

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION 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 #:			AP	API No. 15 -				
				ot Description:				
Address 1:			_	Sec	Twp S. R	East West		
				Feet from North / South Line of Section				
City:	State:	Zip:+_	_	Feet from East / West Line of Section				
Contact Person:			Foo	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()				NE NW SE SW County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name)				
Type of Well: (Check one)	Oil Well Gas We	II OG D&A Ca	thodic					
Water Supply Well	Other:	SWD Permit #:						
ENHR Permit #:	Ga	s Storage Permit #:						
Is ACO-1 filed? Yes	No If not, i	s well log attached? Yes						
Producing Formation(s): Lis	t All (If needed attach ar	nother sheet)						
Depth	to Top:	Bottom: T.D						
Depth	to Top:	Bottom: T.D		gging Commenced:				
Depth	to Top:	Bottom:T.D		gging Completed:				
Show depth and thickness of	of all water, oil and gas	formations.						
Oil, Gas or Wa	ter Records		Casing Recor	d (Surface, Conductor & Pro	duction)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
		plugged, indicating where the ter of same depth placed from						
Plugging Contractor License	Name:							
Address 1:			Address 2:					
City:			Sta	te:	Zip:	+		
Phone: ()								
Name of Party Responsible	for Plugging Fees:							
State of	Cou	inty,	, S	S.				
		·	,	Employee of Operator	On Oneroter and	above-described well,		
	(Print Na			_ Employee of Operator (or Operator on a	above-described well,		

Submitted Electronically

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

ALLIED OIL & GAS SERVICES, LLC 063849 REMITTO P.O. BOX 93999 Federal Tax I.D. #20-8651478 SERVICE POINT: SOUTHLAKE, TEXAS 76092 SEC. TWE CALLED OUT ON LOCATION JOH FINISH LEASE KLATA WELL# / OLD OR NEW (Circle one) CONTRACTOR OWNER TYPE OF JOB HOLE SIZE Ť.D. CEMENT CASINU SIZE DEPTH AMOUNT ORDERED ASS 60/40 TUBINO SIZE DEPTH <u>DRILL RIPE</u> DEPTH TOOL <u>DEPTH</u> PRES. MAX MINIMUM COMMON. MEAS, LINE SHOR JOINT XIMZOG CEMENT LEFT IN CSG. GÈL Ø PERFS. CHLORIDE 0 DISPLACEMENT ASC. EQUIPMENT **FUMP TRUCK** CEMENTER #495 AF1 HELPER BÚLK TRÚCK #323 BULK TRUCK · DRIVER @ AU 12 HANDLING. MILBAGE 27 2001 mily 11.436 Ton REMARKS: 51).8 TOTÄL SCRVICE DEPTH OF JÖB PUMP TRUCK CHARGE. EXTRA FOOTAGE **@** MILEAGE Ó MANIFOLD. <u>@</u>: 0 **(**2). CHARGE TO: Bure on STATE ZIP. PLUG & FLOAT EQUIPMENT PS BAROON 1 **@** <u>@</u> To: Allied Oil & Gas Services, LLC, 0 @ You are hereby requested to rent comenting equipment @ and furnish cementer and helper(s) to assist owner or confractor to do work as is listed. The above work was TOTAL LIATOT done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL SALES TAX (If Any). TERMS AND CONDITIONS" listed on the reverse side. total charges <u>10</u>.321 PRINTED NAME SIONATURE)



CEMENTING LOG

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