



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

KANSAS CORPORATION COMMISSION 1254887
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

CEMENT BOND LOG

Company **GULF EXPLORATION**
 Well **ROBL #1-29H**
 Field
 County **BARTON** State **KANSAS**

Company **GULF EXPLORATION**
 Well **ROBL #1-29H**
 Field
 County **BARTON**
 State **KANSAS**

Location **NW/4 NW/4**
 SEC. **28** TWP. **18S** RGE. **11W**
 Permanent Datum **GROUND LEVEL** Elevation **1807**
 Log Measured From **KELLY BUSHING 10' AGL**
 Drilling Measured From **KELLY BUSHING**
 Other Services
 Elevation
 K.B. 1817
 D.F.
 G.L. 1807

Date	6-08-2015						
Run Number	ONE						
Depth Driller							
Depth Logger	3500						
Bottom Logged Interval	3499						
Top Log Interval	1218						
Open Hole Size	WATER						
Type Fluid							
Density / Viscosity							
Max. Recorded Temp.							
Estimated Cement Top	1418						
Time Well Ready							
Time Logger on Bottom							
Equipment Number	52						
Location	GREAT BEND						
Recorded By	LEE BRETZ						
Witnessed By	MR. PAT MCGRAW						
Borehole Record		Tubing Record					
Run Number	Bit	From	To	Size	Weight	From	To
Casing Record	Size	Wgt/Ft		Top	Bottom		
Surface String	9.625			0	482		
Prot. String							
Production String	7			0	3821		
Liner							

<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

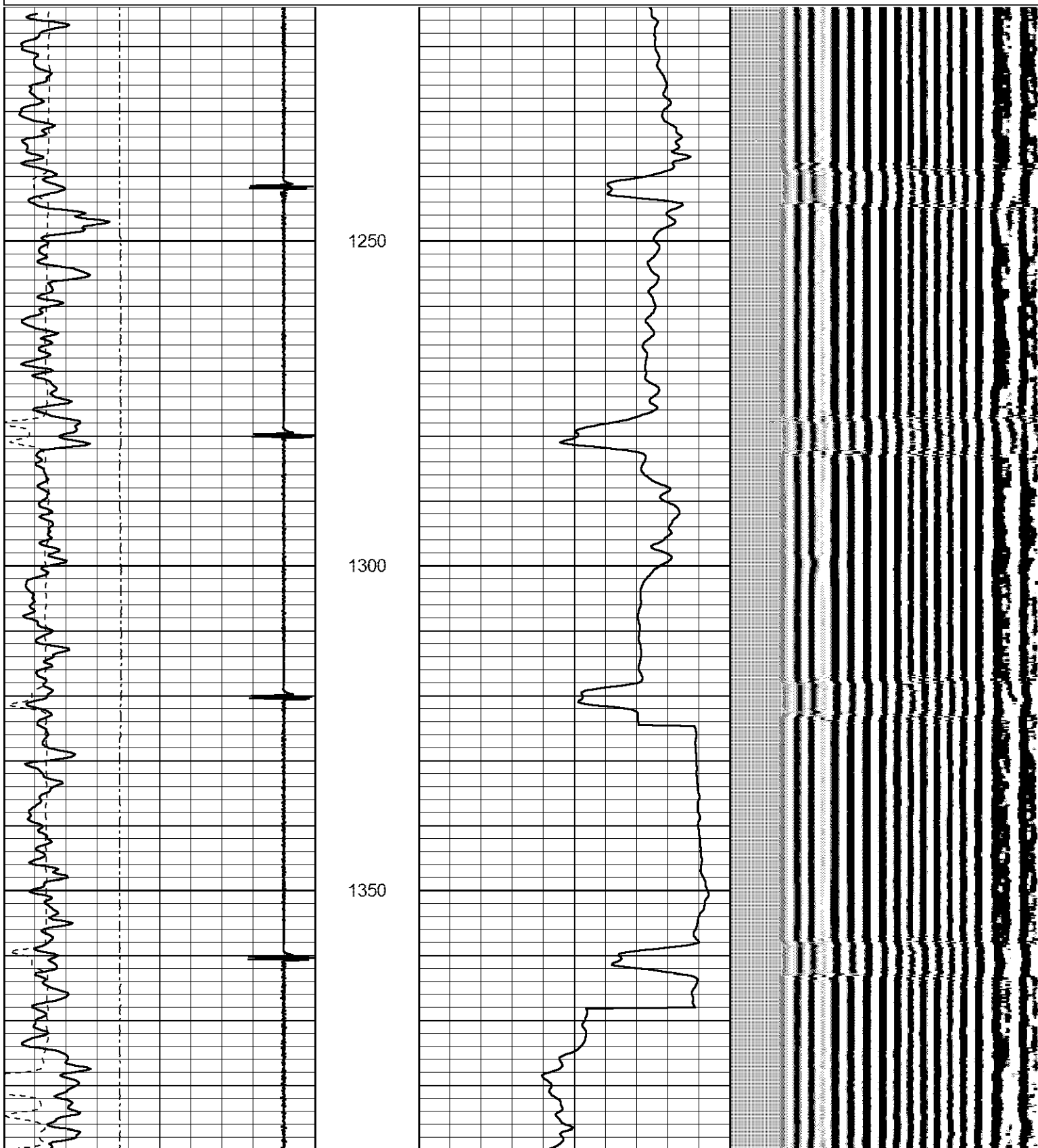
Comments

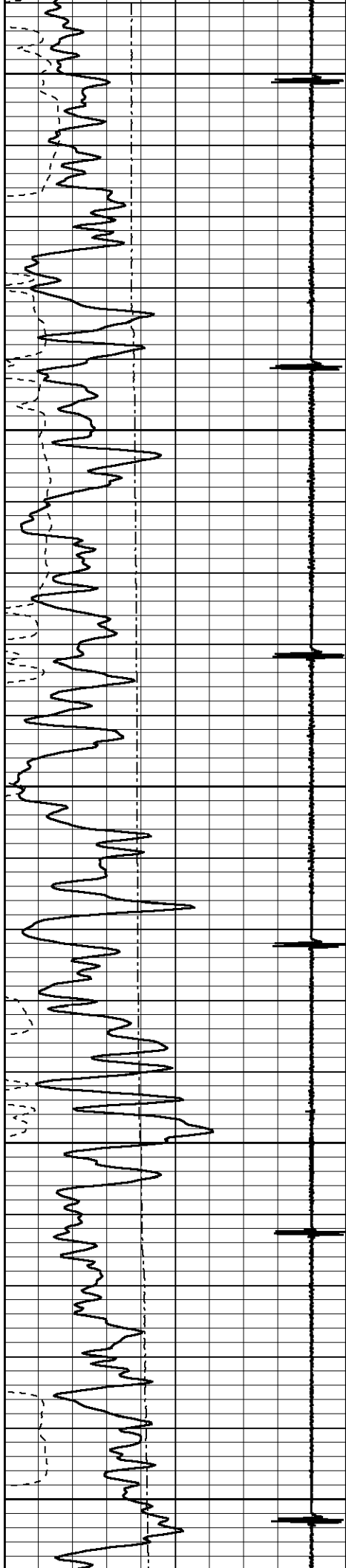
THANK YOU FOR USING LOG TECH OF KANSAS!
 (620)792-2167

Database File: rob1-29h.db
 Dataset Pathname: pass2
 Presentation Format: cbl02
 Dataset Creation: Mon Jun 08 12:00:08 2015 by Log 7.0 B1
 Charted by: Depth in Feet scaled 1:240

