



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

KANSAS CORPORATION COMMISSION 1264973
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.

(Print Name) Employee of Operator or Operator on above-described well,

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 055716

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell 165

DATE <u>9-2-15</u>	SEC. <u>1</u>	TWP. <u>9</u>	RANGE <u>17</u>	CALLED OUT	ON LOCATION	JOB START <u>1100 AM</u>	JOB FINISH <u>1130 AM</u>
LEASE <u>H Rabc A</u>	WELL# <u>3</u>	LOCATION <u>Cadel KS 7N 3/4 E</u>			COUNTY <u>Rooks</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)				<u>Sinto</u>			

CONTRACTOR Boymen
TYPE OF JOB PTA
HOLE SIZE _____ T.D. _____
CASING SIZE 5 1/2 DEPTH 3345
TUBING SIZE 2 3/8 DEPTH 2825
DRILL PIPE _____ DEPTH _____
TOOL _____ DEPTH _____
PRES. MAX _____ MINIMUM _____
MEAS. LINE _____ SHOE JOINT _____
CEMENT LEFT IN CSG. _____
PERFS. _____
DISPLACEMENT _____

OWNER _____
CEMENT
AMOUNT ORDERED 340 60/40 49 gal
300 # hails

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

COMMON _____ @ _____
POZMIX _____ @ _____
GEL _____ @ _____
CHLORIDE _____ @ _____
ASC _____ @ _____
60/40 49 gal 315 @ 15.50 4882.50
hails 300 # @ 0.99 297.00

Material @ 5174.50
Disc @ 1812.82
HANDLING 340 sks @ 2.48 843.20
MILEAGE 537 km @ 2.75 1476.75

REMARKS:

KCC #99996
p1 150 sks 200 # hails @ 2825
p2 150 sks 100 # hails @ 1967
p3 15 sks to top off well
pressure up back side to 200 #

Thank you!!

CHARGE TO: Bill Bowman Oil
STREET _____
CITY _____ STATE _____ ZIP _____

TOTAL _____

SERVICE

DEPTH OF JOB 2825
PUMP TRUCK CHARGE 1250.00
EXTRA FOOTAGE @ _____
MILEAGE 35 LVMI @ 4.40 154.00
MANIFOLD @ _____
70 HVMI @ 7.70 539.00

Disc 1492.04 TOTAL 4262.95

PLUG & FLOAT EQUIPMENT

_____ @ _____
_____ @ _____
_____ @ _____
_____ @ _____
_____ @ _____

TOTAL _____

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.

SALES TAX (If Any) _____

TOTAL CHARGES 9442.45

DISCOUNT 3304.86 35% IF PAID IN 30 DAYS

net 6137.59

PRINTED NAME DON BOWMAN
SIGNATURE Don Bowman