



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

KANSAS CORPORATION COMMISSION 1263987
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

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

21910
977
067785
12/6/17

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

SERVICE POINT:

Dallas, TX

DATE <i>12/17</i>	SEC <i>9</i>	TWP <i>7</i>	RANGE <i>37</i>	CALLED OUT	ON LOCATION	JOB START <i>11:30 AM</i>	JOB FINISH <i>12:30 PM</i>
LEASE <i>W/11/10</i>	WELL # <i>1-9</i>	LOCATION <i>McDonald N 10 W 12 33</i>				COUNTY <i>Cherokee</i>	STATE <i>MS</i>
OLD OR NEW (Circle one)		<i>1/4 W 12 33</i>				<i>1-03</i>	<i>8.5 all</i>

CONTRACTOR *Berco 10*

TYPE OF JOB *PTA*

HOLE SIZE *7 7/8* T.D.

CASING SIZE *8 1/8* DEPTH *305'*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

OWNER

CEMENT

AMOUNT ORDERED *255 60/40 40 cement*

114 PLO

255 60/40 40 cement

COMMON *255 3/4* @ *18 92* *4724.00*

POZMIX @

GEL @

CHLORIDE @

ASC @

Flt Seal 64lb @ *2 92* *122.08*

TOTAL *5046.08*

EQUIPMENT

PUMP TRUCK CEMENTER *Alan Ryan 1*

995 HELPER *Chris Ryan 1*

BULK TRUCK

891 DRIVER *Cory Brown 3*

BULK TRUCK

DRIVER

DISCOUNT *48%* *2427.05*

REMARKS:

50 5/8 @ 3305'

100 9/16 @ 2500'

50 5/8 @ 250'

10 5/8 @ 40'

20 5/8 @ 7 Hole

15 5/8 @ 10 Hole

572.

SERVICE

HANDLING *273* @ *2 48* *679.24*

MILEAGE *25* *70 miles* *11.44* *1523.00*

DEPTH OF JOB

PUMP TRUCK CHARGE *2600* *42*

EXTRA FOOTAGE @

HV MILEAGE *60* @ *7 20* *385.00*

LV MILEAGE @

TOTAL *3,037.70*

DISCOUNT *48%* *254.09*

CHARGE TO: *Berco 10*

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

2-Ton Jack Plug @ *110.00*

TOTAL *110.00*

DISCOUNT *0%* *0.00*

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 *Gilbert Davila Jr.*

SIGNATURE *Gilbert Davila Jr.*

SALES TAX (if Any) *880.81*

TOTAL CHARGES *10,362.87*

DISCOUNT *492.14 (48%)* IF PAID IN 30 DAYS

NET TOTAL *5,441.03* IF PAID IN 30 DAYS

Date: 8/2/15 District: OKM/LL Ticket No. 067287
 Company: Quince Rig: Quince 10
 Lease: Willford Well No.: 1-9
 County: Wagoner State: OK
 Location: _____ Field: _____

CEMENT DATA:

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

LEAD: Pump Time _____ hrs. Type PPG 4000
 Amt. 255 Sks Yield 1-1 Excess _____
 ft³/sk Density 1300 PPG _____

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

WATER: Lead 6.9 gals/sk Tail _____ gals/sk Total _____ Bbls. _____

Pump Trucks Used 425
 Bulk Equip. 231

Flight Equip: Manufacturer _____
 Shoe Type _____ Depth _____
 Float Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Bitr. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type KFD Amt. _____ Bbls. Weight _____ PPG _____
 Mud Type Top Head Weight _____ PPG _____

CASING DATA: Conductor PTA Squeezé Misc
 Surface Intermediate Production Liner
 Size 8 1/2 Type _____ Weight _____ Collar _____

Casing Depths: Top 66 Bottom 305

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

CAPACITY FACTORS:
 Casing: Bbls./Lin. ft. 0.67 Lin. ft./Bbl. _____
 Open Holes: Bbls./Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls./Lin. ft. 0.142 Lin. ft./Bbl. _____
 Annulus: Bbls./Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

COMPANY REPRESENTATIVE _____

CEMENTER Quince

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
						Installation 9PM, mix setup
				8 1/4	3.0	mix 50 SKL 3125'
				16 1/2	3.0	mix 100 SKL 2500'
				8 1/4	3.0	mix 50 SKL 3300'
				2	3.0	mix 10 SKL 400'
				5	3.0	mix 50 SKL R.H.
				2 1/2	3.0	mix 15 SKL M.H.
10:30 AM						JOB COMPLETE