



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

KANSAS CORPORATION COMMISSION 1322218
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



INVOICE

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

Invoice Number: 152911
Invoice Date: Sep 29, 2016
Page: 1

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

Federal Tax I.D.#: 81-2169190

Bill To:
Funk Petroleum LLC 2110 N 1184th Rd Eudora, KS 66025-8121

Customer ID	Field Ticket #	Payment Terms	
Funk	68118	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Oakley	Sep 29, 2016	10/29/16

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Wiekan 1-10		
255.00	CEMENT MATERIALS	60/40	18.92	4,824.60
64.00	CEMENT MATERIALS	FloSeal	2.97	190.08
273.87	CEMENT SERVICE	PHDL	2.48	679.19
400.05	CEMENT SERVICE	DRYG	2.75	1,100.13
35.00	CEMENT SERVICE	MILV	4.40	154.00
35.00	CEMENT SERVICE	MIHV	7.70	269.50
1.00	CEMENT SERVICE	PTA	2,483.59	2,483.59
1.00	EQUIPMENT SALES	8 5/8 Dry Hole Plug	110.00	110.00
1.00	JOB DISCOUNT	Job Discount if paid within terms -- Material	1,504.40	-1,504.40
1.00	JOB DISCOUNT	Job Discount if paid within terms -- Cement Service	1,405.92	-1,405.92
1.00	E-FORSLUND.MERRELL	SERVICE SUPERVISOR		
1.00	E-MCGHGHY.WAYNE	EQUIPMENT OPERATOR		
1.00	E-PHILLIPS.MONTY	EQUIPMENT OPERATOR		

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. ONLY IF PAID ON OR BEFORE Oct 29, 2016 1 1/2% CHARGED THEREAFTER.	Subtotal	6,900.77
	Sales Tax	517.56
	Total Invoice Amount	7,418.33
	Payment/Credit Applied	
	TOTAL	7,418.33



ALLIED OFS, LLC

68118

Federal Tax I.D. #81-2169190

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

SERVICE POINT: Oraker

DATE <u>9-29-16</u>	SEC. <u>10</u>	TWP. <u>9S</u>	RANGE <u>35W</u>	CALLED OUT	ON LOCATION <u>1:00 PM</u>	JOB START <u>4:00 PM</u>	JOB FINISH <u>5:00 PM</u>
WIKRAN	WELL # <u>1-10</u>	LOCATION <u>Levant Gas 1W into</u>			COUNTY <u>Thomas</u>	STATE <u>KS</u>	
LEASE							
OLD OR NEW (Circle one) <u>(NEW)</u>							

CONTRACTOR Murfin 7
 TYPE OF JOB PTA
 HOLE SIZE 7 7/8 T.D. 4900'
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH 2850'
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER Same
 CEMENT
 AMOUNT ORDERED 255 SKS 60/40
490gel 1/4 FLO-seal

EQUIPMENT
 PUMP TRUCK CEMENTER Andrew Tristram
 # 431 HELPER Wayne McElshy
 BULK TRUCK
 # 323 DRIVER Monty Phillips
 BULK TRUCK
 # _____ DRIVER _____

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
490 490gel 255 SKS @ 18.92 4824.60
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL 5014.68
 DISCOUNT 30% 1504.40

REMARKS:

50 SKS @ 2850'
100 SKS @ 1925'
50 SKS @ 350'
10 SKS @ 40'
15 SKS mouse hole
30 SKS Rat hole

Thank you

CHARGE TO: Funk Petroleum
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

HANDLING 273.82 04/16 @ 2.48 679.19
 MILEAGE 2.25 TON/mile 11.43 TON 1100 1.3
 DEPTH OF JOB 2850'
 PUMP TRUCK CHARGE _____ 2483.59
 EXTRA FOOTAGE _____ @ _____
 HV MILEAGE 35 miles @ 7.70 269.50
 LV MILEAGE 35 miles @ 4.40 154.00
 _____ @ _____
 _____ @ _____

TOTAL 4,686.41
 DISCOUNT 30% 1405.92

PLUG & FLOAT EQUIPMENT

85%
1 Dryhole Plug @ _____ 110.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL 110.00
 DISCOUNT 0% 0

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 KELLY WILSON
 SIGNATURE Kelly Wilson

SALES TAX (If Any) _____
 TOTAL CHARGES 9,811.09
 DISCOUNT 2,910.32 (30%) IF PAID IN 30 DAYS
 NET TOTAL 6,900.76 IF PAID IN 30 DAYS