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

KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

1247013

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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: No Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Uell #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Plug

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 Plu	ugging Fees:					
State of	County,	, SS.				
	(Print Name)		tor or Operator on ab			
		statements, and matters harain contained, and the				

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

ALLIED OIL & GAS SERVICES, LLC 063838 Federal Tax I.D. # 20-8651475 REMIT TO P.O. BOX 93999 SERVICE POINT: SOUTHLAKE, TEXAS 76092 Ogd le SEC. TWP. RANGE CALLED OUT ON LOCATION JOB FINIS JOB START DATE 2 COUNT Trat WELL # 1- 7 STATE LEASE Dewe LOCATION levent 15 W told 8 3 Non 10 thent ra sh < OLD OR NEW (Circle one) 1/2 Word E 2 NO DE 9.5 2 W and Co to Add 110 C E. Then Gute 5 & E Across creeks 2 Getts E. Sinto them ww y CONTRACTOR OWNER TYPE OF JOB TA HOLE SIZE T.D. CEMENT CASING SIZE DEPTH 295 AMOUNT ORDERED 105 54 60/40 407020 **TUBING SIZE** DEPTH DRILL PIPE DEPTH TOOL DEPTH @18 22 PRES. MAX 00 MINIMUM COMMON MEAS. LINE SHOE JOINT POZMIX 0 CEMENT LEFT IN CSG. GEL @ PERFS. CHLORIDE @ DISPLACEMENT ASC @ EQUIPMENT @ Material 1892.00 @ @ PUMP TRUCK CEMENTER_ Hom @ #495281 HELPER Unlin Kyan @ BULK TRUCK # 323 BULK TRUCK @ are Rocette DRIVER @ @ DRIVER # HANDLING 111. Of CF @ MILEAGE 4.2 TON 2= De/mle **REMARKS:** TOTAL Mix DO 5/ Thom DillBipe SERVICE Max 20 51 R H DEPTH OF JOB 294 PUMP TRUCK CHARGE EXTRA FOOTAGE @ MILEAGE 50 mles @ MANIFOLD 0 SOME @ 1ste Velica @ CHARGE TO Culbreath 1109 TOTAL 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 contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or TOTAL ____ contractor. I have read and understand the "GENERAL SALES TAX (If Any)-TERMS AND CONDITIONS" listed on the reverse side. TOTAL CHARGES 13766 DISCOUNT 1, 903. 71 1432 AF PAID IN 30 DAYS PRINTED NAME Walter Brown SIGNATURE <u>Unglito Brogun</u> 2628.94 Ne