9	Collar Locator	-1
0	Gamma Ray (GAPI)	150
320	TT3 (usec)	120
0	LTEN (lb)	2000

0	Amplitude (mV)	100	200	VARIABLE DENSITY	1200
0	X5 Amplitude (mV)	20			





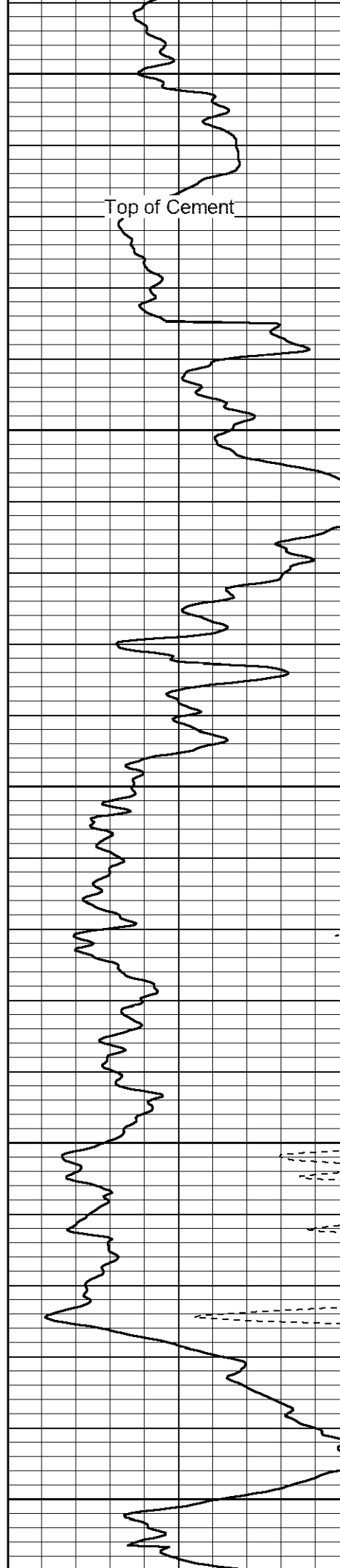
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1450

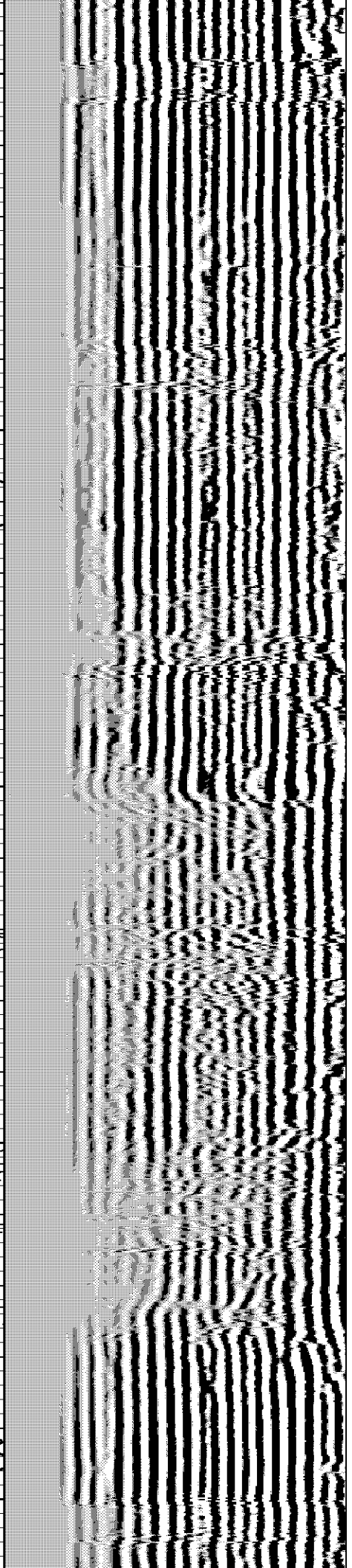
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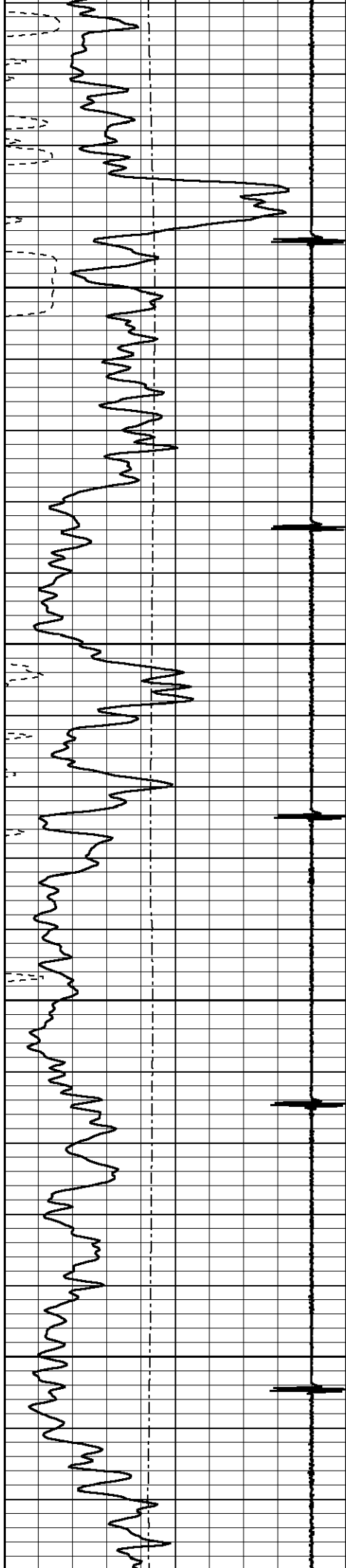
1550

1600



Top of Cement



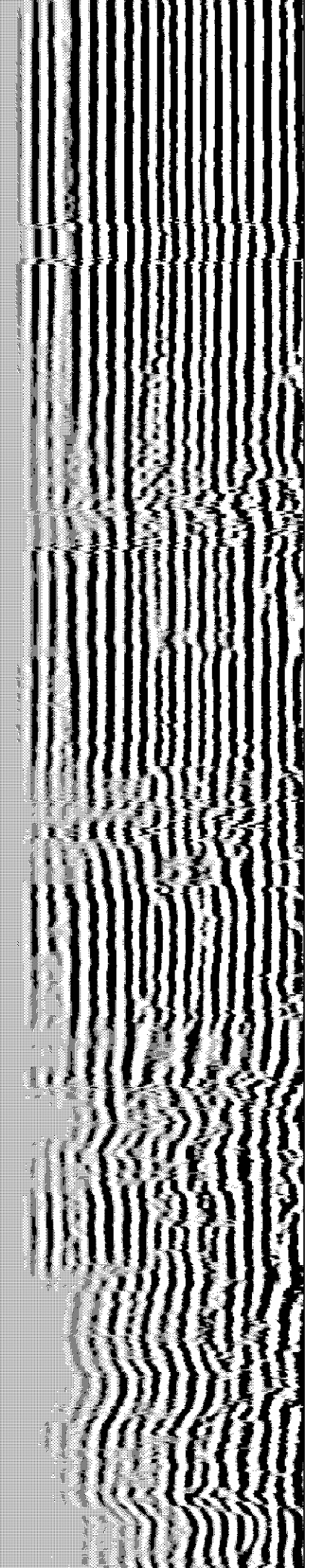
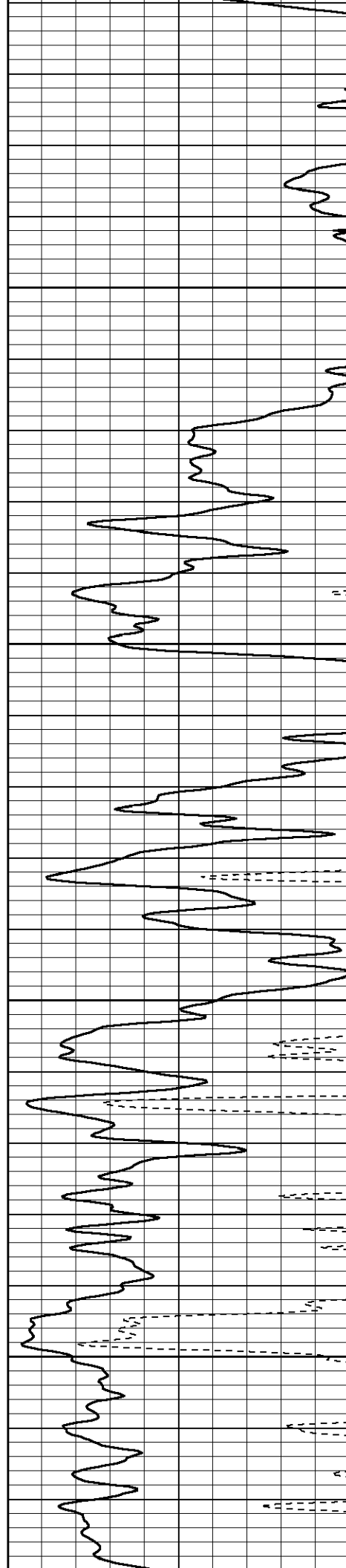


