

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

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: _____

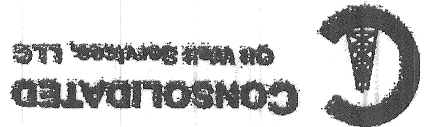
State of _____ County, _____, ss.

(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



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

FIELD TICKET & TREATMENT REPORT

CEMENT

TICKET NUMBER 48068
LOCATION O'Leary
FOREMAN Alan Mader

DATE	8-18-14	CUSTOMER #	2579	WELL NAME & NUMBER	Center House CW-1
CUSTOMER		EnerTex Resources			
MAILING ADDRESS		10975 Grandview Dr			
CITY	Overland Park	STATE	KS	ZIP CODE	66210

JOB TYPE	plug	HOLE SIZE	13
CASING DEPTH		DRILL PIPE	
SLURRY WEIGHT		SLURRY VOL	
DISPLACEMENT		DISPLACEMENT PSI	

REMARKS:	Well meeting, 8:30 a.m. down 1" mixed + pumped 1085 50/50 cement plus 60 gal. filled 1" to 275. Filled well to surface with 41 5K mode.		
101 SK 50/50, 6/05 gal			

UNIT PRICE	495	DESCRIPTION OF SERVICES or PRODUCT	495
TOTAL	1085.00	PUMP CHARGE	1
	84.00	MILEAGE	20
	184.00	for miles	1/2 m:n
	200.00	800 gal	

ACCOUNT CODE	54052	QUANTITY or UNITS	1
	5406		
	5467		
	55022		

1184	101	50 1SD cement	1161.50
11186	509#	521	111.98
		Material 546	1273.48
		less 3090	-382.04
		Material total	891.44

SALES TAX	48.29	ESTIMATED TOTAL	2579.63
		DATE	

AUTHORIZATION		TITLE	
Rayn 3737			

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.