



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1194196

Form CP-1

March 2010

This Form must be Typed

Form must be Signed

All blanks must be Filled

**WELL PLUGGING APPLICATION**

*Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,  
MUST be submitted with this form.*

OPERATOR: License #: \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

API No. 15 - \_\_\_\_\_

If pre 1967, supply original completion date: \_\_\_\_\_

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 #: \_\_\_\_\_

Check One: ☐ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic ☐ Water Supply Well ☐ Other: \_\_\_\_\_

☐ SWD Permit #: \_\_\_\_\_ ☐ ENHR Permit #: \_\_\_\_\_ ☐ Gas Storage Permit #: \_\_\_\_\_

Conductor Casing Size: \_\_\_\_\_ Set at: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks

Surface Casing Size: \_\_\_\_\_ Set at: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks

Production Casing Size: \_\_\_\_\_ Set at: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: \_\_\_\_\_ ( ☐ G.L. / ☐ K.B. ) T.D.: \_\_\_\_\_ PBTD: \_\_\_\_\_ Anhydrite Depth: \_\_\_\_\_  
(Stone Corral Formation)

Condition of Well: ☐ Good ☐ Poor ☐ Junk in Hole ☐ Casing Leak at: \_\_\_\_\_  
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

Is Well Log attached to this application? ☐ Yes ☐ No Is ACO-1 filed? ☐ Yes ☐ No

If ACO-1 not filed, explain why:

**Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission**

Company Representative authorized to supervise plugging operations: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Plugging Contractor License #: \_\_\_\_\_ Name: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Proposed Date of Plugging (if known): \_\_\_\_\_

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

**Submitted Electronically**

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

*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 # \_\_\_\_\_  
Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. R. \_\_\_\_ ☐ East ☐ West  
County: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_  
*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*

**Surface Owner Information:**

Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

*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 Submitted Electronically

I

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1  
September 1999  
Form Must Be Typed

ORIGINAL

Operator: License # 33741  
Name: EnerJex Kansas, Inc.  
Address: 27 Corporate Woods, Suite 350, 10975 Grandview Drive  
City/State/Zip: Overland Park, KS 66210  
Purchaser: Oneok Energy Services Company, LP  
Operator Contact Person: Marcia Littell  
Phone: (913) 754.7738  
Contractor: Name: M.O.K.A.T. Drilling  
License: 5831  
Wellsite Geologist: David C. Smith

Designate Type of Completion:

☒ New Well ☐ Re-Entry ☐ Workover  
☐ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd.  
☒ Gas ☐ ENHR ☐ SIGW  
☐ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
☐ Deepening ☐ Re-perf. ☐ Conv. to Enhr./SWD  
☐ Plug Back ☐ Plug Back Total Depth  
☐ Commingled Docket No. \_\_\_\_\_  
☐ Dual Completion Docket No. \_\_\_\_\_  
☐ Other (SWD or Enhr.?) Docket No. \_\_\_\_\_  
May 20, 2008 May 21, 2008 Not Completed  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

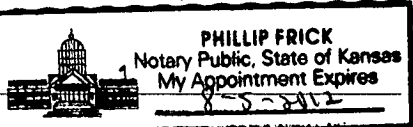
API No. 15 - 001-29741-00-00  
County: Allen  
NW SE SE SE Sec. 23 Twp. 24 S. R. 17 ☒ East ☐ West  
350 feet from (S) N (circle one) Line of Section  
350 feet from (E) W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE (SE) NW SW  
Lease Name: Tidd Well #: 2-23  
Field Name: Iola  
Producing Formation: Cherokee Coals  
Elevation: Ground: 1034' Kelly Bushing: \_\_\_\_\_  
Total Depth: 1212' Plug Back Total Depth: 1212'  
Amount of Surface Pipe Set and Cemented at 20 Feet  
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from 1212  
feet depth to surface w/ 140 sx cmt.