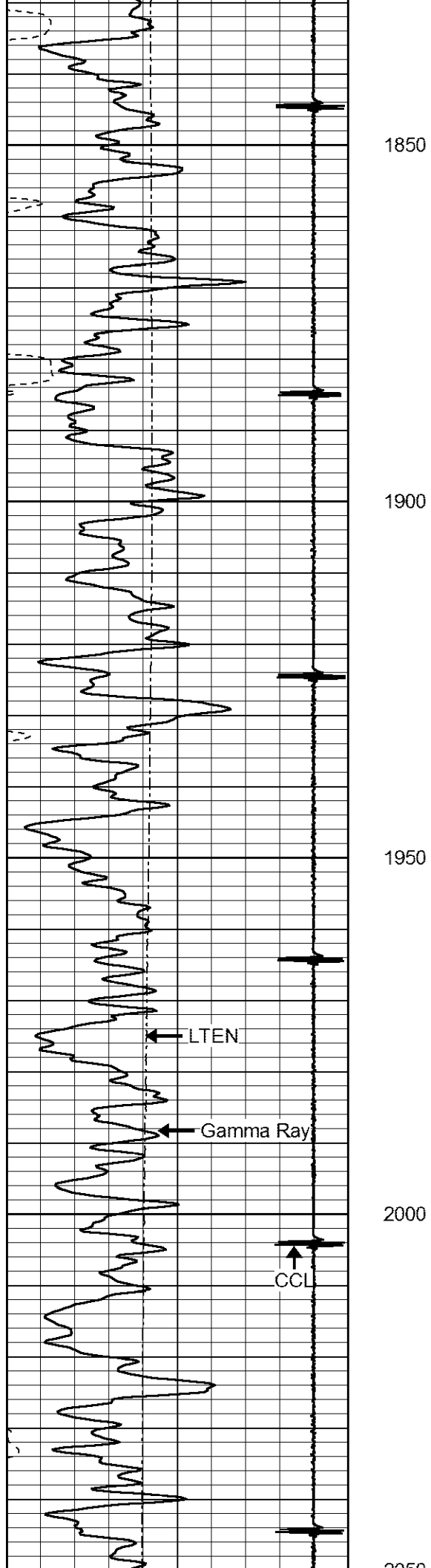
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1700

1750

1800





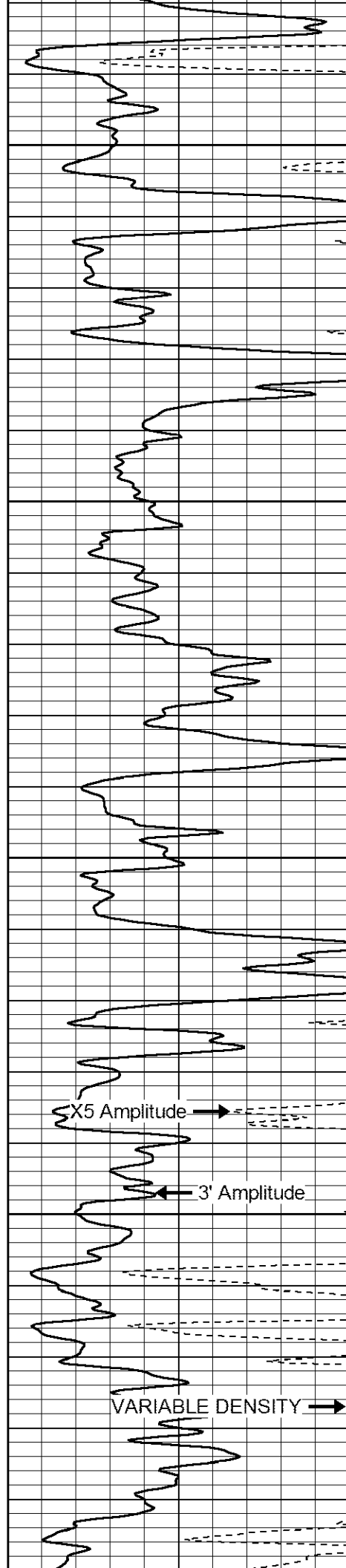
1850

1900

1950

2000

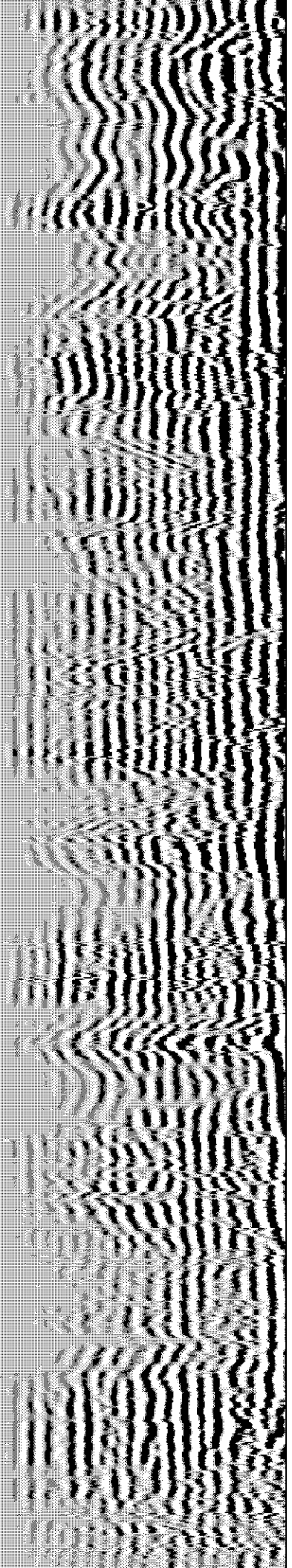
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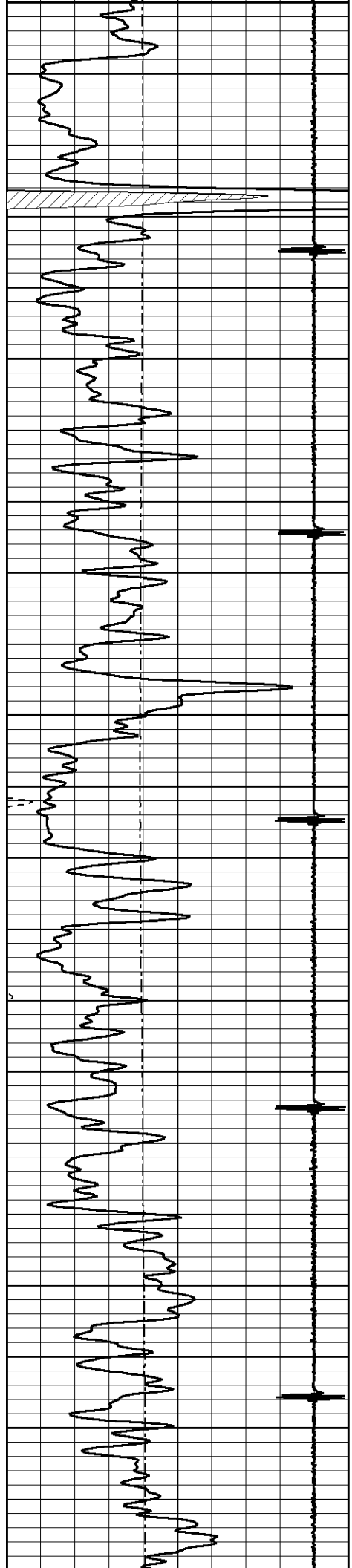


