



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

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 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. _____

<u>May 22, 2008</u>	<u>May 28, 2008</u>	<u>Not Completed</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 001-29747-00-00
 County: Allen
NW SE NW NW Sec. 24 Twp. 24 S. R. 17 East West
4340 feet from (S) N (circle one) Line of Section
4555 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 #: 1-24
 Field Name: Iola

Producing Formation: Cherokee Coals
 Elevation: Ground: 1020' Kelly Bushing: _____
 Total Depth: 1237' Plug Back Total Depth: 1237'
 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 1237
 feet depth to surface w/ 140 sx cmt.

Drilling Fluid Management Plan AH II NR 9-22-09
(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,
 2009.
 Notary Public: Phillip Frick
 Date Commission Expires: 8-5-2012



KCC Office Use ONLY

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

RECEIVED
SEP 10 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. 1-24	Lease KRAMER	Loc. 1/4 1/4 1/4	Sec. 24	Twp. 24	Rge. 17					
County ALLEN		State KS	Type/Well	Depth 1237'	Hours	Date Started 5/22/08	Date Completed 5/28/08					
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	Bit No.	type	Size	From	To	% Rec.
Driller	Rig No.			6 3/4"								
Driller	Hammer No.											

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	4	DIRT/CLAY	727	733	SHALE	1014	1035	SHALE			
4	9	LIME	733	750	LIME	1035	1037	SAND			
9	13	SHALE	750	752	BLACK SHALE	1037		GAS TEST (SLIGHT BLOW)			
13	37	LIME	752	774	SHALE	1037	1062	SAND			
37	157	SHALE	774	786	LIME	1062		GAS TEST (10# 1/8")			
157	169	LIME	786		GAS TEST (SLIGHT BLOW)	1062	1087	SAND			
169	192	SHALE	786	804	LIME	1087		GAS TEST (7 1/2# 1/2")			
192	248	LIME (WATER)	804	806	BLACK SHALE	1087	1112	SAND			
248	264	SHALE	806	811	LIME	1112		GAS TEST (1# 1/2")			
264	280	SAND	811		GAS TEST (SLIGHT BLOW)	1112	1115	SAND			
280	329	SHALE	811	815	LIME	1115	1139	SANDY SHALE			
329	390	LIME	815	866	SHALE	1139	1182	SHALE			
390	391	BLACK SHALE	866	876	SANDY SHALE	1182	1183	COAL			
391	393	SHALE	872		SLIGHT ODOR	1183	1187	SAND/CHERT			
393	421	LIME	876	904	SHALE	1187		GAS TEST (4# 1/2")			
421	423	BLACK SHALE	904	906	BLACK SHALE	1187	1237	LIME			
423	447	LIME	906	911	SHALE						
447	469	SHALE	911	929	SAND						
469	530	SAND	929	930	COAL			T.D. 1237'			
530	555	SANDY SHALE	930	933	SHALE						
555	591	SHALE	933	934	COAL						
591	610	SAND	934	936	SHALE						
610	615	SHALE	936		GAS TEST (SLIGHT BLOW)						
615	617	BLACK SHALE	936	952	SHALE						
617	638	SHALE	952	953	COAL						
638	653	LIME	953	992	SHALE						
653	707	SAND	992	993	COAL						
707	723	SANDY SHALE	993	1012	SHALE						
723	725	LIME	1012		GAS TEST (SLIGHT BLOW)						
725	726	BLACK SHALE	1012	1013	SHALE						
726	727	COAL	1013	1014	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



TICKET NUMBER 14106
 LOCATION Eureka
 FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-29-08	5410	Kramer 1-24				Allen
CUSTOMER						
Midwest Energy Inc. <i>Energex</i>						
MAILING ADDRESS						
Commerce Plaza Center						
7300 W. 110th St 7th Floor						
CITY		STATE	ZIP CODE			
Overland Park		Ks	66210			
TRUCK #		DRIVER		TRUCK #		DRIVER
520		Cliff				
459		Calin				
437		Chris				

JOB TYPE Longstring HOLE SIZE 6 3/4" HOLE DEPTH 1237' CASING SIZE & WEIGHT 4 1/2" 9.5"
 CASING DEPTH 1237' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6" SLURRY VOL 396U WATER gal/sk 8" CEMENT LEFT in CASING 0'
 DISPLACEMENT 208U DISPLACEMENT PSI 700 MIX PSI 1200 Bump Plug RATE _____

REMARKS: Safety meeting: Rig up to 4 1/2" casing. Break circulation w/ water. Wash down 40'
Casing to P.R.T.D 1234'. Pump sk Gel-Flush, 308U water, 108U Dye water, mixed
140sk OWC Cement w/ 8" Kal-Seal @ 13.6" P/gal. Yield 158. Wash out
Pump + lines. Release Plug. Displace w/ 208U water. Final Pumping
Pressure 700 PSI. Bump Plug to 1200 PSI. wait 2mins. Release Pressure.
Float Hold. Good Cement to surface = 68U 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	140sk	OWC Cement	16.20	2268.00
110A	1120*	Kal-Seal 8"/sk	.90*	448.00
1118A	300*	Gel-Flush	.16*	48.00
SEP 10 2009				
5407A	7.7 Ton	Ten-Mileage	1.14	351.12
KCC WICHITA				
5502C	3 1/2 hrs	808U Vsc Tack	94.00	329.00
1123	300gal	City Water	13.30/100	39.90
440Y	1	4 1/2" Top Rubber Plug	42.00	42.00
Thank You!				
			Sub Total	4529.02
			6.3% SALES TAX	179.28
			ESTIMATED TOTAL	4718.30

222 380

AUTHORIZATION witnessed by Doc TITLE _____ DATE _____

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Thomas E. Wright, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

March 19, 2014

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

Re: Plugging Application
API 15-001-29747-00-00
Kramer 1-24
NW/4 Sec.24-24S-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 15, 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