770</u>	<u>3.14</u>	<u>15000</u>

MISCELLANEOUS		
Description	Quantity	Amount
Service Charge		<u>550.00</u>
		<u>750.00</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.

Code Ref.	Sub Total	<u>2529.40</u>
.....	Tool Insurance	
.....	Tax	
		<u>2403.00</u>

Customer Signature _____ Date _____