

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  
**WELL PLUGGING RECORD**  
K.A.R. 82-3-117

Form CP-4  
July 2014  
Type or Print on this Form  
Form must be Signed  
All blanks must be Filled

OPERATOR: License #: 6863  
Name: Dorallex Energy, Inc.  
Address 1: 3619 S Jackson  
Address 2: \_\_\_\_\_  
City: San Angelo State: TX Zip: 76904 + \_\_\_\_\_  
Contact Person: Mary Jane Steadman, (Agent - Gus Myers)  
Phone: (325) 949-3704 918-244-8063  
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. 2844'  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_

API No. 15 - 191-21627-00-00  
Spot Description: \_\_\_\_\_  
W2\_NE\_SW\_SW Sec. 29 Twp. 34 S. R. 2  East  West  
990 Feet from  North /  South Line of Section  
815 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Sumner  
Lease Name: Helen Work Well #: 3  
Date Well Completed: \_\_\_\_\_  
The plugging proposal was approved on: 8-24-2016 (Date)  
by: \_\_\_\_\_ (KCC District Agent's Name)  
Plugging Commenced: 8-29-16  
Plugging Completed: 8-29-16

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
<u>0</u>			<u>5.5</u>	<u>Perfs 350</u>	

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 #: 33961 Name: Consolidated Oil Well Services, LLC.  
Address 1: 1322 S. Grant Address 2: \_\_\_\_\_  
City: Chanute State: Kansas Zip: 66720 + \_\_\_\_\_  
Phone: (620) 431-9210  
Name of Party Responsible for Plugging Fees: Dorallex Energy, Inc  
State of Texas County: \_\_\_\_\_, ss.  
Gus Myers (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.

Signature: \_\_\_\_\_

Mail to: KKCC - Conservation Division, 266 N Main St, Ste 220, Wichita, KS 67202-1513

NJ  
9/5/16

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1  
July 2014  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

*This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.*

Select the corresponding form being filed:  C-1 (Intent)  CB-1 (Cathodic Protection Borehole Intent)  T-1 (Transfer)  CP-1 (Plugging Application)

OPERATOR: License # 6863 (Expired)  
Name: Doralex Energy, Inc.  
Address 1: 3619 S. Jackson  
Address 2: \_\_\_\_\_  
City: San Angelo State: TX Zip: 76904 +  
Contact Person: Mary Jane Steadman  
Phone: ( 325 ) 949-3704 Fax: ( 325 ) 949-3705  
Email Address: mjas@wcc.net

Well Location:  
W2 NE SW Sw Sec. 29 Twp. 34 S. R. 2  East  West  
County: Sumner  
Lease Name: Helen Work Well #: 3

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*

**Surface Owner Information:**

Name: Marva Work  
Address 1: 1442 E. 160th  
Address 2: \_\_\_\_\_  
City: Geuda Springs State: KS Zip: 67051 +

*When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.*

*If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.*

Select one of the following:

I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.

I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

*If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.*

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

August 18, 2016

Date: \_\_\_\_\_ Signature of Operator or Agent: \_\_\_\_\_

Title: Agent

8/29/2016



650000271

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	DORALEX ENERGY INC	State, County	Sumner, Kansas	Cement Type	CLASS A
Job Type	TOP PLUG	Section	29	Excess (%)	
Customer Acct #		TWP	34S	Density	15.6
Well No.	HELEN WORK #3	RGE	2E	Water Required	5.2
Mailing Address		Formation		Yield	1.18
City & State		Tubing		Sacks of Cement	130
Zip Code		Drill Pipe		Slurry Volume	27.32
Contact		Casing Size	5 1/2	Displacement	
Email		Hole Size		Displacement PSI	
Cell		Casing Depth	PERFS 350	MIX PSI	300
Dispatch Location	CUSHING	Hole Depth		Rate	4
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
CE0450	PSI CHARGES (0-1500)	1	PER JOB	\$1,500.00	\$ 1,500.00
CE0001	PICKUP MILEAGE CHARGE	90	PER MILE	\$3.00	\$ 270.00
CE0002	PUMP TRUCK/HEAVY EQUIPMENT MILEAGE CHARGE	180	PER MILE	\$7.15	\$ 1,287.00
CE0711	MINIMUM CEMENT DELIVERY CHARGE	1	PER UNIT	\$660.00	\$ 660.00
CE0525	BLENDING CHARGE	153.4	PER CUFT	\$1.80	\$ 276.12
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
<b>EQUIPMENT TOTAL</b>					<b>\$ 3,993.12</b>
<b>Cement, Chemicals and Water</b>					
CC5800A	CLASS A CEMENT (SALES) BLEND(SK)	130	0	\$20.00	\$ 2,600.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
<b>Chemical Total</b>					<b>\$ 2,600.00</b>
<b>Cement Water Transports</b>					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
<b>Transports Total</b>					<b>\$ -</b>
<b>Cement Floating Equipment (TAXABLE)</b>					
<b>Cement Basket</b>					
0			0	\$0.00	\$ -
<b>Centralizer</b>					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
<b>Float Shoe</b>					
0			0	\$0.00	\$ -
<b>Float Collars</b>					
0			0	\$0.00	\$ -
<b>Guide Shoes</b>					
0			0	\$0.00	\$ -
<b>Baffle and Flapper Plates</b>					
0			0	\$0.00	\$ -
<b>Packer Shoes</b>					
0			0	\$0.00	\$ -
<b>DV Tools</b>					
0			0	\$0.00	\$ -
<b>Ball Valves, Swedges, Clamps, Misc.</b>					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
<b>Plugs and Ball Sealers</b>					
0			0	\$0.00	\$ -
<b>Downhole Tools</b>					
0			0	\$0.00	\$ -
<b>CEMENT FLOATING EQUIPMENT TOTAL</b>					<b>\$ -</b>
<b>TRUCK#</b>					
859	DRIVER NAME	TRACY WILLIAMS	0	SUB TOTAL	\$ 6,593.12
419		JOHN WADE	7.00%	SALES TAX	\$ 182.00
70		ALEX HIXSON		TOTAL	\$ 6,775.12
721		SHAWN STEWERT	50%	(-DISCOUNT)	\$ 3,387.56
<b>DISCOUNTED TOTAL</b>					<b>\$ 3,387.56</b>

AUTHORIZATION \_\_\_\_\_  
DATE 8/29/16

TITLE \_\_\_\_\_  
FOREMAN Tracy Williams

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.

