



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

KANSAS CORPORATION COMMISSION 1244808
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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

Date 2/17/2015 District Liberal # 21 Ticket No. 65253
 Company Chesapeake Energy Rig ict Well Services (Worko)
 Lease MLP Clawson Well No 1-34
 County Haskell State Ks
 Location _____
 Field _____
 Casing Data Conductor PTA Squeeze Misc.
 Surface Intermediate Production Liner
 Size 5 1/2 Type P-110 Weight 15.5# Collar
2 7/8 6.5# tubing

CEMENT DATA
 Spacer Type _____ Fresh Water _____
 Amt. _____ Sks Yield _____ ft³/sk Density 8.33 PPG
 LEAD: Time _____ hrs. Type 60/40 Poz Class A Excess _____
 4% gel _____
 Amt. 100 Sks Yield 1.42 ft³/sk Density 13.8 PPG
 TAIL: Time _____ hrs. Type Class A Common Excess _____
 Amt. 20 Sks Yield 1.18 ft³/sk Density 13.8 PPG
 WATER Lead _____ Gal/sk Tail 6.9 Gal/sk Total 25 BBLs

Pump Trucks Used: 530-484
 Bulk Equipment 774-744

Float Equipment: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Bottom _____
 Stage Collars _____
 Special Equipment _____
 Disp: Fluid Type Fresh Water Amt. _____ bbls Weight 8.33 PPG
 Mud Type _____

COMPANY REPRESENTATIVE _____
 CEMENTER Edgar A. Rodriguez

TIME AM/PM	DRILL PIPE CASING	PRESSURES PSI	ANNULUS	TOTAL FLUID	FLUID PUMPED DATA		REMARKS
					PUMPED PER TIME PERIOD	RATE BBLs/MIN	
8:00 am							Got to location and spotted trucks. Rig up iron.
10:00							Safety meeting
10:15							1st plug @1800'
10:17	80			3		2	Pump 3 bbls of fresh water
10:18	40			6		2	Pump 25 sks of cmt (6 bbls @13.8)
10:22	10			8		2	Pump 8 bbls of displacement
10:26							Shutdown / Come out of hole with tubing
11:08							2nd plug @650'
11:11	10			17		2	Pump 68 sks of cmt (17 bbls @13.8)
11:20							Shutdown / Come out of hole with tubing
12:40 pm							Pump to fill up backside to 500 psi.
12:43	500			2		1	Pump 8 sks of cmt (2 bbls @13.8) to fill
12:45							Shutdown
12:50							Top off casing
12:53	10			4		1	Pump 15 sks of cmt (4 bbls @13.8) to top off
12:57							Clean lines and truck
1:18							End job
1:25							Rig down equipment
2:00 pm							Crew leave location

LOG-TECH OF KANSAS, INC.

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

INVOICE

8413

Date 2-13-2015

CHARGE TO: Chesapeake Operating Inc
ADDRESS

R/A SOURCE NO. _____ CUSTOMER ORDER NO. AIE 803510
LEASE AND WELL NO. Cleason #1-36 FIELD _____
NEAREST TOWN Santa COUNTY Haskell STATE KS
SPOT LOCATION C-SW-SW SEC. 74 TWP. 29S RANGE 34W
ZERO Ground level CASING SIZE 5 1/2 WEIGHT _____
CUSTOMER'S T.D. N/A LOG TECH ST FLUID LEVEL 1550/Fall
ENGINEER Lance Gregg OPERATOR J. Welcher, J. Montes

PERFORATING				
Description	No. Shots	From	Depth To	Amount

DEPTH AND OPERATIONS CHARGES					
Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			
Set 5 1/2 CIBP M-S A1	0	5786	5786	22	11819 92
Set Dump 3X of Cement A1	5780	5786	5786	---	180 00
Set 5 1/2 CIBP D-S A1	0	2650	2650	22	660 00
Dump 3X of Cement A1	0	2650	2650	---	180 00
Run GR/CSL 10pp	Depth 0	1500	1500	31	930 00
" " " Log	1500	10	1790	29	580 00

MISCELLANEOUS			
Description	Quantity	Amount	Amount
Service Charge			
5 1/2 CIBP D-S Weatherford	1	550 00	
	2	1500 00	

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	5749 92
.....	Tool Insurance	
.....	Tax	
.....		
.....		5477 00

Customer Signature _____ Date _____

ALLIED OIL & GAS SERVICES, LLC 065253

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Urbem, KS

DATE <u>9-17-15</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
<u>M.P. Lawson</u>					<u>8:00 am</u>	<u>10:15 am</u>	<u>1:15 pm</u>
LEASE # <u>1-34</u>	WELL # <u>1-34</u>			LOCATION <u>Satanita, KS</u>	COUNTY <u>Haskell</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>OLD</u>				AFF # <u>803510</u>			

CONTRACTOR Exact Well Services OWNER _____

TYPE OF JOB PTA

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/2 DEPTH _____

TUBING SIZE 3 7/8 DEPTH _____

DRILL PIPE DEPTH _____

TOOL DEPTH _____

PRES. MAX. MINIMUM _____

MEAS. LINE SHOE JOINT M4

CEMENT LEFT IN CSG. NA

PERFS. _____

DISPLACEMENT NA

EQUIPMENT

PUMP TRUCK CEMENTER Edgar Rodriguez

530-484 HELPER Alex Ayala

BULK TRUCK DRIVER Greg Randall

774-744

BULK TRUCK DRIVER _____

REMARKS:

TOTAL 2250.00

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE 1 2249.84 2249.84

EXTRA FOOTAGE Light 45 mi @ 4.40 198.00

MILEAGE Heavy 45 mi @ 7.70 346.50

MANIFOLD _____ @ _____

Handling 26 ft @ 2.48 510.88

Drayage 412 Ton @ 2.75 1133.00

TOTAL 4438.22

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

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.

SALES TAX (If Any) _____

TOTAL CHARGES 6688.22

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Steve Emich

SIGNATURE [Signature]

Net = 6019.40