



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

KANSAS CORPORATION COMMISSION 1269255
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

CHESAPEAKE OPERATING LLC Invoice 150836

(All monetary amounts are in \$ (USD))

Vendor Name	Vendor #	Invoice #	Control #	P.O. #	Invoice Date	Service/Ship Date		Payment Due Date
ALLIED OIL & GAS SERVICES LLC	330624	150836	106475358	-	09/18/2015	09/18/2015	09/18/2015	10/18/2015
Bill To		Remit To		Sold By		Ship To		
CHESAPEAKE OPERATING LLC 6100 N. Western Ave., - Oklahoma City, OK 73118 UNITED STATES		ALLIED OIL & GAS SERVICES LLC PO BOX 205803, - DALLAS, TX 753205803 -		ALLIED OIL & GAS SERVICES, LLC P.O. Box 93999, - Southlake, TX 76092 UNITED STATES		Medicine Lodge -, - -, KS - -		
Invoice Amount BEFORE Payment Discount	Disc %	Applied Payment Discount Amt	Payment Discount Days	Payment Discount Due Date	Invoice Amount AFTER Payment Discount		Contact	
7,893.68	-	-	-	-	7,893.68		DEFAULT, Chesapeake Operating LLC	
Invoice Description								
PLUG								
Comment Date		Comment			Comment By			
09/26/2015 03:54:51 PM		Company does NOT apply discount terms in Oildex			Tech Support			
09/26/2015 03:54:51 PM		Imported			Tech Support			

Charge To		Charge To Name	Charge To 2	Charge To 2 Name		Account Coding	
632958		YORK 1H	-	-		-	
Service Date	Product	Description	Qty	UOM	Unit Price	Line Disc %	Net Due
-	PTA	Plug	1.0	Each	1,250.000	0.000	1,250.00 T
-	PHDL	PHDL	225.6	Each	2.480	0.000	559.49 T
-	DRYG	DRYG	301.8	Each	2.750	0.000	829.95 T
-	LIGHT VEHICLE CHARGE	LIGHT VEHICLE CHARGE	35.0	Each	4.400	0.000	154.00 T
-	MIHV	Heavy Vehicle Mileage	35.0	Each	7.700	0.000	269.50 T
-	CB-APH	CH-APH	188.0	Each	18.920	0.000	3,556.96 T
-	Gel	Gel (Bentonite)	2000.0	Each	1.050	0.000	2,100.00 T
-	Disc	Job Discount	-1.0	Each	848.540	-0.000	-848.54 T
-	Disc	Job Discount	-1.0	Each	459.450	-0.000	-459.45 T
Invoice Sub Total Excluding Taxes and Other							7,411.89
Line Item Tax Total							481.79
Freight Total							0.00
Other Charges Total							0.00
Invoice Total Amount Due in US Dollars							7,893.68

Field Ticket Number: MLK151815300

Field Ticket Date:

Friday, September 18, 2015

Bill To:
CHESAPEAKE
Oklahoma City, OK 73154-0496
P O Box 18496

Job Name: *PLUG*
Well Location: COMANCHE
Well Name: YORK
Well Number: 1H
Well Type:
Rig Number:
Shipping Point: Medicine Lodge, KS
Sales Office: Mid Con

PERSONEL		EQUIPMENT	
JUSTIN BOWER		PICK UP 674	
Thimesch, Jason		894-545	
WAYNE RUCKER		548-643	

SERVICES - SERVICES - SERVICES

Description	QTY	UOM	Unit Amt	Gross Amt	Unit Net	Discount	Net Amount
PLAB	1.00	min. 4 hr	1,250.00	1250.00	1,062.50	15%	1,062.50
	0		FALSE	0.00	0.00	15%	0.00
PHDL	225.60	per cu. Ft.	2.48	559.49	2.11	15%	475.56
DRYG	301.80	ton-mile	2.75	829.95	2.34	15%	705.46
MILV	35.00	per mile	4.40	154.00	3.74	15%	130.90
MIHV	35.00	per mile	7.70	269.50	6.55	15%	229.08

FLOAT EQUIPMENT -- FLOAT EQUIPMENT -- FLOAT EQUIPMENT

0	0.00		0.00	0.00	0.00	15%	0.00
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MATERIALS - MATERIALS - MATERIALS

CB-APA-40604	188.00	sack	18.92	3,556.96	16.08	15%	3,023.42
	0	0.00	FALSE	0.00	0.00	15%	0.00
GEL	2000.00	pound	1.05	2,100.00	0.89	15%	1,785.00
	0	0.00	FALSE	0.00	0.00	15%	0.00
	0	0.00	FALSE	0.00	0.00	15%	0.00
	0	0.00	FALSE	0.00	0.00	15%	0.00

ADDITIONAL ITEMS - ADDITIONAL ITEMS - ADDITIONAL ITEMS

Additional hours, in excess of set hours		per hour	440.00	0.00	374.00	15%	0.00
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	Gross	Discount	Final
Services Total	3,062.94	459.44	2,603.50
Equipment Total	0.00	0.00	0.00
Materials Total	5,656.96	848.54	4,808.42
Additional Items	0.00	0.00	0.00
Final Total	8,719.90	1,307.98	7,411.91

Allied Rep: JUSTIN BOWER
Customer Agent: BARRY WALTERS

This output does NOT include taxes. Applicable sales tax will be billed on the final invoice.
Customer hereby acknowledges receipt of the materials and services described above and on the attached documents.
I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the following page.

X *Barry Walters*
Customer Signature

Field Ticket Total (USD):

\$7,411.91



P.O. Box 205803
 Dallas, TX 75320-5803

Voice: (832) 482-3742
 Fax: (832) 482-3738

INVOICE

Invoice Number: 150836
 Invoice Date: Sep 18, 2015
 Page: 1

Federal Tax I.D.#: 20-8651475

Bill To:
Chesapeake Operating, Inc P. O. Box 548806 Oklahoma City, OK 73154-8806

Customer ID	Field Ticket #	Payment Terms	
Ches	MLK151815300	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Medicine Lodge	Sep 18, 2015	10/18/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	York 1H		
1.00	CEMENT SERVICE	Plug	1,250.00	1,250.00
225.60	CEMENT SERVICE	PHDL	2.48	559.49
301.80	CEMENT SERVICE	DRYG	2.75	829.95
35.00	CEMENT SERVICE	MILV	4.40	154.00
35.00	CEMENT SERVICE	MIHV	7.70	269.50
188.00	CEMENT MATERIALS	CB-APA-40604	18.92	3,556.96
2,000.00	CEMENT MATERIALS	Gel	1.05	2,100.00
1.00	JOB DISCOUNT	Job Discount if paid within terms -- Material	848.54	-848.54
1.00	JOB DISCOUNT	Job Discount if paid within terms -- Cement Service	459.45	-459.45
1.00	CEMENT SUPERVISOR	Justin Bower		
1.00	CEMENT SUPERVISOR	Jason Thimesch		
1.00	EQUIPMENT OPERATOR	Wayne Rucker		

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. ONLY IF PAID ON OR BEFORE Oct 18, 2015 1 1/2% CHARGED THEREAFTER.	Subtotal	7,411.91
	Sales Tax	481.77
	Total Invoice Amount	7,893.68
	Payment/Credit Applied	
	TOTAL	7,893.68