



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

KANSAS CORPORATION COMMISSION 1244819
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 064900

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge KS

DATE 2-27-15	SEC. 18	TWP. 303	RANGE 8W	CALLED OUT	ON LOCATION 2:00P	JOB START 2:00 P	JOB FINISH 4:30 P
LEASE/Messenger	WELL # B 2-18	LOCATION Zenda K, 2 E 54E			COUNTY Kingman	STATE KS	
OLD OR NEW (Circle one)			Initials				

CONTRACTOR Alliance w/s
 TYPE OF JOB OHP
 HOLE SIZE 7 1/8 T.D.
 CASING SIZE 8 5/8 DEPTH 408
 TUBING SIZE 2 3/8 DEPTH 1365, 849, 455
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

OWNER Chesapeake

CEMENT
 AMOUNT ORDERED 250 sv Class A
(70 sv w/ 31 cc)

COMMON	<u>250</u>	@ <u>17.90</u>	<u>4475.00</u>
POZMIX		@	
GEL		@	
CHLORIDE	<u>200</u>	@ <u>1.10</u>	<u>220.00</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING		@	
MILEAGE		@	

EQUIPMENT

PUMP TRUCK CEMENTER Jake Heard
 # 892/555 HELPER Justin Dewe
 BULK TRUCK
 # 950/ DRIVER Paul M. Yekan
 BULK TRUCK
 # DRIVER

TOTAL 4695.00

REMARKS:

1st plug 35 sv 1365'
2nd plug 35 sv 849'
3rd 455 to surface

SERVICE

DEPTH OF JOB	<u>1365', 849, 455</u>		
PUMP TRUCK CHARGE			<u>1250.00</u>
EXTRA FOOTAGE	<u>L.V. 33</u>	@ <u>4.40</u>	<u>145.20</u>
MILEAGE	<u>33</u>	@ <u>7.70</u>	<u>254.10</u>
MANIFOLD		@	
Handling	<u>75 sv / 41</u>	@ <u>2.48</u>	<u>186.00</u>
Drillage	<u>11 sv / 39103</u>	@ <u>2.75</u>	<u>1075.39</u>

TOTAL 3353.37

CHARGE TO: Chesapeake
 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



CEMENTING LOG

STAGE NO. _____

Date 2-27-15 District ALC-K3 Ticket No. 64400
 Company Chesapeake Rig Alliance Well
 Lease McClure Well No. R 2-12
 County Wagoner State OK
 Location NE Zonia KS Field Wagoner

CEMENT DATA:

Spacer Type: _____
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG _____

LEAD: Pump Time _____ hrs. Type (Chisel)
 Excess _____
 Amt. _____ Sks Yield 117 ft³/sk Density 13.6 PPG _____

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

WATER: Lead 5.2 gals/sk Tail _____ gals/sk Total _____ Bbls. _____

Pump Trucks Used 572 555
 Bulk Equip. 9507

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8-1/2 Type _____ Weight 24 Collar _____

Casing Depths: Top 0 Bottom 408

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

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. .0637 Lin. ft./Bbl. _____
 Open Holes: Bbls/Lin. ft. .0602 Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. .00387 Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. .0548 Lin. ft./Bbl. _____
 Bbls/Lin. ft. .0582 Lin. ft./Bbl. _____

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

Float Equip: Manufacturer _____
 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 _____

CEMENTER _____

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
						O: Location Safety Meeting
						Final Meeting
3:00P	1000					Pressure test
	100		73		2	Abd pump cont TOC 1240.75
	100		55		2	1.5 pbls
	100		70		2	Abd pump cont TOC 724.75
	100		1.5		2	1.5 pbls
	100		37		2	Abd pump cont Surface
4:30P						1.5 pbls

FINAL DISP. PRESS: _____ PSI BUMP PLUG TO _____ PSI BLEEDBACK _____ BBLs. THANK YOU

MILLER PRINTERS, INC. - Great Bend, KS