

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

1200118

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:				t Description:		
Address 1:				Sec 7	Гwp S. R East	West
Address 2:				Feet from	North / South Line of Se	ction
City:				Feet from East / West Line of Section		
Contact Person:			Foot	ages Calculated from Near	est Outside Section Corner:	
Phone: ()				NE NW	SE SW	
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	lic Cou	nty:		
Water Supply Well	SWD Permit #:		•	Well #:		
ENHR Permit #: Gas Storage Permit #:						
Is ACO-1 filed? Yes No If not, is well log attached? Yes No					proved on: (
Producing Formation(s): List A	All (If needed attach anothe	r sheet)	by:_		(KCC District Agent's N	Vame)
Depth to	Top: Botto	om: T.D	Plua	iging Commenced:		
Depth to Top: Bottom: T.D				Plugging Completed:		
Depth to	Top: Botto	om: T.D				
						—
Show depth and thickness of a		ations.				
Oil, Gas or Water	Oil, Gas or Water Records			Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	_
Describe in detail the manner cement or other plugs were us	. 00	, .			ods used in introducing it into the ho	ole. If
Plugging Contractor License #:						
Address 1:			Address 2:			
				ə:		
Phone: ()						
Name of Party Responsible fo	or Plugging Fees:					
State of	County, .		, SS.			
				Employee of Operator or	Operator on above-described	well,

Submitted Electronically

(Print Name)

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

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 _055779

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665

SERVICE POINT: Rosse 1 KS

Jul 5, 2015

DATE 6-5-15 SEC. TWP. RANGE 20	ON LOCATION JOB START JOB FINISH	
OLD OR NEW (Circle one)	KS 55 1ENINIO ROOKS STATE	
CONTRACTOR BOWING O;	OWNER Usud 335	Fax: (812) 462-3736
TYPE OF JOB PTA	O IT (TEXT)	
HOLE SIZE T.D.	CEMENT	
CASING SIZE 51/2 DEPTH 377	AMOUNT ORDERED 450 1/40 470 901 1/4 45/0	
TUBING SIZE 23/8 DEPTH 3674	500 thulls	
DRILL PIPE DEPTH TOOL DEPTH	A STATE OF THE STA	
TOOL DEPTH PRES. MAX MINIMUM	COMMON @	
MEAS. LINE SHOE JOINT	POZMIX @	
CEMENT LEFT IN CSG.	GEL @	
PERFS.	CHLORIDE@	
DISPLACEMENT	ASC @	
EQUIPMENT	60/40 478g-1 335 @15.50 5192,50	
Sarvice Date Date	flo.ses 1 84 @2.97 249,48	
PUMPTRUCK CEMENTER Robert Y	hulls 300# @199 297.00	
# 409 HELPER Tracy J	(d)	DU NE 4
BULK TRUCK	· · · · · · · · · · · · · · · · · · ·	
# 985-292 DRIVER Ben G	Material @ 5738.98	
BULK TRUCK	Qin @ 2180.82	1 00 WELL NAME
# DRIVER	0 2 40 00 00	335.00 CEMENT MARE
04 3 52	HANDLING 335 5/5 @ 2.48 830.80 MILEAGE 505.75 +/2 2.75 1390.81	84.00 CEMENT MATE
OCTOS GEO DEMANAGE	DIAL C PARAMERAN Little	
REMARKS:	TOTAL	STOTE THE ATT OF THE PARTY
pl 100 sts 200 1/4-1/5 @ 3674	apinno isa rondo doi	WISC TREMES OUGLE
02 100 sts 100° halls & 2765	SERVICE AND TO THE SERVICE	ANITA INFINITO 97999
15 sts @ 1739	2679	
15 sts @ surface	DEPTH OF JOB 3679	as on -CEMENT SERV
10 00 00 00 00 00	PUMP TRUCK CHARGE 1250.00	UP TO THE LATE OF AS
Total sacks 335	EXTRA FOOTAGE @ MILEAGE 35 LV @ 4.40 154.00	V2 30 17 37 30,01
KCC # 99996		LOD CENTENT SUPE
	MANIFOLD @ @7.70 537.00	1.00 OPERATOR AS
	mil. @ mmains a maria	
CHARGE TO: Bowman Oil		
	1582,55 TOTAL 4/64.61	
STREET	150000	
CITYSTATE ZIP		
VIII	PLUG & FLOAT EQUIPMENT	
	@	70 mm
	@	
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		ALL PRICES ARE MET PA
TERMS AND CONDITIONS" listed on the reverse side.	SALES TAX (If Any)	
85.6 - 2.01	TOTAL CHARGES 9903, 59	INVOICE TIZE CHAR
provided water (1/2/1/2)	311 2 21 (38%)	THEREAFIER IF ACCOU
PRINTED NAME Willy Hays	DISCOUNT 3763.36 IF-PAID IN 30 DAYS	CRESSAL DATE DRANCE
10,512.66	not : 6140, 23 DATOT	
SIGNATURE WILL FUND	- Holi .	3, 7631
35.6are - //		ONLY IF PAID ON OR EE