Drilling Fluid Management Plan Att I NR 9-21-09  
(Data must be collected from the Reserve Pit)  
Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used \_\_\_\_\_  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Marcia Littell  
Title: Compliance Coordinator Date: September 8, 2009  
Subscribed and sworn to before me this 8th day of September,  
20 09.  
Notary Public: Phillip Frick  
Date Commission Expires: 8-5-2012



KCC Office Use ONLY

N Letter of Confidentiality Received  
☒ If Denied, Yes ☐ Date: \_\_\_\_\_  
☒ Wireline Log Received  
☐ Geologist Report Received  
☐ UIC Distribution

## Side Two

Operator Name: Energex Kansas, Inc. Lease Name: Tidd Well #: 2-23  
 Sec. 23 Twp. 24 S. R. 17 ☒ East ☐ West County: Allen

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☐ Yes ☒ No  
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☒ Yes ☐ No  
 (Submit Copy)

List All E. Logs Run:

Gamma Ray/Neutron, Dual Induction,  
 Differential Temperature  
 Density-Neutron Hi-Resolution Density

☐ Log Formation (Top), Depth and Datum ☐ Sample  
 Name Top Datum

RECEIVED  
 SEP 10 2009  
 KCC WICHITA

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"	24#	20'	Portland	4	
Production	6 3/4"	4 1/2"	9.5#	1212'	O.W.C.	140	8# Kol-seal

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease  
 (If vented, Submit ACO-18.)

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled \_\_\_\_\_  
☐ Other (Specify) \_\_\_\_\_

Air Drilling  
Specialist  
Oil and Gas Wells



**M.O.K.A.T. DRILLING**  
Office Phone: (620) 879-5377



P.O. Box 590  
Caney, KS 67333

Operator <b>ENERJEX KANSAS, INC.</b>		Well No. <b>2-23</b>	Lease <b>TIDD</b>	Loc. <b>1/4 1/4 1/4</b>	Sec. <b>23</b>	Twp. <b>24</b>	Rge. <b>17</b>
County <b>ALLEN</b>		State <b>KS</b>	Type/Well	Depth <b>1212'</b>	Hours	Date Started <b>5/20/08</b>	Date Completed <b>5/20/08</b>
Job No.	Casing Used <b>20' 8 5/8"</b>	Bit Record			Coring Record		
Driller <b>JASON SWEARINGEN</b>	Cement Used <b>4 - Portland</b>	Bit No.	Type	size	From	To	% Rec.
Driller	Rig No.			<b>6 3/4"</b>			
Driller	Hammer No.						

### Formation Record

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	4	DIRT/CLAY	736		GAS TEST (SLIGHT BLOW)	998	1004	SHALE			
4	22	LIME	736	738	BLACK SHALE	1004	1006	BLACK SHALE			
22	140	SHALE	738	751	SHALE	1006	1011	SAND			
140	154	LIME	751	752	COAL	1011	1020	SHALE			
154	162	SHALE	752	755	SHALE	1020	1117	SAND			
162	169	LIME	755	761	LIME (OIL ODOR)	1117	1143	SANDY SHALE			
169	172	SHAL	761		GAS TEST (SLIGHT BLOW)	1143	1164	SAND			
172	228	LIME	761	786	LIME (OIL ODOR)	1164	1169	SANDY SHALE			
228	246	SHALE	786		GAS TEST (SLIGHT BLOW)	1169	1173	SHALE			
246	247	COAL	786	788	BLACK SHALE	1173	1187	LIME			
247	258	SAND	788	793	LIME	1187		GAS TEST (17 1/2# 1/4")			
258	259	COAL	793	811	SHALE	1187	1212	LIME			
259	313	SHALE	811		GAS TEST (SLIGHT BLOW)	1212		GAS TEST (SLIGHT BLOW)			
313	401	LIME	811	880	SHALE						
401	403	BLACK SHALE	880	882	LIME						
403	405	SHALE	882	883	BLACK SHALE			T.D. 1212'			
405	410	LIME	883	884	COAL						
410	413	BLACK SHALE	884	886	LIME						
413	419	LIME	886		GAS TEST (SLIGHT BLOW)						
419	426	SHALE	886	899	SAND						
426	440	LIME	899	905	SHALE						
440	601	SHALE	905	906	COAL						
601	631	LIME	906	911	SHALE						
631	642	SHALE	911		GAS TEST (SLIGHT BLOW)						
642	668	SAND	911	920	SHALE						
668	669	COAL	920	921	COAL						
669	686	SANDY SHALE	921	930	SHALE						
686	707	SHALE	930	931	COAL						
707	709	LIME	931	974	SHALE						
709	711	COAL	974	975	COAL						
711	736	LIME	975	998	COAL						