X5 Amplitude

3' Amplitude

VARIABLE DENSITY





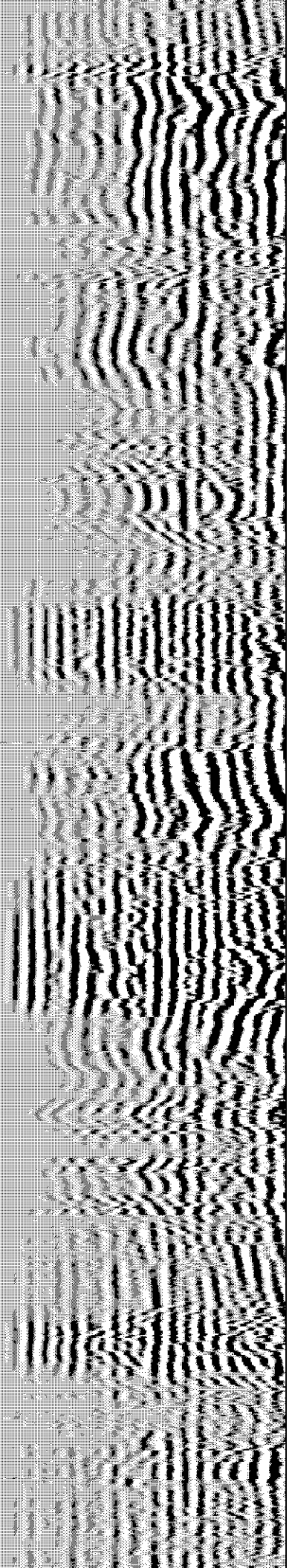
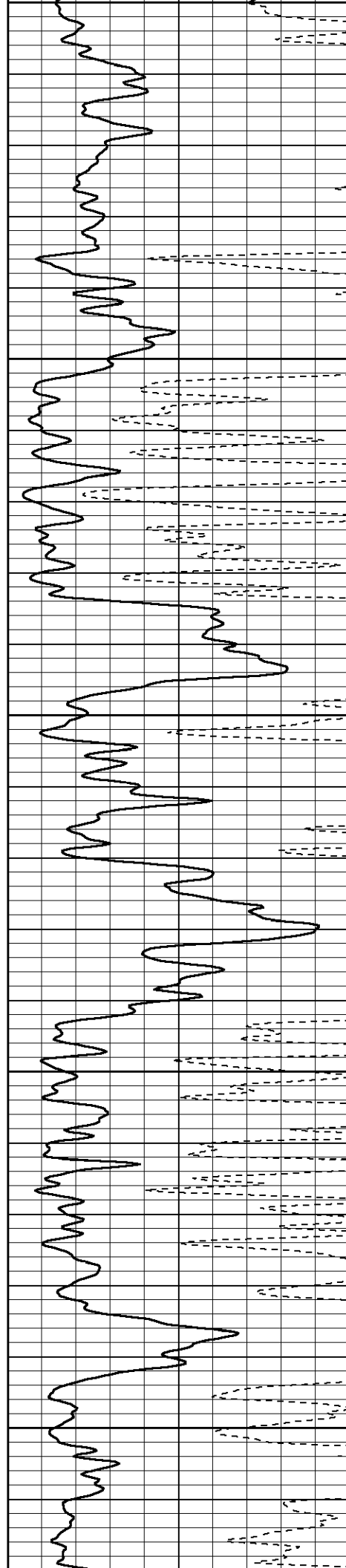
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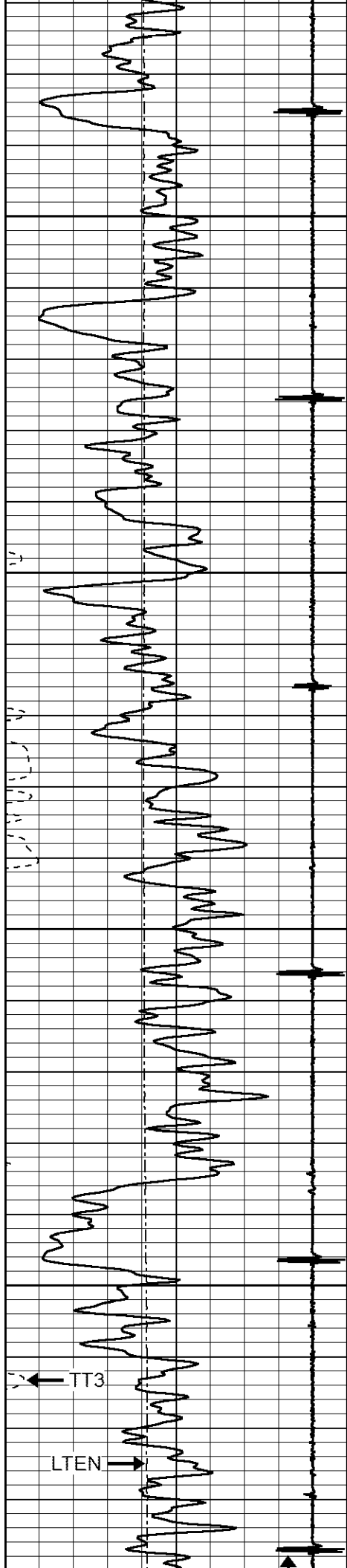
2100

2150

2200

2250





2300

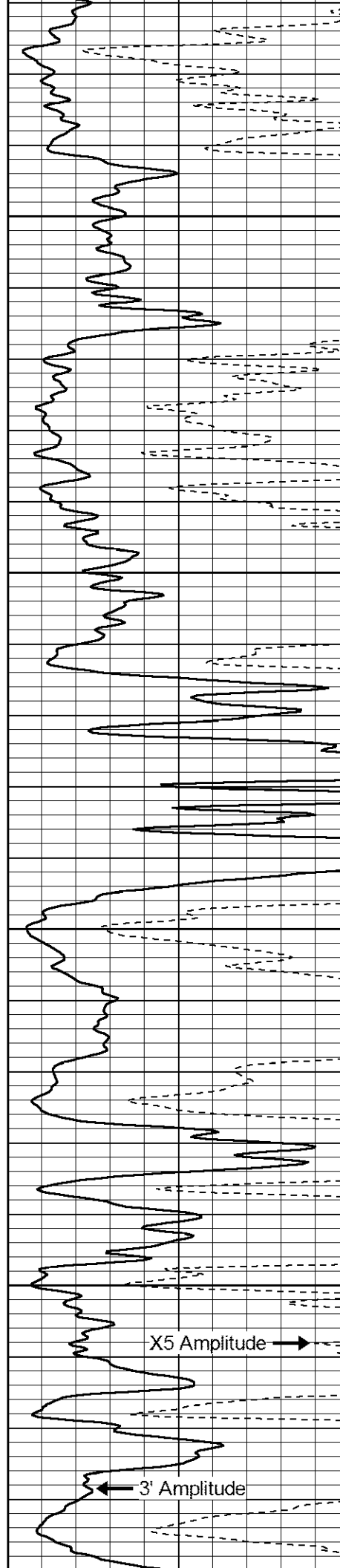
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2400

