



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

KANSAS CORPORATION COMMISSION 1244824
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 065176

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

DATE <u>2-25-15</u>	SEC. <u>6</u>	TWP. <u>31E</u>	RANGE <u>12W</u>	CALLED OUT <u>1100</u>	ON LOCATION <u>1230</u>	JOB START <u>100</u>	JOB FINISH <u>300</u>
LEASE <u>Bosseau</u>		WELL # <u>1</u>	LOCATION <u>Wilmar</u>			COUNTY <u>Comanche</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR Alliance
 TYPE OF JOB PTA
 HOLE SIZE 7 5/8 T.D. 1074
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 2 3/8 DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER Chesapeake
 CEMENT
 AMOUNT ORDERED 160SK 60/40/14

EQUIPMENT
 PUMP TRUCK CEMENTER Roger Smith
 # 892-555 HELPER Jason
 BULK TRUCK
 # 956-692 DRIVER Salim
 BULK TRUCK
 # _____ DRIVER _____

COMMON <u>125</u> <u>160SK</u> <u>60/4</u>	@	<u>18.92</u>	<u>2365.00</u>
POZMIX _____	@		
GEL <u>1500 PPS</u>	@	<u>.50</u>	<u>750.00</u>
CHLORIDE _____	@		
ASC _____	@		
_____	@		
_____	@		
_____	@		
_____	@		
_____	@		
_____	@		
HANDLING <u>185.02</u>	@	<u>2.48</u>	<u>458.85</u>
MILEAGE <u>304</u>	@	<u>2.75</u>	<u>836.00</u>
<small>*Drainage</small>			
TOTAL			<u>4409.85</u>

REMARKS:

SERVICE

DEPTH OF JOB <u>1074 FT</u>		<u>1250.00</u>
PUMP TRUCK CHARGE		<u>288.59</u>
EXTRA FOOTAGE _____	@	
MILEAGE <u>40</u>	@	<u>7.70</u> <u>208.00</u>
MANIFOLD <u>40</u>	@	<u>4.40</u> <u>176.00</u>
_____	@	
_____	@	

CHARGE TO: _____
 STREET _____
 CITY _____ STATE _____ ZIP _____

Gross 6143.85 TOTAL 1734.00

PLUG & FLOAT EQUIPMENT

_____	@	
_____	@	
_____	@	
_____	@	
_____	@	

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment



CEMENTING LOG

STAGE NO. _____

Date 2-25-15 District Audison 106 Ticket No. _____
 Company Chesapeake Rig ALLIAN
 Lease BOSSEAU Well No. 1
 County _____ State KS
 Location Wilson Field _____

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

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size _____ Type _____ Weight _____ Collar _____

LEAD: Pump Time _____ hrs. Type _____
 Amt. 160 Skys Yield 60/40% Excess 14.1 PPG
 TAIL: Pump Time 1.4 hrs. Type _____

Casing Depths: Top _____ Bottom _____

Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG
 WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.

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

Pump Trucks Used: 892-58*
 Bulk Equip. 950-692

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. _____
 Bbls/Lin. ft. _____ 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	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
1230						On location
100						Safety meeting
115						Rig up
120						Test Lines 1000PSI
150						Pump Gel Spac.
158	100				3	Pump Cement Plug# 1074F 50SK
205						Displ
206						Pull Pipe Displ #2 537F
218	90				3	Mix Cement 50SK
226						Displ
229						Pull Pipe 1 Plug #3 63F
243	90				3	Mix Cement 2.5SK Cmt Back to Surf

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

LOG-TECH OF KANSAS, INC.

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

INVOICE

8419

Date 2-27-2015

CHARGE TO: Chesapeake Operating, LLC
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. 11015590 #1 FIELD _____
 NEAREST TOWN Coldwater COUNTY Comanche STATE Kan.
 SPOT LOCATION S10 T1N10E R6W SEC. 26 TWP. 71S RANGE 136
 ZERO Ground level CASING SIZE 4 1/2 WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH ESS FLUID LEVEL 2600'
 ENGINEER Lance Gregg OPERATOR J. Welch

PERFORATING					
Description	No. Shots	From	Depth To	Amount	

DEPTH AND OPERATIONS CHARGES						
Description	From	Depth To	Total No. Ft.	Price Per Ft.	Amount	
<u>Set 4 1/2" Casing JDS</u>	<u>A1</u>	<u>0</u>	<u>4706</u>	<u>1706</u>	<u>.77</u>	<u>11,797.82</u>
<u>Dump 2 1/2" of cement</u>	<u>A1</u>	<u>0</u>	<u>1900</u>	<u>1900</u>	<u>-</u>	<u>180.00</u>

MISCELLANEOUS		
Description	Quantity	Amount
<u>Service Charge</u>	<u>1</u>	<u>550.00</u>
<u>4 1/2" Casing JDS Weather head</u>	<u>1</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.

Sub Total	<u>2559.32</u>
Code Ref. Tool Insurance	
Tax	
Total	<u>2559.32</u>

Customer Signature _____ Date _____

WHITE - Original CANARY - File Copy PINK - Customer Copy GOLDENROD - Field Copy