



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1194907

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

I

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

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 ☐ 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 30, 2008	June 3, 2008	Not Completed
Spud Date or	Date Reached TD	Completion Date or
Recompletion Date		Recompletion Date

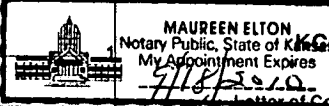
API No. 15 - 001-29761-00-00
County: Allen
NE SW SW NW Sec. 19 Twp. 24 S. R. 18 ☒ East ☐ West
3020 feet from (S) N (circle one) Line of Section
4920 feet from (E) W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Wille Well #: 2-19
Field Name: Iola
Producing Formation: Cherokee Coals
Elevation: Ground: 1054' Kelly Bushing: _____
Total Depth: 1237' Plug Back Total Depth: 1234'
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 1234
feet depth to surface w/ 140 sx cmt.

Drilling Fluid Management Plan Alt 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, 2009.
Notary Public: Maureen Elton
Date Commission Expires: 9/18/2010

 MAUREEN ELTON Notary Public, State of Kansas My Appointment Expires 9/18/2010	Office Use ONLY <input checked="" type="checkbox"/> Letter of Confidentiality Received If Denied, Yes <input type="checkbox"/> Date: _____ <input checked="" type="checkbox"/> Wireline Log Received <input type="checkbox"/> Geologist Report Received <input type="checkbox"/> UIC Distribution
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RECEIVED
SEP 11 2009

KCC WICHITA

Operator Name: EnerJex Kansas, Inc. Lease Name: Wille Well #: 2-19
 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 ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☒ Yes ☐ No
 (Submit Copy)

List All E. Logs Run:

Gamma Ray/Neutron, Dual Induction,
 Differential Temperature ✓
 Density-Neutron Hi-Resolution Density

☐ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum

CASING RECORD ☒ New ☐ 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#	21'	Portland	4	
Production	6 3/4"	4 1/2"	9.5#	1234'	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, Resumed 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

☐ Vented ☐ Sold ☐ Used on Lease
 (If vented, Submit ACO-18.)

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify) _____

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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. 2-19	Lease WILLE	Loc. 1/4 1/4 1/4	Sec. 19	Twp. 24	Rge. 18					
		County ALLEN	State KS	Type/Well	Depth 1237'	Hours	Date Started 5/30/08	Date Completed 6/3/08				
Job No.	Casing Used 21' 10" 8 5/8"	Bit Record			Coring Record							
		Bit No.	Type	size	From	To	Bit No.	type	Size	From	To	% Rec.
Driller JUSTIN BYRD	Cement Used 4 - Portland			6 3/4"								
Driller	Rig No.											
Driller	Hammer No.											

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SEP 11 2009
KCC WICHITA

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	4	DIRT	654	674	SHALE	1077	1106	SHALE			
4	6	LIME	674	681	SAND	1106	1142	SAND			
6	10	RED CLAY	681	691	SHALE	1112		GAS TEST (SLIGHT BLOW)			
10	20	LIME	691	692	COAL	1142	1168	SHALE			
20	65	SHALE	692	702	SAND	1168	1170	COAL			
65	101	LIME	702	721	SHALE	1170	1172	SHALE			
101	103	SHALE	721	722	COAL	1172	1237	LIME			
103	119	LIME	722	743	LIME	1212		GAS TEST (SLIGHT BLOW)			
119	171	SHALE	743	752	SHALE						
171	176	LIME	752	755	LIME						
176	182	SHALE	755	757	BLACK SHALE			T.D. 1237'			
182	183	LIME	757	761	LIME						
183	186	SHALE	761		GAS TEST (NO GAS)						
186	241	LIME (SMALL OIL ODOR)	761	776	SHALE						
241	257	SHALE	776	809	LIME						
257	258	COAL	809	811	BLACK SHALE						
258	266	SHALE	811	821	LIME						
266	267	COAL	821	823	COAL						
267	272	SHALE	823	893	SHALE						
272	278	LIME	836		GASTEST (NO GAS)						
278	323	SHALE	893	894	COAL						
323	418	LIME	894	942	SHALE						
418	424	SHALE	912		GAS TEST (NO GAS)						
424	431	LIME	942	943	COAL						
431	433	SHALE	943	949	SHALE						
433	446	LIME	949	950	COAL						
446	470	SHALE	950	1020	SHALE						
470	479	SAND	962		GAS TEST (NO GAS)						
479	597	SANDY SHALE	1020	1021	COAL						
597	620	SAND	1021	1067	SHALE						
620	654	LIME	1067	1077	SAND						

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



ENTERED

TICKET NUMBER 14142
LOCATION EUREKA
FOREMAN Rick Ledano

TREATMENT REPORT & FIELD TICKET
CEMENT

2574

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-3-08	5410	Willie 2-19				Allen
CUSTOMER <i>Midwest Energy Inc. Energex</i>						
MAILING ADDRESS						
Commerce Plaza Center 7300 W. 10th St. 7th floor						
CITY		STATE	ZIP CODE			
Overland Park		KS	66210			
TRUCK #			DRIVER		TRUCK #	
463			Shannon			
439			Colin			
436			Chris			

JOB TYPE <i>Logging</i>	HOLE SIZE <i>6 3/4"</i>	HOLE DEPTH <i>1232'</i>	CASING SIZE & WEIGHT <i>4 1/2" 2.5"</i>
CASING DEPTH <i>1232'</i>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <i>13.4"</i>	SLURRY VOL <i>39 bbl</i>	WATER gal/sk <i>2.0</i>	CEMENT LEFT in CASING <i>0'</i>
DISPLACEMENT <i>20 bbl</i>	DISPLACEMENT PSI <i>600</i>	PSI <i>1000</i>	RATE

REMARKS: *Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ 30 bbl fresh water. Wash down 6' to T.D. Pump 2 sks gel-flush, 20 bbl water, 10 bbl dye water. Mixed 140 sks O.W.C. cement w/ 8" Rot-sol @ 1.58. yield 1.58. wait 1 hrs, shut down, release plug. Displace w/ 20 bbl fresh water. Final pump pressure 600 PSI. Pump plug to 1000 PSI wait 2 mins. release pressure, float held. Good cement returns to surface. 2 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 sks	O.W.C. cement	17.00	2380.00
1110A	1120"	8" Rot-sol <i>100%</i>	.42	470.40
1118A	400"	gel-flush	.17	68.00
5407A	7.88	tan-mileage bulk TRK	1.20	349.44
5502C	3 1/2 hrs	80 bbl UAC. TRK	100.00	350.00
1123	6000 gals	city water (loaded water for M/G. truck)	14.00	84.00
4404	1	4 1/2" top rubber plug	45.00	45.00
		RECEIVED		
		SEP 11 2009		
		KCC WICHITA		
		subtotal		4817.84
		6.32% SALES TAX		191.99
		ESTIMATED TOTAL		5009.83

552031

AUTHORIZATION *Witnessed by Doc*

TITLE *Co. Rep*

DATE

March 19, 2014

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

Re: Plugging Application
API 15-001-29761-00-00
Wille 2-19
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