

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

KANSAS CORPORATION COMMISSION 1359000
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

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



A DIVISION OF HALLIBURTON COMPANY
FORM 1906-R4

SEND ALL REMITTANCES TO PAC OF
P.O. DRAWER 1431
DUNCAN, OKLAHOMA 73533 _____ PAGES

4-10-11
FIELD TICKET
NO. **070089**

WELL NO. AND FARM 1 Miller	COUNTY Rice	STATE Ko.	DATE
CHARGE TO Aladdin Petroleum Corp.	OWNER Aladdin Pet Corp.	DUNCAN USE ONLY	
ADDRESS 809 Petroleum Bldg.	CONTRACTOR KYW Drilling Co.	LOCATION 198 Dore	CODE
CITY, STATE, ZIP Wichita, Ko.	SHIPPED VIA Nowco	LOCATION 244 Bond	CODE
DUNCAN USE ONLY	DELIVERED TO Location	LOCATION 3rd Phillips	CODE 503
	ORDER NO.	BULK MATERIAL DELIVERY TICKET NO. B-	
	TOTAL ACID-30 DAYS	WELL TYPE Oil Revent.	CODE 00
	TYPE AND PURPOSE OF JOB Squeeze plugs in cas.		
TERMS: NET DUE BY THE 20TH OF FOLLOWING MONTH. INTEREST CHARGED AFTER 60 DAYS FROM DATE OF INVOICE.			

PRICE REFERENCE	SECONDARY REF. OR PART NO.	CODE		DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT
		L	D		QTY.	MEAS.	QTY.	MEAS.		
001-016		1	C	Pump charge						642 00
000-117		1	C	Mileage	34	mi			1.10	37 40
030-015		3	C	Top plug (S.W)	1	ea	4 1/2"		14.20	14 20
		3	C	Temperature survey	1	ea				150 00
504-043		2	B	Reg. Portland	50	sh			3.19	159 50
506-105		2	B	Pigment A	50	sh			1.13	56 50
506-121		2	B	Sil (27%)						NC
509-968		2	B	Salt (saturated)	18	sh			3.00	54 00
				SERVICE CHARGE ON MATERIALS RETURNED						
500-207		2	B	SERVICE CHARGE	126				1.57	71 82
500-306		2	B	10,368	42	LOADED MILES	212.73		1.37	80 56

WAS JOB SATISFACTORILY COMPLETED? _____ WAS OPERATION OF EQUIPMENT SATISFACTORY? _____ WAS PERFORMANCE OF PERSONNEL SATISFACTORY? _____	TAX REFERENCES _____ _____ _____	SUB TOTAL TAX _____ TAX _____ TAX _____ TOTAL _____
x James Carpenter Customer or His Agent	BW Halliburton Operator	

THIS IS NOT AN INVOICE

TAXES, PRICE CHANGES, AND OTHER APPLICABLE DATA WILL BE SHOWN ON OUR INVOICE TO BE SUBMITTED FOR PAYMENT AT A LATER DATE.

CUSTOMER

3 SCANNED



WORK ORDER CONTRACT AND PRE-TREATMENT DATA

FORM 1908 R-2

A Division of Halliburton Company DUNCAN, OKLAHOMA 73533

ATTACH TO INVOICE & TICKET NO. 070089

DISTRICT El Dorado, Ok.

DATE 2-10-77

TO: HALLIBURTON SERVICES YOU ARE HEREBY REQUESTED TO FURNISH EQUIPMENT AND SERVICEMEN TO DELIVER AND OPERATE

THE SAME AS AN INDEPENDENT CONTRACTOR TO: Aladdin P.T. Corp (CUSTOMER) AND DELIVER AND SELL PRODUCTS, SUPPLIES, AND MATERIALS FOR THE PURPOSE OF SERVICING

