



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

KANSAS CORPORATION COMMISSION 1253056
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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 |
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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 065007

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge KS

| | | | | | | | |
|--------------------------|---------------|---------------------|-----------------|--|----------------------------|-------------------------|--------------------------|
| DATE <u>3/25/15</u> | SEC. <u>2</u> | TWP. <u>31s</u> | RANGE <u>9w</u> | CALLED OUT | ON LOCATION <u>9:45 AM</u> | JOB START <u>1000AM</u> | JOB FINISH <u>1030AM</u> |
| LEASE <u>Joe Brunner</u> | | WELL # <u>A 1-2</u> | | LOCATION <u>2 1/4 mi West Mag Plant, Northside</u> | | COUNTY <u>Harger</u> | STATE <u>KS</u> |
| OLD OR NEW (Circle one) | | | | | | | |

CONTRACTOR Alliance
 TYPE OF JOB OHF
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 7 7/8 DEPTH 372
 TUBING SIZE 2 3/8 DEPTH 438
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

OWNER Chesapeake
 CEMENT
 AMOUNT ORDERED 140 Class A

EQUIPMENT

PUMP TRUCK CEMENTER Jason Thimersh
 # 894/302 HELPER Jason Thimersh
 BULK TRUCK
 # 381/252 DRIVER Carl Bolding / Tom Becker
 BULK TRUCK
 # DRIVER

| | | |
|-----------------------------|----------------|----------------|
| COMMON <u>Class A 140sx</u> | @ <u>17.90</u> | <u>2506.00</u> |
| POZMIX | @ | |
| GEL | @ | |
| CHLORIDE | @ <u>1.10</u> | |
| ASC | @ | |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| HANDLING | @ | |
| MILEAGE | @ | |

REMARKS:

TOTAL 2506.00

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

SERVICE

| | | |
|------------------------------|---------------|----------------|
| DEPTH OF JOB | | |
| PUMP TRUCK CHARGE | | <u>1250.00</u> |
| EXTRA-FOOTAGE <u>LV 24mi</u> | @ <u>7.70</u> | <u>105.60</u> |
| MILEAGE <u>24mi</u> | @ <u>7.70</u> | <u>184.80</u> |
| MANIFOLD | @ | |
| Handling <u>140 cuft</u> | @ <u>2.48</u> | <u>347.20</u> |
| Drayage <u>157.92 in-mi</u> | @ <u>2.75</u> | <u>434.28</u> |

TOTAL 2321.88

PLUG & FLOAT EQUIPMENT

NA

| | | |
|--|---|--|
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| | @ | |

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 4827.88

PRINTED NAME Keith Jhaan
 SIGNATURE [Signature]

DISCOUNT _____ IF PAID IN 30 DAYS
Net 4103.70
011711

LOG-TECH OF KANSAS, INC.

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

INVOICE

8407

Date 3-3-15

CHARGE TO: Chaswick Operating
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. Joe Summer A 1-2 FIELD _____
 NEAREST TOWN ZENDA COUNTY Hopewell STATE KI
 SPOT LOCATION NW-SE SEC. 2 TWP. 31S RANGE 9W
 ZERO 11' A.G.L. CASING SIZE 4 1/2" WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH _____ FLUID LEVEL 37.50
 ENGINEER S. G. IEBLFR OPERATOR Mr. Buhler - M. Mendez

| PERFORATING | | | | | |
|-------------|-----------|-------|----|--------|--|
| Description | No. Shots | Depth | | Amount | |
| | | From | To | | |
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| DEPTH AND OPERATIONS CHARGES | | | | | | |
|----------------------------------|----------|-------------|-------------|---------------|---------------|--------|
| Description | From | Depth | | Total No. Ft. | Price Per Ft. | Amount |
| | | To | | | | |
| <u>5 FT 4 1/2" C.I.P. @ 4390</u> | <u>0</u> | <u>4390</u> | <u>4390</u> | <u>.22</u> | <u>965.80</u> | |
| <u>Annul 2 1/2" of Cement</u> | <u>0</u> | <u>4390</u> | <u>4390</u> | <u>---</u> | <u>180.00</u> | |
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| MISCELLANEOUS | | |
|-----------------------|----------|---------------|
| Description | Quantity | Amount |
| <u>Service Charge</u> | | <u>550.00</u> |
| <u>4 1/2" ALMA 6H</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.

Customer Signature _____ Date _____

| | |
|----------------|----------------|
| Sub Total | <u>2415.80</u> |
| Code Ref. | |
| Tool Insurance | |
| Tax | |
| | <u>2324.00</u> |