



KANSAS CORPORATION COMMISSION 1194900
OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2010

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

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

Designate Type of Completion: **KCC WICHITA**

- 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. CO 010401

Dual Completion Docket No. _____

Other (SWD or Enhr.?) Docket No. _____

08-12-03 08-13-03 09-19-03

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 001-29013-00-00

County: Allen

SW SW SE Sec. 31 Twp. 24 S. R. 18 East West

330 feet from S / N (circle one) Line of Section

2310 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Tomson Well #: 1-31

Field Name: Iola

Producing Formation: See Attached

Elevation: Ground: 1005' Kelly Bushing: _____

Total Depth: 1200' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 40' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 1183

feet depth to 0 w/ 170 sx cmt.

Drilling Fluid Management Plan Revised 12-3-03
(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: Pamela K. Atkins

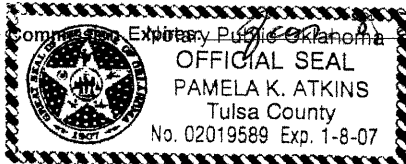
Title: _____ Date: 11-17-03

Subscribed and sworn to before me this 17th day of November

20 03

Notary Public: Pamela K. Atkins

Date: _____



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: Tomson Well #: 1-31
 Sec. 31 Twp. 24 S. R. 18 East West County: Allen API #15-001-29213-00-00

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>298'</td> <td>302'</td> </tr> <tr> <td>Summit</td> <td>690'</td> <td>693'</td> </tr> <tr> <td>Mulkey</td> <td>699'</td> <td>702'</td> </tr> <tr> <td>Tebo</td> <td>880'</td> <td>883'</td> </tr> <tr> <td>Weir</td> <td>910'</td> <td>913'</td> </tr> <tr> <td>Bartlesville</td> <td>962'</td> <td>964'</td> </tr> </table>	Name	Top	Datum	Swope	298'	302'	Summit	690'	693'	Mulkey	699'	702'	Tebo	880'	883'	Weir	910'	913'	Bartlesville	962'	964'
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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	11"	8-5/8"	23#/ft.	40'	Portland	10 sks	
Production	6-3/4"	5-1/2"	15.5#/ft.	1182.65'	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 (Amount and Kind of Material Used)	Depth
4 SPF	910-13';880-83'	6 bbls 7-1/2% HCL,350 bbls KCL H20,5015# 20/40 sand	880'
4 SPF	699-702';690-93'	6 bbls 7-1/2% HCL,227 bbls KCL H20,2400# 20/40 sand	699'
2 SPF	298-302'	4 bbls 7-1/2% HCL,284 bbls KCL H20,4035# 20/40 sand	298'

TUBING RECORD Size <u>2-3/8"</u> Set At <u>1127'</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	15 320

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other (Specify) _____

KANSAS CORPORATION COMMISSION

NOV 24 2003
RECEIVED

ORIGINAL

Tomson 1-31 API# 15-001-29013-00-00

Cement Additives:

102 sks Diacel
60 # Lomar D
6 sks Premium Gel
17 sks Gilsonite
400# Salt
2 sks flo-seal
170 sks sodium metasilicate
1.5 gal silt suspender ss-630, ESA-90, ESA-41
1 Gal. KCL sub (ESA-55)

RECEIVED

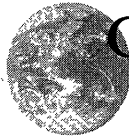
NOV 24 2003

KCC WICHITA

Producing Formations:

Swope
Summit
Mulkey
Tebo
Weir
Bartlesville

*Surface pipe was set by Brower Oil & Gas Co., Inc. and there is no cement ticket. All questions should be referred to Joe Brower at 918/760-4443.



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 22453

LOCATION Chanute

FIELD TICKET

API # 15-001-29013-00-00

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
8/13/03	1530	Thompson 1-38		31	24	18	AI	
CHARGE TO <u>Brower and Gas</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1 Well	PUMP CHARGE Cement Pump	525 ⁰⁰	525 ⁹⁸
5402	1182	Casing Footage	.14	165 ⁶⁰
3123	102 Lbs	Diacet	11 ⁸⁰	1203 ⁶⁰
1128	60 Lbs	Lomat D	4 ⁹⁵	294 ⁸⁰
1118	6 SK	Prem Gal 4 1/2 in Lead 2 Ahead of Job	11 ⁸⁰	70 ⁸⁰
1110	17 SK	Gilsonite	19 ⁴⁰	329 ⁸⁰
1111	8 SK	400 Lbs Salt	1 ²⁵	85 ⁰⁰
1167	2 SK	Cello Flakes	37 ²⁵	75 ⁵⁰
1111 A	170 Lbs	Metso Beads	1 ⁵⁵	229 ⁵⁰
1238	1.5 Gal	ESA 41 Mud Flush	30 ⁰⁰	45 ⁰⁰
1215	1 Gal	KCL	22 ⁰⁰	22 ⁰⁰
4405	1	5 1/2 Rubber Plug	37 ⁵⁰	37 ⁵⁰
4119	1	5 1/2 Float Shoe	130 ⁰⁰	130 ⁰⁰
		BLENDING & HANDLING		
5407	30	TON-MILES	190 ⁰⁰	190 ⁰⁰
		STAND BY TIME		
		MILEAGE		
5501	3.5 hr	WATER TRANSPORTS	75 ⁰⁰	262 ⁵⁰
		VACUUM TRUCKS		
		FRAC SAND		
1104	170 ✓	CEMENT SK Portland A	9 ²⁰	1564 ⁰⁰
		SALES TAX		253 ²⁰

Ravin 2790

ESTIMATED TOTAL ~~5485.05~~

5485.05

CUSTOMER or AGENTS SIGNATURE Jack Emerson CIS FOREMAN

CUSTOMER or AGENT (PLEASE PRINT)

DATE

185945

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 15-001-29013-00-00
TOMSON 1-31
SE/4 Sec.31-24S-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 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