



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 # 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

API No. 15 - 001-29760-00-00
County: Allen
SW NW NE NW Sec. 19 Twp. 24 S. R. 18 East West
4900 feet from (S) N (circle one) Line of Section
3930 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 #: 1-19
Field Name: Iola

Producing Formation: Cherokee Coals
Elevation: Ground: 1024' Kelly Bushing:
Total Depth: 1212' Plug Back Total Depth: 1208'
Amount of Surface Pipe Set and Cemented at 20 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 Ait II NWR 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.:

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.

June 2, 2008	June 4, 2008	Not Completed
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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 10, 2009
Subscribed and sworn to before me this 10th 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

RECEIVED
KANSAS CORPORATION COMMISSION
SEP 14 2009
CONSERVATION DIVISION
WICHITA, KS

Operator Name: Energex Kansas, Inc. Lease Name: Wille Well #: 1-19
 Sec. 19 Twp. 24 S. R. 18 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 <input checked="" type="checkbox"/> 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#	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
		RECEIVED KANSAS CORPORATION COMMISSION SEP 14 2009 CONSERVATION DIVISION WICHITA, KS	

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 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. 1-19	Lease WILLIE	Loc. 1/4 1/4 1/4	Sec. 19	Twp. 24	Rge. 18					
County ALLEN		State KS	Type/Well	Depth 1212'	Hours	Date Started 6/2/08	Date Completed 6/4/08					
Job No.	Casing Used 20' 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.											

RECEIVED
 KANSAS CORPORATION COMMISSION
 SEP 14 2009
 CONSERVATION DIVISION
 WICHITA, KS

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	10	LIME	692	693	LIME	907	908	COAL			
10	102	SHALE	693	696	COAL	908	964	SHALE			
102	119	LIME	696	698	BLACK SHALE	964	965	COAL			
119	125	SHALE	698	699	SHALE	965	966	BLACK SHALE			
125	128	LIME	699	720	LIME	966	992	SHALE			
128	176	SHALE	720	727	SHALE	992	994	BLACK SHALE			
176	225	LIME	727	731	LIME	994	1037	SHALE			
225	242	SHALE	731	733	BLACK SHALE	1037	1049	SANDY SHALE			
242	243	COAL	733	735	SHALE	1049	1062	SAND (SLIGHT OIL ODOR)			
243	251	SAND	735	736	LIME	1062		GAS TEST (SLIGHT BLOW)			
251	252	COAL	736		GAS TEST (SLIGHT BLOW 1/8")	1062	1070	SAND			
252	255	SHALE	736	759	SHALE	1070	1080	SANDY SHALE			
255	258	LIME	759	782	LIME (SLIGHT OIL ODOR)	1080	1097	SAND			
258	311	SHALE	782	784	BLACK SHALE	1097	1098	COAL			
311	369	LIME	784	792	LIME	1098	1108	SAND (SLIGHT OIL ODOR)			
369	371	BLACK SHALE	792	794	BLACK SHALE	1108	1109	LIME			
371	397	LIME	794	807	SHALE	1109	1112	SAND			
397	400	SHALE	807	808	COAL	1112		GAS TEST (SLIGHT BLOW)			
400	402	BLACK SHALE	808	811	SHALE	1112	1158	SAND (WATERSAND)			
402	419	LIME	811		GAS TEST (NO GAS)	1158	1159	COAL			
419	421	BLACK SHALE	811	864	SHALE	1159	1212	LIME			
421	427	LIME	864	865	COAL						
427	492	SHALE	865	876	SHALE						
492	503	SAND	876	878	BLACK SHALE			T.D. 1212'			
503	515	SANDY SHALE	878	879	COAL						
515	600	SHALE	879	886	SAND						
600	603	LIME	886		GAS TEST (SLIGHT BLOW)						
603	623	SHALE	886	894	SAND						
623	639	LIME	894	903	SHALE						
639	665	SAND	903	905	BLACK SHALE						
665	692	SHALE	905	907	SHALE						

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

WE  **ENTERED**

TICKET NUMBER 14144
 LOCATION FURBER
 FOREMAN RICK LAMM

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-5-08	5440	Willie 1-19				Allen
CUSTOMER <u>Midwest Energy Inc. Enerjex</u>						
MAILING ADDRESS						
COMMERCIAL PLACE CENTER 7200 W. 10th St. 7th Floor						
CITY		STATE	ZIP CODE			
Overland Park		KS	66210			
TRUCK #	DRIVER	TRUCK #	DRIVER			
463	Shannon					
439	Calin					
436	Chris					

JOB TYPE logstring HOLE SIZE 6 3/4" HOLE DEPTH 1212' CASING SIZE & WEIGHT 4 1/2" 9.5"
 CASING DEPTH 1208' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13# # SLURRY VOL 39 bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 19' bbl DISPLACEMENT PSI 500 PSI 1000 RATE _____

REMARKS: Safety meeting- Rig up to 4 1/2" casing. Break circulation w/ 25 bbl fresh water washdown 30' to T.D. Pump 8 hrs gel-flush, 30 bbl water, 10 bbl dye water. Mixed 140 sacks O.W.C. cement w/ 8" Kel-seal ^{max} yield 1.52. Washout pump & lines. Shut down, release plug. Displace w/ 100' bbl fresh water. Final pump pressure 500 PSI. Bump plug to 1000 PSI. Wait 2 mins release pressure, float 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	40	MILEAGE	3.65	146.00
1126	140 SACS	O.W.C. cement	17.00	2380.00
1110A	1120 #	8" Kel-seal ^{max}	.92	1030.40
1118A	400 #	gel-flush	.17	68.00
5407A	7.28	tan-mileage bulk tax	1.20	87.36
5500C	3 1/2 hrs	80 bbl WAG. TRK	100.00	350.00
1123	6000 gals	city water (loaded water for 1118A TRK)	11.00	66.00
4404	1	4 1/2" top rubber plug	95.00	95.00
RECEIVED KANSAS CORPORATION COMMISSION SEP 14 2009 CONSERVATION DIVISION WICHITA, KS				
			6.3%	5009.83
			SALES TAX	171.99
			ESTIMATED TOTAL	5009.83

AUTHORIZATION Witnessed by Doc

388554
 TITLE Co. Rep.

DATE _____

5009.83

March 19, 2014

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

Re: Plugging Application
API 15-001-29760-00-00
Wille 1-19
NW/4 Sec.19-24S-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