WELL NO. 1 LEASE Miller SEC. TWP. RANGE

FIELD COUNTY Rice STATE Ok. OWNED BY Aladdin P.T. Corp

THE FOLLOWING INFORMATION WAS FURNISHED BY THE CUSTOMER OR HIS AGENT

Table with columns: FORMATION NAME, TYPE, THICKNESS, FROM, TO, PACKER, TYPE, SET AT, TOTAL DEPTH, MUD WEIGHT, BORE HOLE, INITIAL PROD, PRESENT PROD, CASING, LINER, TUBING, OPEN HOLE, PERFORATIONS, NEW USED, WEIGHT, SIZE, FROM, TO, MAX. ALLOW. P.S.I., SHOTS/FT.

PREVIOUS TREATMENT: DATE TYPE MATERIALS

TREATMENT INSTRUCTIONS: TREAT THRU TUBING [] ANNULUS [] CASING [x] TUBING/ANNULUS [] HYDRAULIC HORSEPOWER ORDERED

Squeeze pipe

CUSTOMER OR HIS AGENT STATES THE WELL IS IN PROPER CONDITION TO RECEIVE THE PRODUCTS, SUPPLIES, MATERIALS, AND SERVICES

THIS CONTRACT MUST BE SIGNED BEFORE WORK IS COMMENCED

- As consideration, the above-named Customer agrees: (a) To pay Halliburton in accord with the rates and terms stated in Halliburton's current price lists. (b) Halliburton shall not be responsible for and Customer shall secure Halliburton against any liability for damage to property of Customer and of the well own...

I HAVE READ AND UNDERSTAND THIS CONTRACT AND REPRESENT THAT I AM AUTHORIZED TO SIGN THE SAME AS CUSTOMER'S AGENT

SIGNED James Carpenter CUSTOMER

DATE 2-10-77

TIME 0930 A.M. P.M.

We certify that the Fair Labor Standards Act of 1938, as amended, has been complied with in the production of goods and/or with respect to services furnished under this contract.

HALLIBURTON SERVICES
BULK MATERIAL DELIVERY TICKET

FORM 1911 R-1

NO. B 489515

DATE 2-10-77	CUSTOMER ORDER NO.	WELL NO. AND FARM 1-Miller	COUNTY Rice	STATE Kansas
OWNER Aladdin Petro. Corp.	CONTRACTOR		DELIVERED FROM Gt. Bend, Ks.	CODE 50320
CHARGE TO Aladdin Petroleum Corporation			SERVICE TICKET NO. 070089	
MAILING ADDRESS 809 Petroleum Building			DELIVERED TO Location	
CITY & STATE Wichita, Kansas			PREPARED BY J.W. Guesnier	
			RECEIVED BY <i>BW</i>	

TRUCK NUMBER	PRICE REFERENCE	SECONDARY REFERENCE	BRAND AND TYPE	1 UNITS *	2 UNITS	UNIT PRICE	AMOUNT	
9851 2982			100 Pozmix Cement w/2% Gel					
	504-043		Regular Portland	50		3.19	159.50	
	506-105		Pozmix 'A'	50		1.13	56.50	
	506-121		2 Halliburton Gel 2% allowed				NC	
	509-968		Salt Flended Saturated w/100	18		3.00	54.00	
SERVICE CHARGE ON MATERIALS RETURNED							CU. FT.	
	500-207		SERVICE CHARGE		126	CU. FT. .57	71.82	
	500-306		MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES		
			10,368	12	217.73	.37	90.56	
*SACKS UNLESS OTHERWISE INDICATED							TOTAL	422.38

THIS IS NOT AN INVOICE

CUSTOMER

HALLIBURTON SERVICES JOB SUMMARY

FORM 2012 R-1

HALLIBURTON DIVISION Wichita, KS
HALLIBURTON LOCATION El Dorado, KS

2-10-14
BILLED ON TICKET NO. 070089

WELL DATA

FIELD _____ SEC. _____ TWP. _____ RNG. _____ COUNTY Rice STATE Ks.

