



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

KANSAS CORPORATION COMMISSION 1265641
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

067726

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

SERVICE POINT: Oakley, KS

DATE <u>2-11-15</u>	SEC <u>22</u>	TWP. <u>15</u>	RANGE <u>34</u>	CALLED OUT	ON LOCATION <u>8:00p.m.</u>	JOB START <u>6:30p.m.</u>	JOB FINISH <u>7:30p.m.</u>
LEASE <u>McDaniel</u>	WELL# <u>1-22</u>	LOCATION <u>Pence N to Dakota</u>	COUNTY <u>Logan</u>	STATE <u>KS</u>			
OLD OR <input checked="" type="radio"/> NEW (Circle one)		<u>W + S to rig</u>					

CONTRACTOR W+W 2 OWNER Same

TYPE OF JOB PTA

HOLE SIZE 7 1/8 T.D. 4700 CEMENT

CASING SIZE _____ DEPTH _____ AMOUNT ORDERED 255 sks 60/40

TUBING SIZE _____ DEPTH _____ 4 1/2 gal 1/4 # Flo-seal

DRILL PIPE 4 1/2 DEPTH 2390

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 1st plug 24 bbl mud 2nd plug 366/400

EQUIPMENT

PUMP TRUCK CEMENTER Paul Beaver

431 HELPER Brandon Wellkison

BULK TRUCK

818/340 DRIVER Darren Racette

BULK TRUCK

_____ DRIVER _____

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

60/40/4 255 sks @ 18.92 4824.60

Flo-seal 64 # @ 2.97 190.08

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL 5,014.68

DISCOUNT 20% 1002.94

REMARKS:

mix 50 sks @ 2390, Displace w/ mud

mix 100 sks @ 1215, Displace w/ water

mix 50 sks @ 350,

mix 10 sks @ 40, w/ plug

mix 30 sks in R.H.

mix 15 sks in M-H

Thank you!
Paul + Crews

CHARGE TO: Concorde Resources Corp

STREET P.O. Box 841

CITY EuFaula STATE OK ZIP 74432

918-689-9510

SERVICE

HANDLING 273.87 ft³ @ 2.48 679.20

MILEAGE 11.44 tons x 40 mi x 2.75 1258.40

DEPTH OF JOB 2390

PUMP TRUCK CHARGE 2483.59

EXTRA FOOTAGE _____ @ _____

HV MILEAGE 40 @ 7.70 308.00

LV MILEAGE 40 @ 4.40 176.00

_____ @ _____

_____ @ _____

TOTAL 4905.19

DISCOUNT 20% 981.03

PLUG & FLOAT EQUIPMENT

8 5/8 Wacker Plug @ _____ 110.00

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL 110.00

DISCOUNT 0% 0

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 Cody Hoss

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES 10,029.87

DISCOUNT 1,983.97 (20%) IF PAID IN 30 DAYS

NET TOTAL 8,045.89 IF PAID IN 30 DAYS