



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

KANSAS CORPORATION COMMISSION 1321422
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



ALLIED OFS, LLC

Federal Tax I.D. #81-2169190

68122

REMIT TO: Allied OFS, LLC
P.O. Box 205803
Dallas, TX 75320-5803

SERVICE POINT:

Rockley

DATE <u>10-11-16</u>	SEC. <u>10</u>	TWP. <u>7</u>	RANGE <u>36</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Lyman</u>	WELL# <u>1-10</u>	LOCATION <u>Levant SW Cor V&N</u>				<u>6:00pm</u>	<u>7:00pm</u>
OLD OR NEW (Circle one)							
<input checked="" type="radio"/> OLD		<u>W+N into</u>					
				COUNTY	STATE		
				<u>Thomas</u>	<u>KS</u>		

CONTRACTOR Professional Pulling Service OWNER same

TYPE OF JOB OHP

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/4 DEPTH _____

TUBING SIZE 2 3/8 DEPTH 4320'

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER Andrew Fordlund

431 HELPER Wayne McElroy

BULK TRUCK

323 DRIVER Jade Mitten

BULK TRUCK

_____ DRIVER _____

CEMENT

AMOUNT ORDERED 450 sks 4 1/2 bags

300# hulls 900# gal on side

Used 400 sks cement 900# gal 300# hulls

COMMON _____ @ _____

POZMIX _____ @ _____

GEL 900# @ 1.05 945.00

CHLORIDE _____ @ _____

ASC _____ @ _____

4 1/2 bags 400 sks @ 18.92 7568.00

_____ @ _____

_____ @ _____

1/4 sks 250# @ .99 247.50

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL 8,760.50

DISCOUNT 50% 4,380.25

REMARKS:

Pump 900 gal followed by 400 sks cement

250# hulls @ 4320'

Mix 155 sks cement and displace @ 3120'

Circulate cement to surface with 150

sks cement @ 1520'. Top off with 20

sks 15' sks down back side pressured

to 300#

SERVICE

HANDLING 494 cu/ft @ 2.48 1225.12

MILEAGE 2.25 ton/mile @ 21.20 477.00

DEPTH OF JOB 4320'

PUMP TRUCK CHARGE _____ 2810.84

EXTRA FOOTAGE _____ @ _____

HV MILEAGE 52 miles @ 2.20 385.00

LV MILEAGE 52 miles @ 4.50 2340.00

_____ @ _____

_____ @ _____

TOTAL 7,528.46

DISCOUNT 50% 3,764.23

CHARGE TO: Gulf Exploration

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

DISCOUNT _____ % _____

To: Allied OFS, 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 James Mckenzie

SIGNATURE [Signature]

THE PRINTING CO., INC. - CANTON, MA

SALES TAX (If Any) _____

TOTAL CHARGES 16,288.96

DISCOUNT 8,144.48 (50%) IF PAID IN 30 DAYS

NET TOTAL 8,144.48 IF PAID IN 30 DAYS