

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

1094683

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.

(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.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

#34059

Tricane Services, Inc.
 5613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765

Ticket Number 100147

Location MadisonForeman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
8-30-12		LickTeig Family Farms #BSP-1FF1	10-19s-20E	Franklin
Customer	Mailing Address		City	State
Enerjex Kansas, Inc.				Zip

Job Type: Plug To Abandon

Hole Size:	Casing Size:	Displacement:	Truck #	Driver
6"	7" S/P		201	Kelly
Hole Depth:	Casing Weight:	Displacement PSI:	202	Jerry
1200'			144 = 152	Rick
Bridge Plug:	Tubing:	Cement Left in Casing:	142 = 756	Cody
	PBTD:			

Quantity Or Units	Description of Services or Product		Pump charge	
80	Mileage		\$3.25/Mile	1790.00
103 Sacks	60/40 Pozmix cement		10.90	1122.70
355 lbs.	Gel 4%		.30	106.50
500 lbs.	Gel > Spacer between Plugs		.30	150.00
6 Hrs.	Water Transport		105.00	630.00
3300 GAL.	City water		13.00 P/1000	42.90
6 Hrs.	Truck charge - Tubing		95.00	570.00
4.61 Tons	Bulk Truck		\$1.15/Mile	424.12
80 miles	Truck #290		1.50	120.00
	Plugs			
			Subtotal	4216.22
			Sales Tax	110.92
			Estimated Total	4327.14

Remarks: Set Cement Plugs As following Along with Gel Spacer between Cement Plugs.

15 Sks at 1182'

88 Sks at 400' To Surface

Called by Tom

Customer Signature