



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

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: Oneck 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 29, 2008	May 31, 2008	Not Completed
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 001-29748-00-00
County: Allen
NE SE NE NW Sec. 24 Twp. 24 S. R. 17 East West
4340 feet from N (circle one) Line of Section
2840 feet from W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Kramer Well #: 2-24
Field Name: Iola
Producing Formation: Cherokee Coals
Elevation: Ground: 1016' Kelly Bushing: _____
Total Depth: 1212' Plug Back Total Depth: 1208'
Amount of Surface Pipe Set and Cemented at 23 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1208
feet depth to surface w/ 140 sx cmt.

Drilling Fluid Management Plan AH II NUR 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

MAUREEN ELTON
Notary Public, State of Kansas
My Appointment Expires 9/18/2010

KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied. Yes No Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
SEP 11 2009
KCC WICHITA

Side Two

Operator Name: EnerJex Kansas, Inc. Lease Name: Kramer Well #: 2-24
 Sec. 24 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, <input checked="" type="checkbox"/> Differential Temperature Density-Neutron Hi-Resolution Density	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

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#	23'	Portland	5	
Production	6 3/4"	4 1/2"	9.5#	1208'	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, 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	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____

RECEIVED
 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. 2-24	Lease KRAMER	Loc. 1/4 1/4 1/4	Sec. 24	Twp. 24	Rge. 17					
County ALLEN		State KS	Type/Well	Depth 1212'	Hours	Date Started 5/29/08	Date Completed 5/31/08					
Job No.	Casing Used 23' 4" 8 5/8"	Bit Record			Coring Record							
Driller JASON SWEARINGEN	Cement Used 5-Portland	Bit No.	Type	size	From	To	Bit No.	type	Size	From	To	% Rec.
Driller	Rig No.			6 3/4"								
Driller	Hammer No.											

RECEIVED
 SEP 11 2009
 KCC WICHITA

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	5	DIRT / CLAY	666	686	SAND	911	915	SAND			
5	19	LIME	686		GAS TEST (SLIGHT BLOW)	915	920	SHALE			
19	134	SHALE	686	705	SHALE	920	921	COAL			
134	148	LIME	705	708	LIME	921	942	SHALE			
148	173	SHALE	708	709	BLACK SHALE	942	943	COAL			
173	230	LIME	709	710	COAL	943	1018	SHALE			
230	249	SHALE	710	711	SHALE	1018	1030	SAND			
249	256	SAND	711	724	LIME	1030	1031	COAL			
256	309	SHALE	724	733	SHALE	1031	1037	SAND			
309	372	LIME	733	737	LIME	1037	1061	SANDY SHALE			
372	374	SHALE	737	739	BLACK SHALE	1061	1087	SAND			
374	376	BLACK SHALE	739	756	SHALE	1087		GAS TEST (SLIGHT BLOW)			
376	403	LIME	756	761	LIME	1087	1138	SAND			
403	405	SHALE	761		GAS TEST (SLIGHT BLOW)	1138	1154	SHALE			
405	407	BLACK SHALE	761	790	LIME	1154	1155	COAL			
407	433	LIME	790	791	COAL	1155	1157	SHALE			
433	467	SHALE	791	795	LIME	1157	1187	LIME			
467	509	SAND	795	797	BLACK SHALE	1187		GAS TEST (SLIGHT BLOW)			
509	518	SANDY SHALE	797	800	LIME	1187	1212	LIME			
518	574	SHALE	800	801	COAL						
574	585	SAND	801	806	LIME						
585	598	SHALE	806	811	SHALE			T.D. 1212'			
598	599	BLACK SHALE	811		GAS TEST (SLIGHT BLOW)						
599	604	LIME	811	866	SHALE						
604	614	SHALE	866	867	COAL						
614	632	LIME	867	893	SHALE						
632	640	SHALE	893	895	BLACK SHALE						
640	643	SANDY SHALE	895	900	SAND						
643	664	SAND	900	901	COAL						
664	665	BLACK SHALE	901	911	SAND						
665	666	COAL	911		GAS TEST (SLIGHT BLOW)						

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

TICKET NUMBER 14099
 LOCATION EUREKA
 FOREMAN RICK LARSON

TREATMENT REPORT & FIELD TICKET
 CEMENT

2579

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-2-08	54120	Kramer 2-24				Alto
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MIDWEST ENERGY INC. Enerjex			463	Shannon		
MAILING ADDRESS			441	John		
Cannons Plaza Center 7300 W. 110th floor 7			437	Jim		
CITY	STATE	ZIP CODE				
Overland Park	KS	66210				

JOB TYPE logstring HOLE SIZE 6 3/4" HOLE DEPTH 1220' CASING SIZE & WEIGHT 4 1/2" 9.5"
 CASING DEPTH 1208' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6 # SLURRY VOL 39 bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 19.5 DISPLACEMENT PSI 700 PSI 1100 RATE _____

REMARKS: Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ 25 bbl fresh water. Wash down 60' to T.D. Pump 8 sks gel-flush, 35 bbl water spacer, 10 bbl dye water. Mixed 140 sks O.W.C cement w/ 8" Kol-sol @ 13.6 #/gal. yield 1.58. Washout pump + lines. shut down release plug. Displace w/ 19.5 bbl fresh water. Final pump pressure 700 PSI Pump plug to 1400 PSI. Wait 2 mins. release pressure, flow held. Good cement returns to surface = 7 bbl slurry to pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	0	MILEAGE 2nd well of 2	n/c	n/c
1126	140 sks	O.W.C. cement	17.00	2380.00
110A	1120 #	8" Kol-sol 15% ^{max}	.42	470.40
1118A	400 #	gel-flush	.17	68.00
5407A	7.7	ton-mileage bulk trk	1.20	369.60
5508C	3 1/2 hrs	80 bbl vac. TRK	100.00	350.00
1123	6000 gals	city water	14.00	84.00
4404	1	4 1/2" top rubber plug	45.00	45.00
				632
				SALES-TAX
				ESTIMATED
				TOTAL
				4983.99

RECEIVED
 SEP 11 2009
 KCC WICHITA

AUTHORIZATION Witnessed by Doc. TITLE Co. Mgr DATE _____

282517

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 15-001-29748-00-00
Kramer 2-24
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