



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

KANSAS CORPORATION COMMISSION 1245794
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

Date 3/3/2015 District Liberal # 21 Ticket No. 52826
 Company CHESAPEAKE Rig EXACT
 Lease O.G. HENSHAW Well No 118
 County STEVENS State KS.

Location _____
 Field _____
 Casing Data Conductor PTA Squeeze Misc.
 Surface Intermediate Production Liner
 Size 8 5/8 Type j-55 Weight 24 # Collar _____

STEVENS CO.

Casing Depths Top _____ Bottom _____

Drill Pipe:	BBLS/LIN. FT	_____	LIN. FT/BBL	_____
Open Hole:	BBLS/LIN. FT	_____	LIN. FT/BBL	_____
Capacity Factors:	BBLS/LIN. FT	_____	LIN. FT/BBL	_____
Casing	BBLS/LIN. FT	<u>0.0637</u>	LIN. FT/BBL	<u>15.698</u>
Open Holes	BBLS/LIN. FT	_____	LIN. FT/BBL	_____
Drill Pipe	BBLS/LIN. FT	<u>0.00387</u>	LIN. FT/BBL	<u>258.397</u>
Annulus	BBLS/LIN. FT	<u>0.0582</u>	LIN. FT/BBL	<u>17.182</u>
	BBLS/LIN. FT	_____	LIN. FT/BBL	_____
Perforations	From _____	ft to _____	ft	Amt _____

CEMENT DATA

Spacer Type 30 BBLs GEL-SCAVENGER CEMENT
 Amt. _____ Skys Yield _____ ft³/sk Density 8.34 PPG

LEAD: Time _____ hrs. Type 60/40/4 CLASS A
CLASS A Excess _____

Amt. 110 Skys Yield 1.5 ft³/sk Density 13.5 PPG

TAIL: Time _____ hrs. Type _____
 Excess _____

Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

WATER Lead 7.5 Gal/sk Tail _____ Gal/sk Total 19.6 BBLs

Pump Trucks Used: 531-541

Bulk Equipment 705-842

Float Equipment: Manufacturer _____

Shoe: Type casing Depth 1780+ FT.

Float: Type tubing Depth 1780 FT.

Centralizers: Quantity _____ Plugs Top _____ Bottom _____

Stage Collars _____

Special Equipment _____

Disp: Fluid Type H2O Amt 7.4 bbls Weight 8.34 PPG

Mud Type _____ Weight _____

COMPANY REPRESENTATIVE STEVE EMICH

CEMENTER Ruben Chavez

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	PUMPED PER TIME PERIOD	RATE BBLs/MIN	
7:30 AM.						Got To Location Spot Trucks, And Rig Up.
9:00						Have A Prejob Safety Meeting
9:15	300		2	2	2	Start pumping 2 bbls h2o to fillup lines
9:18			4		3	PRESSURE TEST 1000 PSI pumping lines and pump 4 BBLs H2O-circulation
9:20	270		36	30	4	Start pumping 30 bbls scavenger
9:28	260		49.3	13.3	3	Start pumping cement 50 sk at 1780 ft.
9:33	0		55.3	6	4	Start displacement 5.9 bbls h2o
9:35						Shutdown
10:23	80		65.9	10.6	3	Start pum ping 40 sk cement at 450 ft, 10.6 bbls slurry.
10:28			66.9	1	3	Displace with 1.4 bbls h2o
10:30						Shutdown
10:47			72.2	5.3	3	Start pumping 20 sk cement at 60 ft 5.3 bbls slurry
10:50						Shutdown
						Wash up pumping lines
						Rig down
						Thankyou.
						1st plug-214 ft up to 1566 ft from surface
						2nd plug-170.7 ft up to 280 ft from surface
						3rd plug 20 sk at 60 ft all the way to surface.

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

ALLIED OIL & GAS SERVICES, LLC 052826

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Liberal KS

DATE <i>03-03-15</i>	SEC. <i>18</i>	TWP.	RANGE <i>31 S.</i>	CALLED OUT <i>35W</i>	ON LOCATION	JOB START <i>10:00</i>	JOB FINISH <i>11:00 AM</i>
LEASE <i>Henshaw</i>	WELL # <i>42022</i>	LOCATION <i>Moscow Ks. E 2 Miles. N</i>			COUNTY <i>Stevens</i>	STATE <i>Ks.</i>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)			<i>1/2 E 1/2 into</i>				

CONTRACTOR *Exact*

TYPE OF JOB *PTA*

HOLE SIZE *12 1/4* T.D.

CASING SIZE *8 7/8* 29 # DEPTH *1780 + ft*

TUBING SIZE *2 3/8* 46 # DEPTH *1780 + ft*

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *300 PSI* MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *29.3 BBLs*

PERFS.