2450

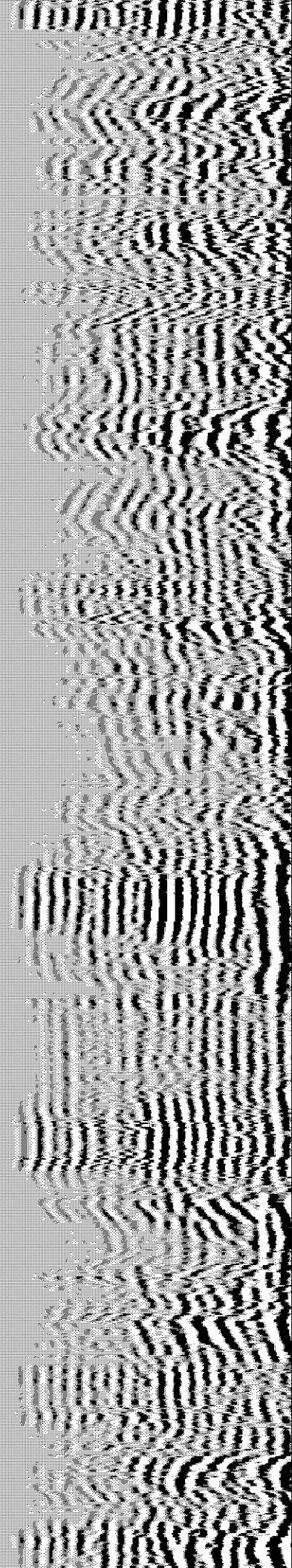
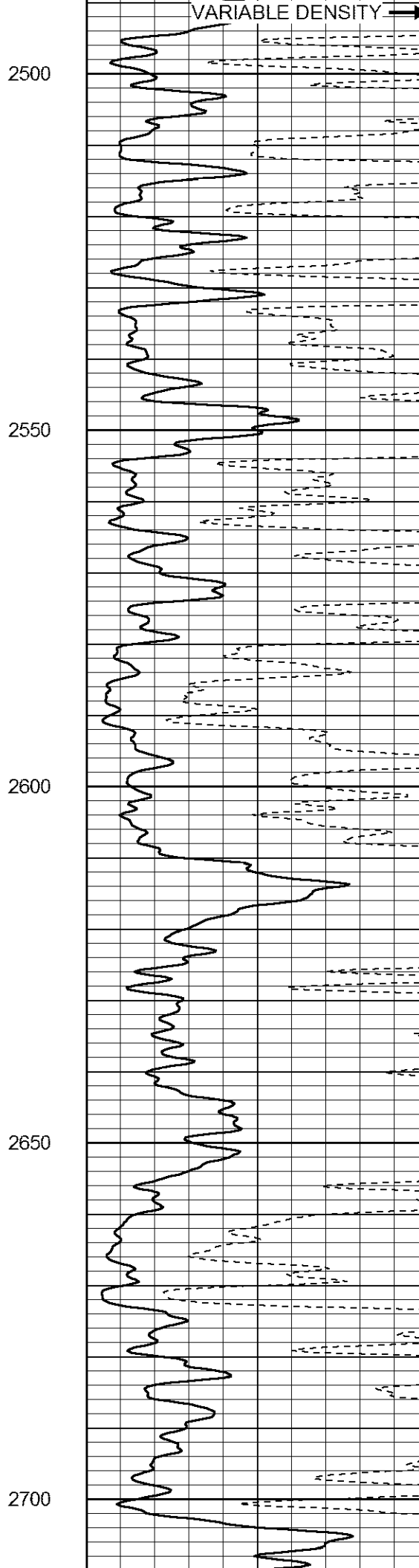
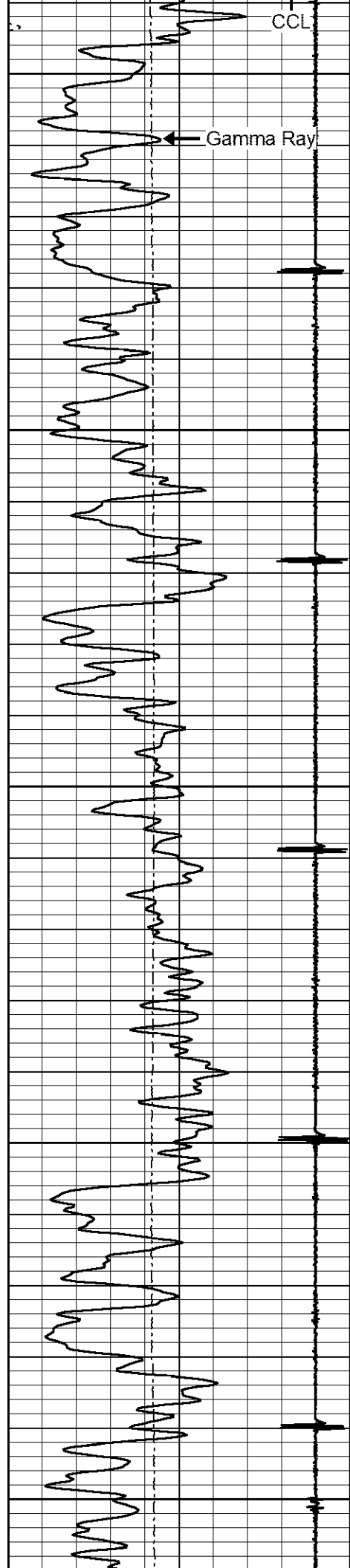
TT3

