



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

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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 SLOW 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 27, 2008	May 28, 2008	Not Completed
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 001-29749-00-00
County: Allen
NW SE SW Sec. 13 Twp. 24 S. R. 17 East West
450 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: Kramer Well #: 1-13
Field Name: Iola

Producing Formation: Cherokee Coals
Elevation: Ground: 1024' Kelly Bushing: _____
Total Depth: 1238' Plug Back Total Depth: 1238'
Amount of Surface Pipe Set and Cemented at 21 Feet
Multiple Stage Cementing Collar Used? Yes No
_____, show depth set _____ Feet
If Alternate II completion, cement circulated from 1238
feet depth to surface w/ 140 sx cmt.

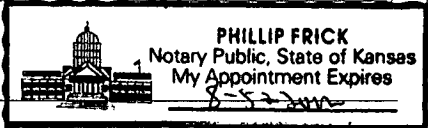
Drilling Fluid Management Plan AH II MR 9-21-09
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec.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

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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: 8-5-2011



KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied. Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
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KCC WICHITA

Side Two

Operator Name: EnerJex Kansas, Inc. Lease Name: Kramer Well #: 1-13
 Sec. 13 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 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#	20'	Portland	4	
Production	6 3/4"	4 1/2"	9.5#	1238'	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 <i>(Amount and Kind of Material Used)</i>	Depth
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		KCC WICHITA	
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TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No	KCC WICHITA
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 Bbbs.	Gas Mcf	Water Bbbs.	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 _____

Production Interval 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 ENERJEX KANSAS, INC.		Well No. 1-13	Lease KRAMER	Loc. 1/4 1/4 1/4	Sec. 13	Twp. 24	Rge. 17
County ALLEN		State KS	Type/Well	Depth 1238'	Hours	Date Started 5/27/08	Date Completed 5/28/08
Job No.	Casing Used 20' 5" 8 5/8"	Bit Record			Coring Record		
Driller JUSTIN BYRD	Cement Used 4 - Portland	Bit No.	Type	size 6 3/4"	From	To	% Rec.
Driller	Rig No.						
Driller	Hammer No.						

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	6	DIRT	776	784	LIME						
6	16	LIME	784	786	BLACK SHALE						
16	134	SHALE	786	796	LIME						
134	145	LIME	796	882	SHALE						
145	155	SHALE	861		GAS TEST (SLIGHT BLOW)						
155	225	LIME	882	883	COAL						
225	255	SHALE	883	922	SHALE						
255	258	LIME	922	923	COAL						
258	307	SHALE	923	994	SHALE						
307	356	LIME	994	995	COAL						
356	358	SHALE	995	1024	SHALE						
358	367	LIME	1024	1060	SAND						
367	371	SHALE	1037		GAS TEST (SLIGHT BLOW)						
371	375	LIME	1060	1072	SANDY SHALE						
375	380	SAND	1072	1143	SAND						
380	396	LIME	1087		GAS TEST (SLIGHT BLOW)						
396	401	BLACK SHALE	1143	1156	SHALE						
401	417	LIME	1156	1158	COAL						
417	419	SHALE	1158	1159	SHALE						
419	425	LIME	1159	1238	LIME						
425	619	SHALE	1162		GAS TEST (1/2# 1/8")						
619	634	LIME									
634	646	SHALE									
646	650	SANDY SHALE			T.D. 1238'						
650	677	SAND									
677	705	SHALE									
705	707	COAL									
707	722	LIME									
722	731	SHALE									
731	735	LIME									
735	776	SHALE									

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

 ENTERED

TICKET NUMBER 14107
 LOCATION Eureka
 FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-29-08	04107	Kramer 1-13				Allen
CUSTOMER Midwest Energy Inc. Enerjet			TRUCK #			
MAILING ADDRESS Commerce Plaza Center 7300 W. 110th St 7th floor			DRIVER		TRUCK #	
CITY Overland Park			DRIVER		TRUCK #	
STATE KS			DRIVER		TRUCK #	
ZIP CODE 66210			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	

JOB TYPE Logging HOLE SIZE 6 3/4" HOLE DEPTH 1237' CASING SIZE & WEIGHT 4 1/2" 9.5"
 CASING DEPTH 1234' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6" SLURRY VOL 39.84 WATER gal/sk 8" CEMENT LEFT in CASING 0'
 DISPLACEMENT 20861 DISPLACEMENT PSI 500 MIX PSI 1000 Bump Ply RATE _____

REMARKS: Safety Meeting; Rig up to 4 1/2" Casing Break Circulation w/ water.
Pump 12skt Gel-Flush. Pump Gel to surface. Pump 10861 Dye water.
Mixed 140skt OWC Cement w/ 8" Kol-Seal @ 13.6" Avg. Well 1.58 Wash
out Pump + Lines Release Plug. Displace w/ 20861 water. Final Pumping
Pressure 500PSI Bump Plug to 1000 PSI wait 2mins Release Pressure.
Float Held Good Cement to surface = 7861 Slurry to Bit.
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 2nd of 2 wells	3.45	N/C
1126	140 skt	OWC Cement	16.20	2268.00
1110A	1120"	Kol-Seal 8"/12	.40"	448.00
1118A	600"	Gel-Flush	.16"	96.00
5407A	7.7 Ton	Ton-Mileage	1.14	351.12
5502C	3 1/2 hrs	80861 Vac Truck	94.00	329.00
1123	6000gal	City water. (Loaded Burkes truck)	13.30/1000	79.80
4404	1	4 1/2" Top Rubber Plug	42.00	42.00
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Thank You!				
KCC WICHITA				
				4488.92
				184.83
				4673.75

AUTHORIZATION witnessed by Doc TITLE _____ DATE _____
 200881

March 18, 2014

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

Re: Plugging Application
API 15-001-29749-00-00
Kramer 1-13
SW/4 Sec.13-24S-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 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