



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

KANSAS CORPORATION COMMISSION 1306322
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

24240
958
26011
067569
16.64

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

SERVICE POINT: Quilley's

DATE	SEC.	TWP	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
7/10/16	36	8	19			9:30am	10:50am
Marston LEASE	WELL #	1-36	LOCATION	Zurich 3E x 13 Rd 5 W		COUNTY	STATE
				Winters		Rocky	TX
OLD OR (NEW) (Circle one)							

CONTRACTOR WW 12
 TYPE OF JOB PTA
 HOLE SIZE 7 1/8 T.D.
 CASING SIZE 8 5/8 DEPTH 260'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

OWNER Same
 CEMENT AMOUNT ORDERED 290 60/40 40ozed
14750

EQUIPMENT
 PUMP TRUCK CEMENTER Alan Ryan
 # 818281 HELPER Alan Ryan
 BULK TRUCK
 # 891 DRIVER Cory Brown
 BULK TRUCK
 # DRIVER

COMMON 290 @ 18 22 5486.00
 POZMIX @
 GEL @
 CHLORIDE @
 ASC @
Frosch 73 lb @ 2.92 216.81

TOTAL 5703.61

DISCOUNT 48% 2737.73

REMARKS:

50 5/8 34 71'
50 5/8 14 35'
100 5/8 8 25'
50 5/8 310'
10 5/8 40'

30 3/4 Ret Hole

CHARGE TO: Daystar
 STREET
 CITY STATE ZIP

SERVICE

HANDLING 311.00 CF @ 2.00 722.52
 MILEAGE 22.70/mile 13.01 ton 1073.33
 DEPTH OF JOB
 PUMP TRUCK CHARGE 2600 47
 EXTRA FOOTAGE @
 HV MILEAGE 30 @ 2.20 231.00
 LV MILEAGE 30 @ 4.80 132.00

TOTAL 4809.32

DISCOUNT 48% 2308.41

PLUG & FLOAT EQUIPMENT

5/8 Woodbury @ 110.00
 @
 @
 @
 @

TOTAL 110.00

DISCOUNT 48% 52.80

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 Calvin Hammons

SIGNATURE Calvin Hammons

SALES TAX (If Any)
 TOTAL CHARGES 10,622.93
 DISCOUNT 5,099.00 (48%) IF PAID IN 30 DAYS
 NET TOTAL 5,523.92 IF PAID IN 30 DAYS