RECEIVED  
SEP 10 2009  
KCC WICHITA

CONSOLIDATED OIL WELL SERVICES, LLC  
P.O. BOX 884, CHANUTE, KS 66720  
620-431-9210 OR 800-467-8676



ENTERED

TICKET NUMBER 14066  
LOCATION Eureka  
FOREMAN Steve Mead

TREATMENT REPORT & FIELD TICKET  
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
5-21-08	5460	Tidd 23-2 2-23	23	24S	17E	Allen	
CUSTOMER Midwest Energy Inc							
MAILING ADDRESS Commerce Plaza Center 2700 W 110th St. 7th Floor							
CITY Overland Park	STATE KS	ZIP CODE 66210					
TRUCK #		DRIVER		TRUCK #		DRIVER	
485		Alan					
515		Terrid					
437		Jim					

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 1812' CASING SIZE & WEIGHT 4 1/2 95  
CASING DEPTH 1209' DRILL PIPE TUBING OTHER  
SLURRY WEIGHT 12.5 ppg SLURRY VOL WATER gal/sk CEMENT LEFT in CASING 0  
DISPLACEMENT 19 1/2 DISPLACEMENT PSI 500 MIX PSI Pump Plug 1000 RATE

REMARKS: Safety Meeting. Rig up to 4 1/2 casing with washhead. Wash down 4 1/2 casing to bottom 40'. Mix 300# Gal Flush & bubble water spacer. Rig up to 4 1/2 casing with cement head & manifold. Break circulation with freshwater. Mix bubble dye water. Mix 140 sks GWC cement w/ 8# Kol-Seal ppg/sk at 12.5 ppg. Wash out pump & lines. shutdown. Release Plug. Displace with 19 1/2 bbls 2% KCL water. Well tried to bridge off during displacement. Displacement pressure was up to 850# for little bit. Pressure came back down to 500#. Final pumping pressure was 500#. Pump Plug to 1100#. Wait 2 min. Release pressure Plug held. Good cement to surface. 9 bbls slurry to pit. Job Complete. Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	875.00	875.00
5406	40	MILEAGE	3.45	138.00
1126	140 sks	GWC cement	16.20	2268.00
1118A	1120*	Kol-Seal 8# ppg/sk	.40	448.00
1118A	700*	Gal Flush	.16	48.00
5407A	27 tons	200 mileage Bulk Truck	1.14	351.12
5502C	3 1/2 hrs	80 bbl Vacuum Truck	94.00	329.00
1123	7000 gallons	CITY water	12.30	39.90
4404	1	4 1/2 Rubber Plug	42.00	42.00
SubTotal			4539.02	
SALES TAX				179.28
ESTIMATED TOTAL				4718.30

AUTHORIZATION/Witness by Doc

TITLE Co. Rep

DATE

202114

RECEIVED  
SEP 10 2009  
KCC WICHITA

March 17, 2014

Amy McFadden  
Enerjex Kansas, Inc.  
2038 S. PRINCETON ST., STE B  
OTTAWA, KS 66067

Re: Plugging Application  
API 15-001-29741-00-00  
Tidd 2-23  
SE/4 Sec.23-24S-17E  
Allen County, Kansas

Dear Amy McFadden:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. **Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.**

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

**This notice is void after September 13, 2014. The CP-1 filing does not bring the above well into compliance with K.A.R 82-3-111 with regard to the Commission's temporary abandonment requirements.**

Sincerely,  
Production Department Supervisor

cc: District 3

(620) 432-2300