



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

KANSAS CORPORATION COMMISSION 1260492
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 055774

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell KS

DATE: <u>5-28-15</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>200PM</u>	JOB FINISH <u>230PM</u>
LEASE <u>Boxberger</u>		WELL # <u>3</u>	LOCATION <u>Russell KS #40 15 1 1/2 W</u>		COUNTY <u>Russell</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)			<u>N. 40</u>				

CONTRACTOR Express
TYPE OF JOB PTA

HOLE SIZE _____ T.D. _____
CASING SIZE 4 1/2 DEPTH 2700
TUBING SIZE _____ DEPTH _____
DRILL PIPE _____ DEPTH _____
TOOL _____ DEPTH _____
PRES. MAX _____ MINIMUM _____
MEAS. LINE _____ SHOE JOINT _____
CEMENT LEFT IN CSG. _____
PERFS. _____
DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER Robert Y
407 HELPER Tracy J
BULK TRUCK
985-292 DRIVER Ben G
BULK TRUCK
_____ DRIVER _____

REMARKS:

50 sts 3 gal @ 2700
150 sts @ 1500'
20 sts @ surface

CHARGE TO: Dennis Roberts
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]

OWNER used 220

CEMENT
AMOUNT ORDERED 300 60/40 47 gal
12 gal
600# balls

COMMON _____ @ _____
POZMIX _____ @ _____
GEL 300 @ 50 150.00
CHLORIDE _____ @ _____
ASC _____ @ _____
60/40 47 gal 220 @ 15.50 3410.00

Material @ _____ 3560.00
Line @ 1246.-

HANDLING 300 sts @ 2.48 744.00
MILEAGE 6.5 +/m 2.75 177.38
64.5 TOTAL _____

SERVICE

DEPTH OF JOB 2700
PUMP TRUCK CHARGE 1250.00
EXTRA FOOTAGE @ _____
MILEAGE 5 LVMI @ 4.40 22.00
MANIFOLD @ _____
10 HVMI @ 7.70 77.00

Line 794.63 TOTAL 2270.38

PLUG & FLOAT EQUIPMENT

TOTAL _____

SALES TAX (If Any) _____
TOTAL CHARGES 5830.38
DISCOUNT 2040.63 35% IF PAID IN 30 DAYS
net \$3789.75

Date 5-28-15 District Russell 15 Ticket No. 55774
 Company Denis Roberts Rig Express
 Lease Baxberger Well No. 3
 County Russell State KS
 Location Russell 15 1 1/2 W Field _____
Wintu

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

Casing Depths: Top _____ Bottom _____

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

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. _____ 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. _____
 Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:

Spacer Type: _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time _____ hrs. Type 60/40 47 gal
 Excess _____

Amt. 220 Skys Yield 1.92 ft³/sk Density 13.8 PPG

TAIL: Pump Time _____ hrs. Type _____
 Excess _____

Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

WATER: Lead 6.89 gals/sk Tail _____ gals/sk Total _____ Bbls

Pump Trucks Used 417- Tracy J
 Bulk Equip. 785-292-Ben G

Floater Equip: Manufacturer _____

Shoe: Type _____ Depth _____

Floater: Type _____ Depth _____

Centralizers: Quantity _____ Plugs Top _____ Btm. _____

Stage Collars _____

Special Equip. _____

Disp. Fluid Type _____ Amt. _____ Bbls. Weight _____ PPG

Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____

CEMENTER [Signature]

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	
						on location - safety meeting
11:30 AM		1500*		6		pump water ahead @ 3200
						pull to 2700
		500				mix 3 sks gal
		500	12.6		4	mix 50 sks cnt
			2			displace with H2O
		300	38		4	mix 150 sks cnt @ 1500'
			1			displace with H2O
			5		1 1/2	top off well with cnt
						tear down
						leave location