



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

David Kramer

1305 600th St

Iola, Ks 66749

**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 # 33261
Name: Brower Oil & Gas Co., Inc.
Address: 6506 S. Lewis Ave., Ste. 115
City/State/Zip: Tulsa, OK 74136
Purchaser: _____
Operator Contact Person: Pamela K. Atkins
Phone: (918) 743-8893
Contractor: Name: Pense Brothers Drilling
License: 32980
Wellsite Geologist: John D. Muselmann

RECEIVED

NOV 24 2003

KCC WICHITA

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-entf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. CO 010406
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

<u>08-11-03</u>	<u>08-12-03</u>	<u>08-28-03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 001-29014-00-00
County: Allen
E/2 W/2 NW/4 SW/4 20 Twp. 24 S. R. 18 East West
1974 feet from S / N (circle one) Line of Section
451 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Wille Well #: 1-20
Field Name: Iola
Producing Formation: See Attached
Elevation: Ground: 966' Kelly Bushing: _____
Total Depth: 1200' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 39' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan *Allen 33-0A*
(Data must be collected from the Reserve Pit)
Chloride content Fresh Water ppm Fluid volume 0 bbls
Dewatering method used Evaporation
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: *Keith J. Jarris*
Title: _____ Date: 11-17-03
Subscribed and sworn to before me this 17 day of November,
2003.
Notary Public: Pamela K. Atkins
Date Commission Expires: Jan. 8, 2007

KCC Office Use ONLY

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

Operator Name: Brower Oil & Gas Co., Inc. Lease Name: Wille Well #: 1-20
 Sec. 20 Twp. 24 S. R. 18 East West County: Allen APL # 15-001-29014-00-00

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: CDL, DIL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Swope</td> <td>308.3'</td> <td>312.3'</td> </tr> <tr> <td>Pawnee</td> <td>641'</td> <td>643'</td> </tr> <tr> <td>Summit</td> <td>726'</td> <td>728'</td> </tr> <tr> <td>Mulkey</td> <td>736</td> <td>738'</td> </tr> <tr> <td>Bevier</td> <td>807.6</td> <td>809.6'</td> </tr> <tr> <td>Scammon</td> <td>871</td> <td>873'</td> </tr> </table>	Name	Top	Datum	Swope	308.3'	312.3'	Pawnee	641'	643'	Summit	726'	728'	Mulkey	736	738'	Bevier	807.6	809.6'	Scammon	871	873'
Name	Top	Datum																				
Swope	308.3'	312.3'																				
Pawnee	641'	643'																				
Summit	726'	728'																				
Mulkey	736	738'																				
Bevier	807.6	809.6'																				
Scammon	871	873'																				

CASING RECORD <input type="checkbox"/> New <input checked="" 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"	23#/ft.	39'	Portland	10 sks.	
Production	7 7/8"	5-1/2"	15.5#/ft	1182'	Arkoma Lite	170 sks	See Attached

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 <i>(Amount and Kind of Material Used)</i>		Depth
4 SPF	1085-87'; 937-39'	4 bbls 7-1/2% HCL, 195 bbls H2O, 750# 20/40		1085'
4 SPF	937-39'; 912.3-914.3'; 871-73'	4 bbls 7-1/2% HCL, 300 bbls H2O, 2540 20/40		937'
4 SPF	807.6-809.6; 736-38, 726-28' 641-43'	329 bbls 2% KCL, H2O and 931 #20/40 sand		807.6'
2 SPF	308.3-312.3'	312 bbls 2% KCL H2O and 4475# 20/40 sand		308.3'

TUBING RECORD		Size <u>2-3/8"</u>	Set At <u>1160'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>Waiting on Pipeline</u>			Producing Method <input type="checkbox"/> Flowing <input checked="" 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
		<u>7</u>	<u>40</u>		

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)* METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

KANSAS CORPORATION COMMISSION

NOV 24 2003

RECEIVED

ORIGINAL

Wille 1-20 API #15-001-29014-00-00

Additives used for cement job (Production) for the Wille 1-20 well

17 sks Gilsonite
400 # salt
170# Sodium Metasilicate
60 # Lomar D
6 sks Premium Gel
1.5 Gal Silt Suspender SS-630, ESA-90, ESA 41
1 Gal. KCL sub (ESA-55)
2 sks FloSeal
102 sks Diacel

RECEIVED

NOV 24 2003

KCC WICHITA

*Surface was cemented by Brower Oil & Gas Co., Inc. and there is no cement tickets.
Portland Cement w/no additives was used. If you should have any questions, please call
Joe D. Brower, President of Brower Oil & Gas Co., Inc. 918/760-4443 (Cell)

Additional Formations

Name	Top	Datum
Tebo	912.3'	914.3'
Weir	937'	939'
Riverton	1085'	1087

*Producing from all perforated formations.



