



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

KANSAS CORPORATION COMMISSION 1241350
OIL & GAS CONSERVATION DIVISION

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.
 _____ 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

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



1905
1841

TICKET NUMBER 50809
LOCATION Ottawa KS
FOREMAN Fred Mader

Invoice # 80318

FIELD TICKET & TREATMENT REPORT
CEMENT

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-20-15	2579	Watson # BSP-WT-1	20	18	21	FR
CUSTOMER Enerjex Resources Inc						
MAILING ADDRESS 10975 Grandview Dr						
CITY Overland Park		STATE KS	ZIP CODE 66200			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			712	Fred Mader		
			495	Nat Bee		
			675	Ki Det		
			548	Dan Wha		

JOB TYPE Plug HOLE SIZE N/A HOLE DEPTH 960' CASING SIZE & WEIGHT 2 1/8"
 CASING DEPTH 960 DRILL PIPE 1" TUBING To TD. OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Full.
 DISPLACEMENT N/A DISPLACEMENT PSI _____ MIX PSI _____ RATE 1.3 BPM

REMARKS: Hold Safety meeting. Rig run 1" tubing to TD, Fill to Surface w/ Cement. Pull to 200' Fill to Surface w/ Cement. Pull remaining 1" tubing. Top off well w/ Cement. Wash out 1" tubing.

Total 30 bks 50/50 Por Mix Cement 2362

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE Plug to Abandon	495	1085 ⁰⁰
5406	15 mi	MILEAGE	495	63 ⁰⁰
5407	Minimum	Ten Miles	548	368 ⁰⁰
5502C	2 hr	80 BBL Vac Truck	675	200 ⁰⁰
1124	30 bks	50/50 Por Mix Cement	345 ⁰⁰	
118B	51 [#]	Premium Gel Material	112 ⁰⁰	
		less 30%	356 ²³	
		Total	106 ⁸⁷	
				247 ³⁵
				2099.47
			7.65%	SALES TAX 19 ⁰⁸
				ESTIMATED TOTAL 1984 ⁴³

Ravin 3737

ENTERED JAN 26 2015

AUTHORIZATION [Signature] Enerjex 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 for