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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1365911

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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: No 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.	County: Well #: Uell #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)		tion)	
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.
(Print Name)	Employee of Operator or Operator on above-described well

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.

ALLIED OIL & GAS SERVICES, LLC 054787

108 FINISH 12:00 AM

STATE

KS

127.19

585.16

3690

TOTAL

2600.47

1824.90

1042.80

Federal Tax 1.D.# 20-5975804 SERVICE POINT: REMITTO P.O. BOX 31 RUSSELL, KANSAS 67665 Russell KS IOII START 11.30, A COUNTY NEMALIA ONLOCATION CALLED OUT RANGE TWP SFC DATE 9-18 14 LOCATION Sabethy KS 3W Sinto WELL # 2-14B LEASE Mayor OLD OWNEW Circle one) CONTRACTOR C. 2.G Drilling #2 OWNER TYPEOFJOB P T.D. 3650 AMOUNT ORDERED 220 6/40 4/2g-1 CEMENT HOLE SIZE 778 DEPTH CASING SIZE TUBING SIZE DIPPH DRUL PIPE 472 DEPTH 3650 16.10 DEPTH **TOOL** @ 17.90 2362.80 @ 9.35 822.80 COMMON PRES. MAX MINIMUM POZMIX SHOE JOINT MEAS, LINE @23.40 OBL. CEMENT LEFT IN CSG. CHLORIDE (ě PERFS. €∂∂ DISPLACEMENT \vec{w} 2.97 148.50 610 EOUPMENT 倚 ŵ PUMPTRUCK CEMENTER Robert 7 4 417 INDEPER Glown G 16 (\tilde{o}) BURKTHUCK H 410 DRIVER DAMAY S (d)6 DULK TRUCK 60. 6 2. 18 DRIVER HANDLING 2. 35,75 (43) 2.60 6077.89 MILLIAOH 2 33 7.65 thes TOTAL 10174.28 REMARKS: 出版 565.0 ω SIRVICE 2889 $\tilde{\omega}$ DRAUD OF JOR (1) PUMPTRUCK CHARGE PATRA FOOTAGE Q (P) rathole 34 67.70 MILLINGE 237 HPMI @ mouse hole 10st Thank You!! 23 76VAT 64.40 CHARGE TO: RUSSig Eaxers WAL 5468.17 STREET_ STATE ZIP CITY PLUG & FLOAT RQUIPMENT ŵ 63 170 To: Allied Off & Gas Services, LLC. ø You are hereby requested to rent comenting equipment ŵψ

and famish comenter 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 mid understand the "GBNERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME. SIGNATURB Jule Coulter

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SALES TAX (IF Any)-----TOTAL CHARGES 15642.45

DISCOUNT 2346.37 IFPAID IN 30 DAYS