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

1225094

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 #: 33741
Name: Enerjex Kansas, Inc.
Address 1: 2038 S. PRINCETON ST., STE B
Address 2:
City: OTTAWA State: KS Zip: 66067 + ____
Contact Person: Elizabeth Thole
Phone: (785) 241-2228
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 - 15-059-01570-00-00
Spot Description:
SW - SW - NE - SW Sec. 17 Twp. 18 S. R. 21 ☑ East ☐ West
1480 Feet from ☐ North / ☑ South Line of Section
3803 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
County: Franklin
Lease Name: CARTER A Well #: OW1
Date Well Completed:
The plugging proposal was approved on: *(Date)*
by: *(KCC **District** Agent's Name)*
Plugging Commenced: 8/16/2014
Plugging Completed: 8/18/2014

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
			1.0	525	275

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.

Established rate down 1' tubing. Mixed and pumped 60 sk 50/50 cement plus 6% Gel. Pulled 1' tubing to 275'. Filled well to surface with 41 sk 50/50 cement with 6% Gel.

Plugging Contractor License #: 32834 Name: JTC Oil, Inc.
Address 1: PO BOX 24386 Address 2:
City: STANLEY State: KS Zip: 66283 + ____
Phone: (913) 208-7914
Name of Party Responsible for Plugging Fees: EnerJex Kansas, Inc.
State of Kansas County, Franklin , ss.
Jay Schendel *(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

CONSOLIDATED
Oil Well Services, LLC

270505

TICKET NUMBER 48068
LOCATION Ottawa
FOREMAN Alan Made

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-18-14	2579	Carter A South OW-1				FR

CUSTOMER: Enertex Resources
MAILING ADDRESS: 10975 Grandview Dr
CITY: Overland Park | STATE: KS | ZIP CODE: 66210

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Alan M	Safety	Meet
495	Harbec		
370	Mik Fox		
548	Dan Wha		

JOB TYPE plug | HOLE SIZE 7 7/8" | HOLE DEPTH 525 | CASING SIZE & WEIGHT
CASING DEPTH | DRILL PIPE | TUBING 1" 525 | OTHER
SLURRY WEIGHT | SLURRY VOL | WATER gal/sk | CEMENT LEFT in CASING
DISPLACEMENT | DISPLACEMENT PSI | MIX PSI | RATE 1 bpm

REMARKS: Held meeting, Established rate down 1". Mixed & pumped 60 sk 50/50 cement plus 6% gel. Pulled 1" to 275'. Filled well to surface with 41 sk mix.

101 sk 50/50, 6% gel

Alan Made

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	495		1085.00
5406	20	MILEAGE	495		84.00
5407	1/2 min	ton miles	548		184.00
5502C	2	80 vac	370		200.00
1124	101	50/50 cement		1161.50	
1118B	509#	gel		111.98	
		material sub		1273.48	
		less 30%		-382.04	
		material total			891.44
				2923.90	
				SALES TAX	68.29
				ESTIMATED TOTAL	2512.63

Ravin 3737

AUTHORIZTION [signature] TITLE DATE

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.