FORMATION NAME _____ TYPE _____

FORMATION THICKNESS _____ FROM _____ TO _____

INITIAL PROD: OIL _____ BPD.WATER _____ BPD.GAS _____ MCFD _____

PRESENT PROD: OIL _____ BPD.WATER _____ BPD.GAS _____ MCFD _____

COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____

PACKER TYPE _____ SET AT _____

BOTTOM HOLE TEMP. _____ PRESSURE _____

MISC. DATA _____

	NEW USED	SIZE	FROM	TO	WEIGHT	MAXIMUM PSI ALLOWABLE
CASING	U	4 1/2"	GL	2115'	10.5	1500
LINER						
TUBING						
OPEN HOLE						TOTAL DEPTH: 2115'
PERFORATIONS	1/2"	2200'	2205'			2 SHOTS/FT.
PERFORATIONS						SHOTS/FT.
PERFORATIONS						SHOTS/FT.

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE: 2-10-77 TIME 0630	DATE: 2-10-77 TIME 0920	DATE: 2-10-77 TIME 0945	DATE: 2-10-77 TIME 1048

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER		

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>B. Chen</u>		
<u>J. Leighton</u>	8195	El Dorado
<u>J. Hoffmann</u>	1851 / 2982	"

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. API

DISPL. FLUID _____ DENSITY _____ LB/GAL. API

PROP. TYPE _____ SIZE _____ LB.

PROP. TYPE _____ SIZE _____ LB.

ACID TYPE _____ GAL. _____ %

ACID TYPE _____ GAL. _____ %

ACID TYPE _____ GAL. _____ %

SURFACTANT TYPE _____ GAL. _____ IN

NE AGENT TYPE _____ GAL. _____ IN

FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN

GELLING AGENT TYPE _____ GAL.-LB. _____ IN

FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN

BREAKER TYPE _____ GAL.-LB. _____ IN

BLOCKING AGENT TYPE _____ GAL.-LB. _____

PERFPAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

DEPARTMENT Cut

DESCRIPTION OF JOB grout pipe

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE X James Caputo

HALLIBURTON OPERATOR BW Chen COPIES REQUESTED 1

CEMENT DATA

STAGE	NUMBER OF SACKS	TYPE	API CLASS	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
1	100	Poz	A	Pltd	B	30-50 Poz w/ 2% gal salt sat	1.37	14.7

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____

BREAKDOWN _____ MAXIMUM _____

AVERAGE _____ FRACTURE GRADIENT _____

SHUT-IN: INSTANT _____ 5-MIN. _____ 15-MIN. _____

ORDERED _____ AVAILABLE _____ USED _____

TREATING _____ DISPL. _____ OVERALL _____

FEET _____ REASON _____

PREFLUSH: BBL.-GAL. _____ TYPE _____

LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____

TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. 348

CEMENT SLURRY: BBL.-GAL. 24.3

TOTAL VOLUME: BBL.-GAL. _____

REMARKS _____

CUSTOMER

CUSTOMER: EL DORADO, KS
LEASE: 12/20/11
WELL NO.:
JOB TYPE:
DATE: 2-10-77

HALLIBURTON SERVICES
JOB LOG

TICKET NO. 070089

CUSTOMER Aladdin Pet Corp.

PAGE NO. 1

JOB TYPE Cog Squeeze

DATE 2-10-77

FORM 2013 R-1

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0920							On location
#1	0945				✓			Set up tube.
	0947				✓			Hook up to well w/ tub.
		4.5	≡				850	Start bleeding hole for injec. rate.
	1009				✓		250	Shut down.
	1011	1.6	—		✓		200	Start cont. (24.3 bbl)
	1026		24.3		✓		125	Stop cont.
					✓			Wash out lines
					✓			Release plug.
	1030	1.9	24.3		✓		0	Start disp. (34.8 bbl)
	1048		59.1		✓		900	Plug down.
					✓		600	Close well in.
								Rack up.

Thanks
BW