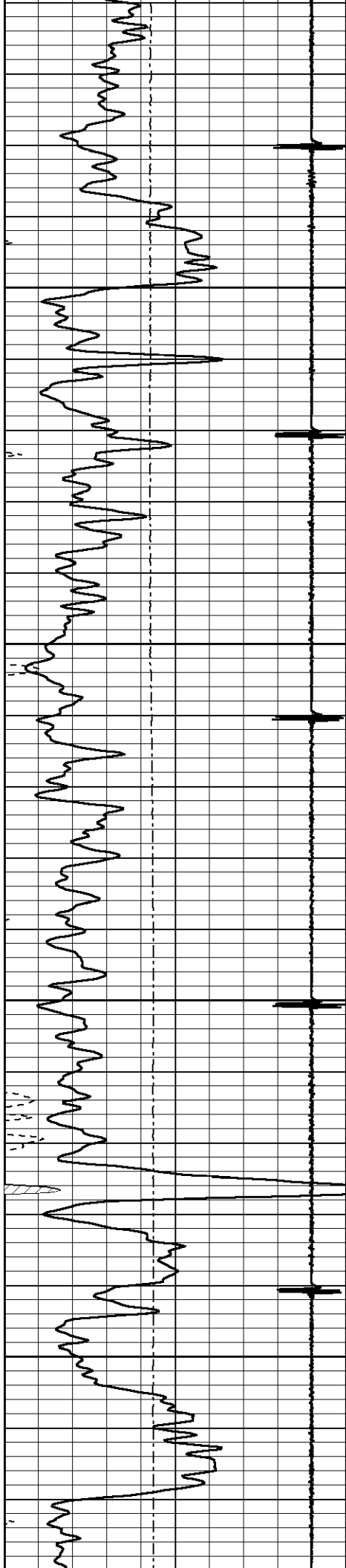
LTEN



X5 Amplitude

3' Amplitude



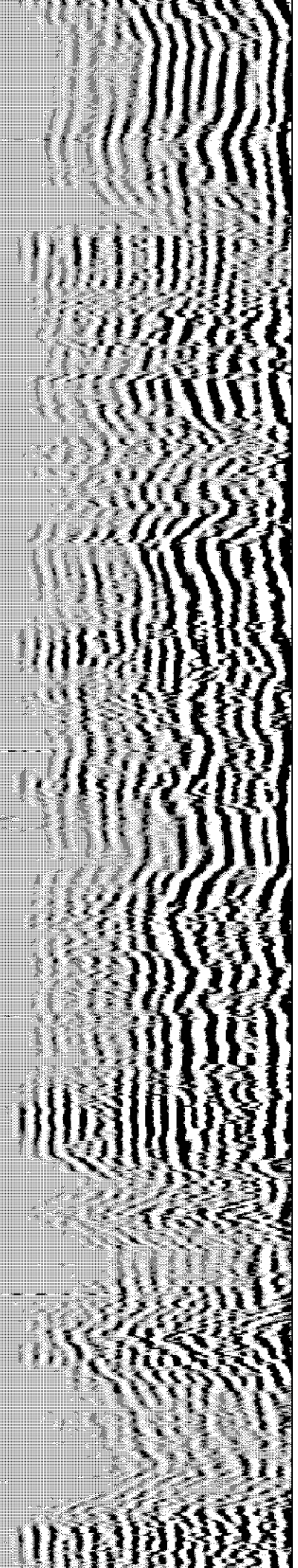
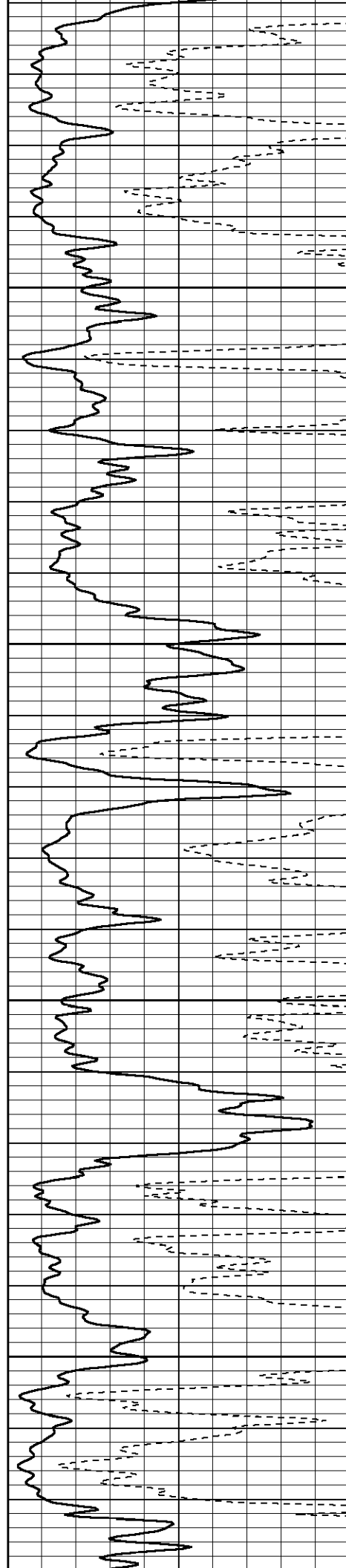


