



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

KANSAS CORPORATION COMMISSION 1262243
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

Federal Tax I.D. #20-5975804

065590

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

SERVICE/POINT:
East Bend W

DATE <u>8-5-15</u>	SEC. <u>26</u>	TWP. <u>18</u>	RANGE <u>24</u>	CALLED OUT	ON LOCATION	JOB START <u>11:00 PM</u>	JOB FINISH <u>12:00 AM</u>
LEASE <u>Fri + 21c</u>	WELL # <u>1-26</u>		LOCATION <u>Ness city west To R-RD</u>		COUNTY <u>Ness</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)			North 1/2 west south into				

CONTRACTOR Placenta Riala

TYPE OF JOB Surface

HOLE SIZE 12 1/8 T.D. 217

CASING SIZE 8 5/8 DEPTH 217

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT 12.75 BBHs

EQUIPMENT

PUMP TRUCK CEMENTER Wayne Davis

366 HELPER Brian Hand

BULK TRUCK

871/112 DRIVER Maulin

BULK TRUCK

DRIVER

OWNER Tripple Coward

CEMENT

AMOUNT ORDERED 165 5/8 600/40 + 3% CC + 2% GEL

COMMON @

POZMIX @

GEL @

CHLORIDE 425 @ 1.10 467.50

ASC @

165 5/8 600/40 + 2% @ 15.50 2,557.00

TOTAL 3,025.00

DISCOUNT 50% 1,512.50

REMARKS:

on job site had safety meeting

Spot Trucks Riala up

Break circulation with Rig mud

Run 5 BBHs water ahead

165 5/8 600/40 + 3% CC + 2% GEL

Displace 12.75 BBHs fresh water

Shut in cement did circulate

105% to pit

SERVICE

HANDLING <u>177.28</u>	@ <u>2.48</u>	<u>439.65</u>
MILEAGE <u>7.45 X 64</u>	<u>2.75</u>	<u>122.93</u>
DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>1512.35</u>
EXTRA FOOTAGE	@	
HV MILEAGE <u>6</u>	@ <u>7.70</u>	<u>46.20</u>
LV MILEAGE <u>6</u>	@ <u>4.40</u>	<u>26.40</u>
TOTAL		<u>2147.43</u>
DISCOUNT <u>50%</u>		<u>1073.72</u>

CHARGE TO: Tripple Coward

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
TOTAL		
DISCOUNT	%	

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 Mike Kern

SIGNATURE Mike Kern

SALES TAX (If Any) _____

TOTAL CHARGES 5172.43

DISCOUNT 2586.22 IF PAID IN 30 DAYS

NET TOTAL 2586.21 IF PAID IN 30 DAYS