DISPLACEMENT *7 BBLs*

OWNER *Chesapeake*

CEMENT AMOUNT ORDERED *110 sk 60/40/47.6-1*

EQUIPMENT

PUMP TRUCK CEMENTER *Ruben Chavez*

531-541 HELPER *Ricardo Landa*

BULK TRUCK

705-842 DRIVER *Ramon Escarsega*

BULK TRUCK # DRIVER

COMMON	@		
POZMIX	@		
GEL <i>1500 Lb.</i>	@ <i>1.95</i>		<i>1,575.00</i>
CHLORIDE	@		
ASC	@		
<i>60/40/4 110 sk</i>	@ <i>18.92</i>		<i>2,081.20</i>
	@		
	@		
	@		
	@		
	@		
	@		
HANDLING	@		
MILEAGE	@		
TOTAL			<i>3,656.20</i>

REMARKS:

AFE # 803503

SERVICE

DEPTH OF JOB <i>1 line - 380'</i>		<i>380.00</i>	
PUMP TRUCK CHARGE		<i>2,213.75</i>	
EXTRA FOOTAGE <i>27 M</i>	@ <i>2.75</i>	<i>719.52</i>	
MILEAGE <i>heavy 50 M.</i>	@ <i>7.70</i>	<i>385.00</i>	
MANIFOLD	@		
<i>Light Vehicle 50 M.</i>	@ <i>4.40</i>	<i>220.00</i>	
	@		
TOTAL			<i>3,978.27</i>

CHARGE TO: *CHESAPEAKE*

STREET _____

CITY _____ STATE _____ ZIP _____

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 <i>7,634.47</i>	_____
DISCOUNT <i>763.45</i>	_____
IF PAID IN 30 DAYS	

PRINTED NAME *Steve Emick*

SIGNATURE *[Signature]*

NET = 6,871.02



Every Project Is Personal

Pioneer Wireline Services, LLC

Service Order No.

1 - 49987

Phone: 785.625.3858

Fax: 785.625.8635

Date: 2-27-15

Client Info	Company <u>CHESAPEAKE</u>				Client Order # <u>101</u>				
	Billing Address				City		ST	Zip	
Well Info	Lease & Well # <u>OG HINSHAW 1-113</u>			Field Name			Legal Description (coordinates)		
	Nearest Town		County / Parish	ST	Rig	Permit #	Price Zone	Casing Size	Casing Weight
	Fluid	Level (surf.)	Reading from	Customer T.D.	Pioneer T.D.	Elevation	KB Elevation		
Crew	Engineer		Truck Driver		Crew Members			Unit #	Miles

Product Code	Description	Q-ty	Unit Price	Depth		\$ Amount
				From	To	
15071	DEPTH	1	2400			2400
15072	DEPTH	1	2100			2100
15073	DEPTH	1	3050			3050
15074	DEPTH	1	1740			1740
15075	DEPTH	1	2400			2400
15076	DEPTH	1	1420			1420
15077	DEPTH	1	3050			3050
15078	DEPTH	1	2200			2200

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

SUBTOTAL	15750
DISCOUNT	
SUBTOTAL	5893
TAX	
NET TOTAL	

Client Approval	
<u>[Signature]</u>	
Name Printed	Signature / Date

Pioneer Field Representative	
<u>[Signature]</u>	
Name Printed	Signature / Date

PIONEER OFFICE USE ONLY - Manager Approval	
<u>[Signature]</u>	
Name Printed	Signature / Date



Every Project Is Personal

Pioneer Wireline Services, LLC

Service Order No.

1-49988

Phone: 785.625.3858

Fax: 785.625.8635

Date: 2-10

Client Info	Company CULBERTSON						Client Order # 201		
	Billing Address					City	ST	Zip	
Well Info	Lease & Well #			Field Name			Legal Description (coordinates)		
	Nearest Town		County / Parish	ST	Rig	Permit #	Price Zone	Casing Size	Casing Weight
	Fluid	Level (surf.)	Reading from		Customer T.D.	Pioneer T.D.	Elevation	KB Elevation	
Crew	Engineer L. D. ...		Truck Driver		Crew Members			Unit #	Miles

Product Code	Description	Q-ty	Unit Price	Depth		\$ Amount
				From	To	
12101	CSU DUCT	1	4710			4710
12102	DUCT	1	6200			6200
16301	SPILLER	1	2300			2300
16302	TRUCK	1	2200			2200

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

SUBTOTAL	12600
DISCOUNT	
SUBTOTAL	4410
TAX	
NET TOTAL	

Client Approval	
<i>[Handwritten Signature]</i>	
Name Printed	Signature / Date

Pioneer Field Representative	
<i>[Handwritten Signature]</i>	
Name Printed	Signature / Date

PIONEER OFFICE USE ONLY - Manager Approval	
<i>[Blank Signature Area]</i>	
Name Printed	Signature / Date