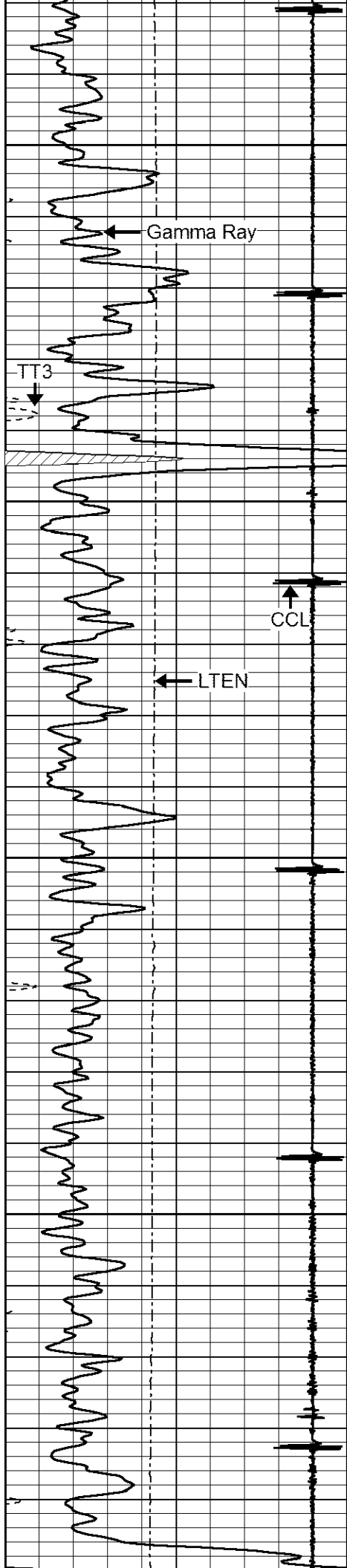
2750

2800

2850

2900





2950

Gamma Ray

3000

3050

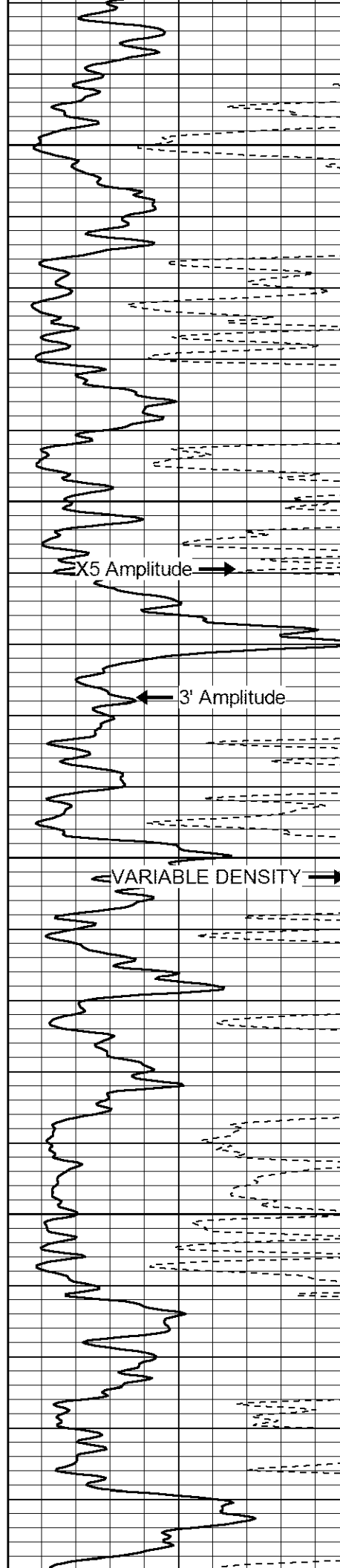
3100

3150

TT3

CCL

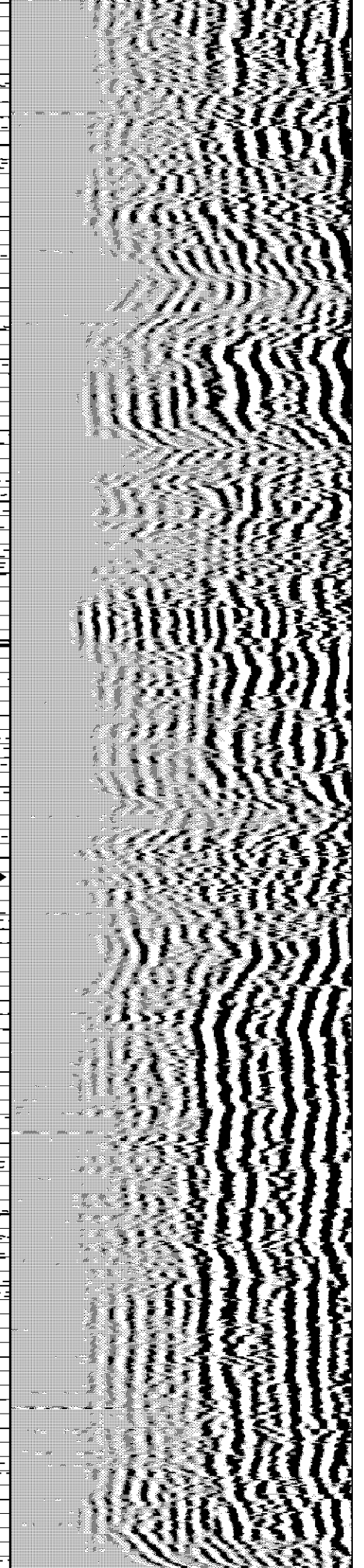
LTEN

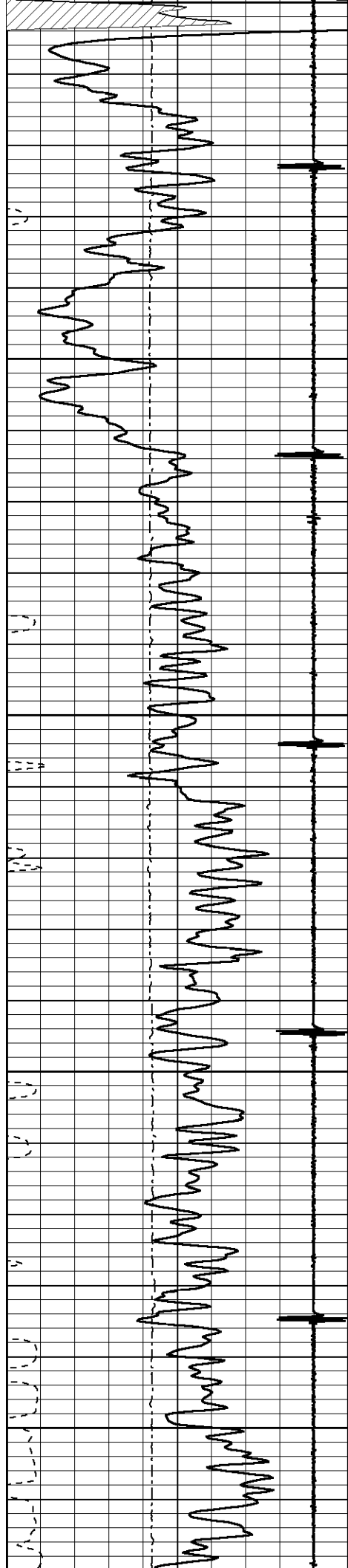


X5 Amplitude

3' Amplitude

VARIABLE DENSITY





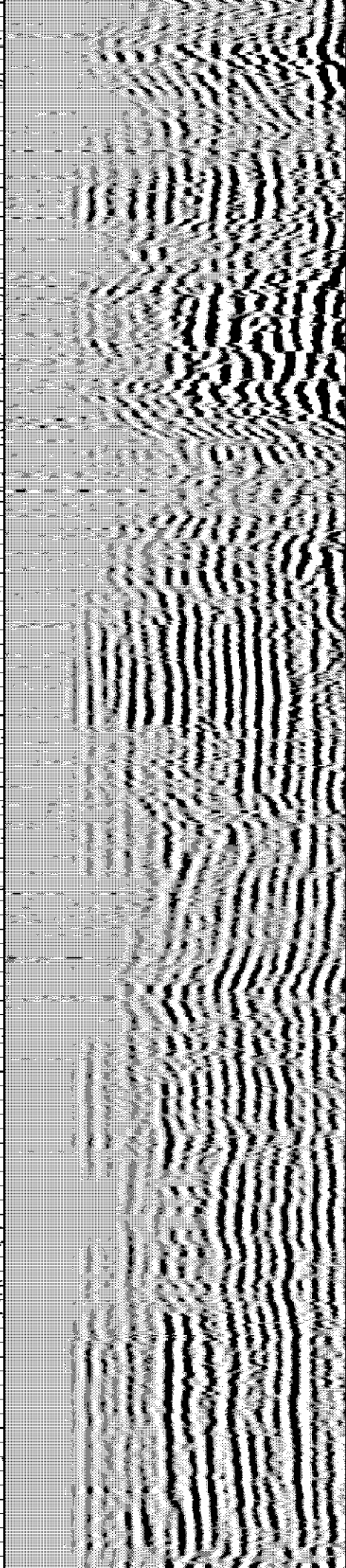
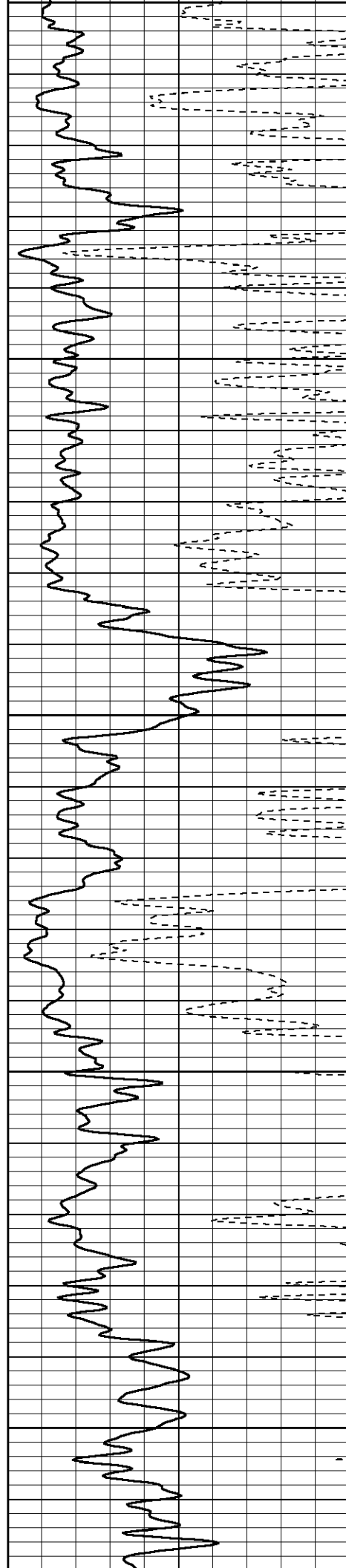
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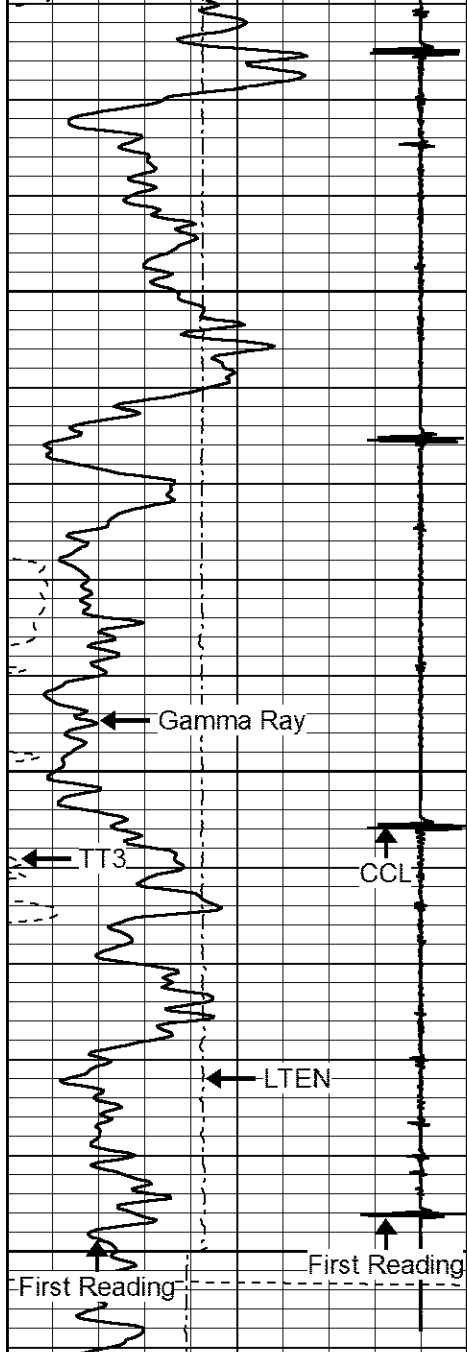
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3250

