



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

**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

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. _____

<u>May 20, 2008</u>	<u>May 21, 2008</u>	<u>Not Completed</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

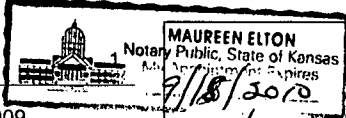
API No. 15 - 001-29740-00-00
 County: Allen
 NW SE NE SW Sec. 26 Twp. 24 S. R. 17 East West
1670 feet from (S) N (circle one) Line of Section
2990 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE (SE) NW SW
 Lease Name: Diebolt Well #: 2-26
 Field Name: lola
 Producing Formation: Cherokee Coals
 Elevation: Ground: 1050' Kelly Bushing: _____
 Total Depth: 1222' Plug Back Total Depth: 1221'
 Amount of Surface Pipe Set and Cemented at 21 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 1221
 feet depth to surface w/ 140 sx cmt.

Drilling Fluid Management Plan AH II NR 9-15-09
 (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 9, 2009
 Subscribed and sworn to before me this 9th day of September
 20 09
 Notary Public: Maureen Elton
 Date Commission Expires: 9/18/2010



KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
SEP 11 2009

KCC WICHITA

Operator Name: EnerJex Kansas, Inc. Lease Name: Diebolt Well #: 2-26
 Sec. 26 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron, Dual Induction, Differential Temperature <input checked="" type="checkbox"/> Density-Neutron Hi-Resolution Density	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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#	21'	Portland	4	
Production	6 3/4"	4 1/2"	9.5#	1221'	O.W.C.	140	8# Kol-seal

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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, Resumerd 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 Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

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SEP 11 2009

KCC WICHITA

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 ENERJEX KANSAS, INC.		Well No. 26-2	Lease DIEBOLT	Loc. 1/4 1/4 1/4	Sec. 26	Twp. 24	Rge. 17
County ALLEN		State KS	Type/Well	Depth 1222'	Hours	Date Started 5/21/08	Date Completed 5/21/08
Job No.	Casing Used 20' 5" 8 5/8"	Bit Record			Coring Record		
Driller JASON SWEARINGEN	Cement Used 4 -- Portland	Bit No.	Type	size	From	To	% Rec.
Driller	Rig No.			6 3/4"			
Driller	Hammer No.						

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KCC WICHITA

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	4	DIRT/CLAY	630	639	SHALE	848	849	SANDY SHALE	1148	1155	SAND
4	10	LIME	639	650	LIME	849	887	SHALE	1155	1158	SANDY SHALE
10	13	SHALE	650	651	BLACK SHALE	887	888	COAL	1158	1162	SAND
13	32	LIME	651	656	LIME	888	900	SHALE	1162		GAS TEST (1# 1/2")
32	160	SHALE	656	667	SAND (OIL SHOW)	900	903	LIME	1162	1164	SAND
160	174	LIME	667	706	SANDY SHALE	903	905	BLACK SHALE	1164	1177	SANDY SHALE
174	181	SHALE	696		OIL SHOW	905	906	COAL	1177	1181	SAND
181	187	LIME	706	711	SHALE	906	911	SAND	1181	1191	SANDY SHALE
187	190	SHALE	711		GAS TEST (SLIGHT BLOW)	911		GAS TEST (SLIGHT BLOW)	1191	1222	LIME
190	243	LIME (WATER)	711	720	SHALE	911	924	SAND			
243	247	SHALE	720	722	LIME	924	927	SHALE			
247	260	SAND	722	724	COAL	927	928	COAL			T.D. 1222'
260	264	SHALE	724	725	SHALE	928	934	SHALE			
264	274	SAND	725	746	LIME	934	935	COAL			
274	275	COAL	746	751	SHALE	935	936	SHALE			
275	327	SHALE	751	756	LIME	936		GAS TEST (0# 1/8")			
327	389	LIME	756	758	BLACK SHALE	936	948	SHALE			
389	393	SHALE	758	761	SHALE	948	949	COAL			
393	395	BLACK SHALE	761		GAS TEST (SLIGHT BLOW)	949	1007	SHALE			
395	423	LIME	761	772	SHALE	1007	1008	COAL			
423	425	BLACK SHALE	772	801	LIME	1008	1066	SHALE			
425	428	SHALE	801	802	BLACK SHALE	1066	1087	SAND			
428	444	LIME	802	803	LIME	1087		GAS TEST (1 1/2# 1/8")			
444	446	BLACK SHALE	803	805	SHALE	1087	1112	SAND (OIL SHOW 1097)			
446	454	LIME	805	811	LIME	1112		GAS TEST (1# 1/2")			
454	480	SHALE	811		GAS TEST (SLIGHT BLOW)	1112	1137	SAND			
480	540	SANDY SHALE	811	812	LIME	1137		GAS TEST (SLIGHT BLOW)			
540	587	SHALE	812	815	SHALE	1137	1141	SAND			
587	596	SAND	815	833	SAND	1141	1142	COAL			
596	623	SHALE	833	838	SANDY SHALE	1142	1147	SAND			
623	630	LIME	838	848	SHALE	1147	1148	COAL			

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



TICKET NUMBER 14102
 LOCATION Eureka
 FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-22-08	5460	Diebolt # 2-26				Allen
CUSTOMER			TRUCK #			
Mid West Energy Inc Enerjex			DRIVER			
MAILING ADDRESS			TRUCK #			
Commerce Plaza Center 7800 W. 110th St. 7th Fl			DRIVER			
CITY			TRUCK #			
Overland Park			DRIVER			
STATE			TRUCK #			
Ks			DRIVER			
ZIP CODE			TRUCK #			
66210			DRIVER			

JOB TYPE Logstring HOLE SIZE 6 3/4" HOLE DEPTH 1222' CASING SIZE & WEIGHT 4 1/2" 9.5"
 CASING DEPTH 1221' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6 SLURRY VOL _____ WATER gal/sk 8" CEMENT LEFT in CASING 0'
 DISPLACEMENT 19.7 Bbl DISPLACEMENT PSI 500 MIX PSI 1000 GYP RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2" casing. Hole wash Gelled the Day Before.
Break Circulation w/ 20 Bbl water, Pump 10 Bbl Dye water. Mixed 140 cks
DWC Cement w/ 8" Kol-Seal @ 13.6" Perf. Wash out Pump + liner. Release
Plug. Displace w/ 19.7 Bbl water. Final Pumping Pressure 5000 PSI. Pump
to 1000 PSI. wait 2 mins. Release Pressure. Float Held Good Cement to
surface = 7 Bbl Slurry to Pit.
Job Complete.

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 cks	DWC Cement	16.20	2268.00
110A	1120 #	Kol-Seal 8" type	.40	448.00
5407A	7.7 Ton	Top-Mixcrete	1.14	881.12
5502C	3 1/2 hrs	80BN Vac Truck	94.00	329.00
1123	300 gal	City Water	13.30/100	39.90
4404	1	4 1/2" Top Rubber Plug	42.00	42.00
			RECEIVED	
			SEP 11 2009	
			KCC WICHITA	
Thank You!			Sub Total	4491.02
			6.8% SALES TAX	176.26
			ESTIMATED TOTAL	4667.28

AUTHORIZATION witnessed by Bob TITLE Co-Op DATE _____

March 17, 2014

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

Re: Plugging Application
API 15-001-29740-00-00
Diebolt 2-26
SW/4 Sec.26-24S-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