



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

KANSAS CORPORATION COMMISSION 1251050
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 064702

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Sakley, KS

DATE <u>4-15-15</u>	SEC. <u>17</u>	TWP. <u>34</u>	RANGE <u>37</u>	CALLED OUT	ON LOCATION <u>7:00am</u>	JOB START <u>10:30am</u>	JOB FINISH <u>11:30am</u>
LEASE <u>Olakaly Trust</u>		WELL #		LOCATION <u>Hugster, Fg, 5th Rd G</u>		COUNTY <u>Steele</u>	STATE <u>KS</u>
<input checked="" type="radio"/> OLD OR NEW (Circle one)				<u>3/4 W, d into</u>			

CONTRACTOR <u>Exact Well Service</u>	OWNER <u>same</u>
TYPE OF JOB <u>PTA</u>	
HOLE SIZE _____ T.D. _____	CEMENT
CASING SIZE <u>4 1/2</u> DEPTH <u>1760'</u>	AMOUNT ORDERED <u>175 stb 60/40 4 1/2" 150 # Cottons and 1/2" 150 #</u>
TUBING SIZE _____ DEPTH _____	
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	COMMON _____ @ _____
MEAS. LINE _____ SHOE JOINT _____	POZMIX _____ @ _____
CEMENT LEFT IN CSG. _____	GEL _____ @ _____
PERFS. _____	CHLORIDE _____ @ _____
DISPLACEMENT <u>220 bbl</u>	ASC _____ @ _____

EQUIPMENT

PUMP TRUCK # <u>422</u>	CEMENTER <u>Lakore E. C. Jantzi</u>
BULK TRUCK # <u>818/287</u>	HELPER <u>Wayne McElghy</u>
BULK TRUCK # _____	DRIVER <u>Darren Racette</u>
BULK TRUCK # _____	DRIVER _____

<u>60/40/4 135 stb</u>	@	<u>18.92</u>	<u>2416.50</u>
<u>Cottons and 1/2" 150 #</u>	@	<u>.99</u>	<u>148.50</u>
<u>Material Total</u>	@		<u>2565.00</u>
<u>(1026.00 / 40%)</u>	@		
<u>HANDLING 158 stb</u>	@	<u>2.98</u>	<u>466.24</u>
<u>MILEAGE 2.9/mi x 50 x 2.75</u>			<u>1086.25</u>
TOTAL			_____

REMARKS:
Mix 50 stb at 1760'
Mix 50 stb at 600'
Mix 20 stb at 60' to fill

Thank you

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

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.

PRINTED NAME _____
 SIGNATURE [Signature]

SERVICE

DEPTH OF JOB <u>1760'</u>	
PUMP TRUCK CHARGE _____	<u>1250.00</u>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>MFEV 50</u> @ <u>7.70</u>	<u>385.00</u>
MANIFOLD <u>MFEV 50</u> @ <u>4.90</u>	<u>245.00</u>
<u>(1274.99 / 40%)</u>	
TOTAL <u>3,187.49</u>	

PLUG & FLOAT EQUIPMENT

_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
TOTAL _____	

SALES TAX (If Any) _____
 TOTAL CHARGES 5,732.49
 DISCOUNT 2,300.99 (40%) IF PAID IN 30 DAYS
3,451.49 Net.