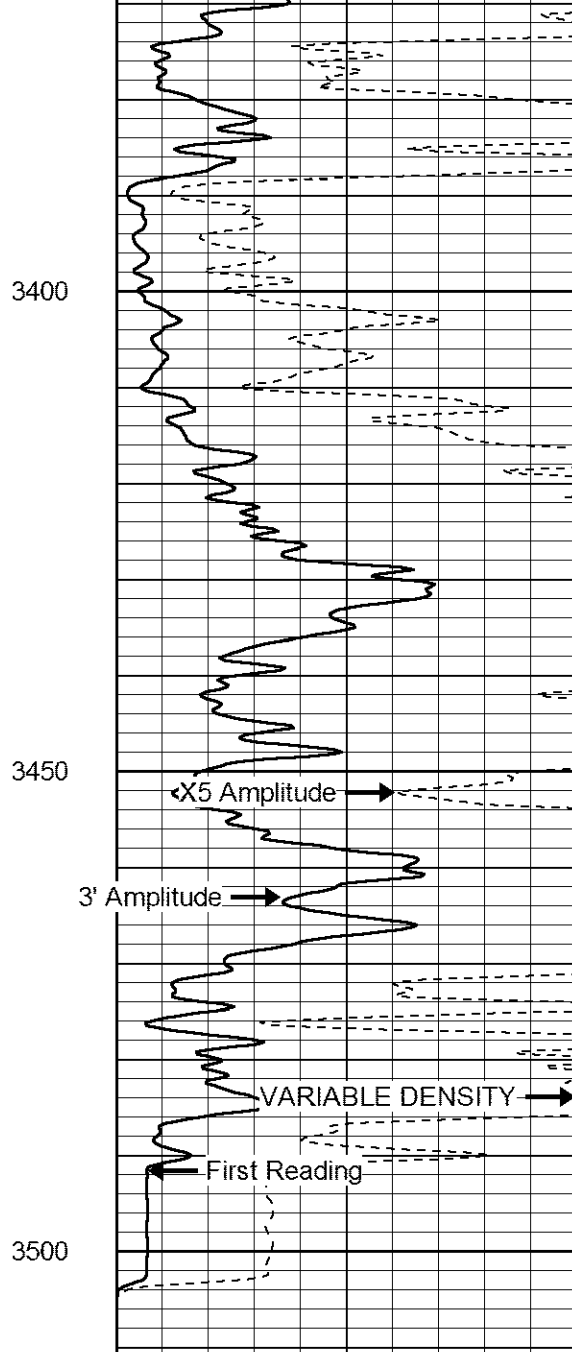
3300

3350

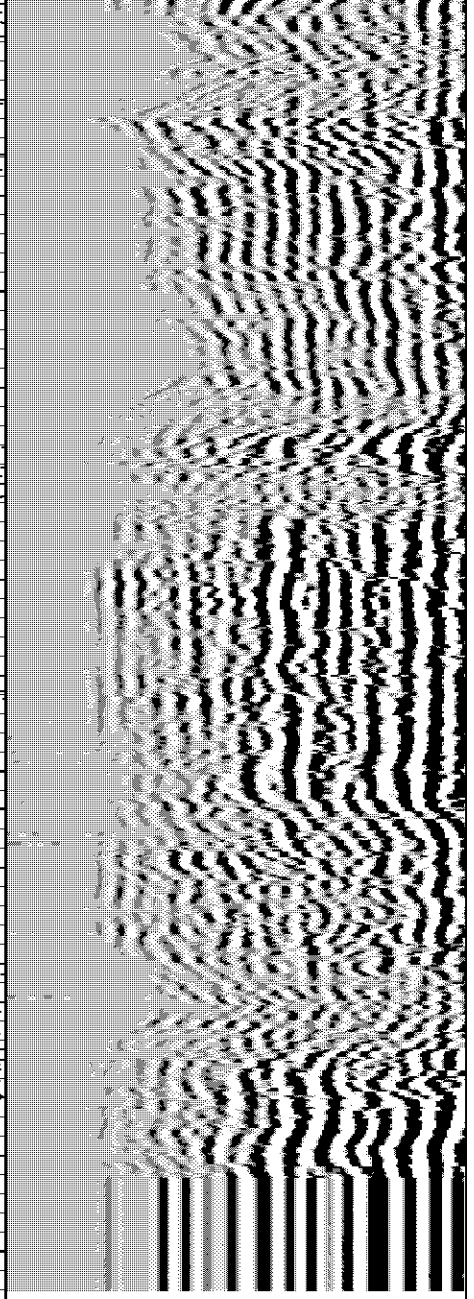




9	Collar Locator	-1
0	Gamma Ray (GAPI)	150
320	TT3 (usec)	120
0	LTEN (lb)	2000



0	Amplitude (mV)	100
0	X5 Amplitude (mV)	20



200	VARIABLE DENSITY	1200
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Sensor	Offset (ft)	Schematic	Description	Len (ft)	OD (in)	Wt (lb)
			STNDRD Standard Cable Head	1.00	1.69	10.00

WVF3	8.76		CBL-probecbl (probecbl1) probe cbl	8.75	2.75	92.00	
WVF5	7.76						
CCL	3.69		CCL-Probe (275) probe ccl	1.55	2.75	30.00	
GR	0.90		GR-probegr (progr1) probe gamma ray	3.02	2.75	20.00	
			Dataset:	rob1-29h.db: field/well/run1/pass2			
			Total Length:	14.32 ft			
			Total Weight:	152.00 lb			
			O.D.	2.75 in			

Date 6-9-15 District Gent Bend Ticket No. 63693
 Company Gulf Rig 02W
 Lease Rob Well No. 1-29 H
 County Benton State MS

Location 29-185 NW 1/4 Sec 5, T15N, R10E, S10
 Field Eastwood
 Location 7 North 1 East 1/4 Sec 5, T15N, R10E, S10

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 7 Type NCW Weight _____ Collar _____

Casing Depths: Top _____ Bottom _____

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ I.D. _____ ft. P.B. to _____ ft.

CAPACITY FACTORS:
 Casing: BBls/Lin. ft. 0.383 Lin. ft./Bbl. _____
 Open Holes: BBls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: BBls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: BBls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:

Spacer Type: f-esh
 Amt. 10 Sks Yield _____ ft³/sk Density 8.34 PPG _____

LEAD: Pump Type _____ hrs. Type 60/40+4 20
Gel Excess _____

Amt. 200 Sks Yield 1.41 ft³/sk Density 14.5 PPG _____
 TAIL: Pump Time _____ hrs. Type _____

Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG _____
 WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.

Pump Trucks Used 346 Ben
 Bulk Equip. 60/170 mainline

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type f-esh Amt. 50 Bbls. Weight 8.34 PPG _____
 Mud Type _____ Weight _____ PPG _____

CEMENTER Wm D

TIME	PRESSURES PSI		FLUID PUMPED DATA		REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	
1:00 PM			110	10	5 Had battery meeting
1:15 PM			47.40	37.40	5 1 st plug 1320 mix 150 SX + 200# HULLS
			73.40	26	5 Displace 26 BBLs
			92.23	18.83	5 2 nd plug 2900 mix 175 SX + 200# HULLS
			112.23	20	5 Displace 20 BBLs
			134.99	13.99	5 3 rd plug 500 mix 162 cemented to surface
			138.69	4	5 Dis 4 BBLs
					5 4 th plug 500 SX circulated for 20 min
4:00 PM			160.72	3.76	5 Top off with 15 SX

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

ALLIED OIL & GAS SERVICES, LLC 063692

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999

SOUTHLAKE, TEXAS 76092

SERVICE POINT: General Service

DATE <u>6-8-13</u>	SEC <u>12</u>	TWP <u>18</u>	RANGE <u>R11 West</u>	CALLED OUT	ON LOCATION <u>2:00 PM</u>	JOB START <u>2:00 PM</u>	JOB FINISH <u>3:00 PM</u>
LEASE <u>Robb</u>	WELL # <u>1-278</u>	LOCATION <u>East 2nd Street</u>	STATE <u>TX</u>	COUNTY <u>Brewster</u>	STATE <u>TX</u>		
OLD OR NEW (Circle one)							

CONTRACTOR OSW OWNER

TYPE OF JOB PTA

CEMENT AMOUNT ORDERED 0.3 SX Gcl

HOLE SIZE T.D.
 CASING SIZE 7.875" DEPTH
 TUBING SIZE 5.5" DEPTH 0.150
 DRILL PIPE DEPTH
 TOOL DEPTH

PRES. MAX. MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

EQUIPMENT

PUMP TRUCK CEMENTER OSW
 # 246 HELPER OSW
 BULK TRUCK DRIVER OSW
 BULK TRUCK DRIVER

REMARKS:

Run 3 bags with 0.150
0.3 SX Gcl in 100 bags
Discard 19 1/2 bags

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

HANDLING @
 MILEAGE @

TOTAL

SERVICE

DEPTH OF JOB @
 PUMP TRUCK CHARGE @
 EXTRA FOOTAGE @
 MILEAGE @
 MANIFOLD @

TOTAL

PLUG & FLOAT EQUIPMENT

@
 @
 @
 @
 @

TOTAL

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____

IF PAID IN 30 DAYS

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 John Payne
 SIGNATURE [Signature]