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

RECEIVED

NOV 24 2003

KCC WICHITA

ORIGINAL

TICKET NUMBER 22440

LOCATION Chanute

FIELD TICKET

API# 15-001-29014-00-00

DATE 8/12/03	CUSTOMER ACCT # 1530	WELL NAME Willie 1-20	QTR/QTR	SECTION 20	TWP 24	RGE 18	COUNTY AI	FORMATION
CHARGE TO Brower oil and Gas				OWNER				
MAILING ADDRESS 6506 S. Lewis Ave STE 115				OPERATOR				
CITY & STATE Tulsa OK 74136				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT	
5401	1 well	PUMP CHARGE Cement Pump	525	525 ⁰⁰	
5402	11921	Casing Footage	1.14	165 ⁷⁶	
2123	102 lbs	Diace L	11.80	1203 ⁰⁰	
1128	60 lbs	Linmar O	4.95	297 ⁰⁰	
1118	6 SK	Prem Gel 4IN Lead / 2 Men of Sub	11.80	708 ⁰⁰	
1110	17 SK	Gilsonite	19.40	329 ⁸⁰	
1111	8 SKs ⁴⁰⁰ lbs	Salt	21	84 ⁰⁰	
1111A	170 lbs	Metso Beads	1.35	229 ⁵⁰	
1238	1.5 Gal	ESA 41	30 ⁰⁰	45 ⁰⁰	
1215	1 Gal	KCL	22 ⁰⁰	22 ⁰⁰	
4405	1	5/8 Rubber Plug	37 ⁵⁰	37 ⁵⁰	
1107	2 SK	Cella Flakes	37 ⁷⁵	75 ⁵⁰	
4119	1	5/8 Float Shoe	130 ⁰⁰	130 ⁰⁰	
BLENDING & HANDLING					
5402	30 mi	TON-MILES Delivery	190 ⁰⁰	190 ⁰⁰	
STAND BY TIME					
MILEAGE					
5501	4 hr	WATER TRANSPORTS	75 ⁰⁰	300 ⁰⁰	
VACUUM TRUCKS					
FRAC SAND					
1104	170 SK ✓	CEMENT Portland A	9.20	1564 ⁰⁰	
				SALES TAX	246 ⁵⁰
					253.31
ESTIMATED TOTAL					5473.76 5522.83

Ravin 2790

CUSTOMER or AGENTS SIGNATURE

J.P. Brown CIS FOREMAN *Rayne*

CUSTOMER or AGENT (PLEASE PRINT)

DATE

185943

ORIGINAL

CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

RECEIVED

NOV 24 2003

KCC WICHITA

TICKET NUMBER 30368
 LOCATION Chanute
 FOREMAN DeWayne

TREATMENT REPORT

API# 15-001-29014-00-00

DATE <u>8/12/03</u>	CUSTOMER #	WELL NAME <u>Willie 1-20</u>	FORMATION
SECTION <u>20</u>	TOWNSHIP <u>24</u>	RANGE <u>18</u>	COUNTY <u>AL</u>
CUSTOMER <u>Brower oil and Gas</u>			
MAILING ADDRESS <u>6506 S. Lewis Ave Ste 115</u>			
CITY <u>Tulsa OK</u>			
STATE		ZIP CODE <u>74136</u>	
TIME ARRIVED ON LOCATION			

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>290</u>	<u>Herb</u>		
<u>103</u>	<u>Mitch</u>		
<u>401</u>	<u>Larry</u>		

TYPE OF TREATMENT

<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISP. PUMP	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

WELL DATA

HOLE SIZE <u>6 7/8</u>	PACKER DEPTH
TOTAL DEPTH <u>1200</u>	PERFORATIONS
	SHOTS/FT
CASING SIZE <u>5 1/2</u>	OPEN HOLE
CASING DEPTH <u>1184</u>	
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA <u>Cement Pump</u>	

INSTRUCTION PRIOR TO JOB Break Circulation Pump 2 SK-Gol Followed By 20 Ball Dye Pump 170 SK cement to Get Dye Back Skypanel Wash up Pump then Pump Plug to Bottom 28.2 Ball

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE _____

TIME AM/PM	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
							BREAKDOWN PRESSURE
							DISPLACEMENT
							MIX PRESSURE
							MIN PRESSURE
							ISIP
							15 MIN.
							MAX RATE
							MIN RATE

March 18, 2014

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

Re: Plugging Application
API 15-001-29014-00-00
Wille 1-20
SW/4 Sec.20-24S-18E
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 14, 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