



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 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

Customer <i>Basic Energy Services</i>	Lease No. <i>171401029</i>	Date <i>8-17-10</i>
Lease <i>Printer</i>	Well # <i>171401029</i>	
Field Order # <i>171401029</i>	Station <i>Liberal</i>	Casing <i>171401029</i>
Type Job <i>244 P4A</i>	Formation	Legal Description <i>17-33-28</i>
Depth <i>1530</i>	County <i>Moore</i>	State <i>KS</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft	<i>170sk</i>	Acid	<i>171401029 - 4 1/2 10000</i>	RATE	PRESS
Depth	Depth	From	<i>1.5 17.5</i>	Pre Pad	<i>7.14 17.5</i>	Max	<i>13.5</i>
Volume	Volume	From	To	Pad		Min	
Max Press	Max Press	From	To	Frac		Avg	
Well Connection	Annulus Vol.	From	To			HHP Used	Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush		Gas Volume	Total Load

Customer Representative <i>R. Pearson</i>	Station Manager <i>J. Bennett</i>	Treater <i>M. Cochran</i>
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Service Units	<i>21755</i>	<i>27808</i>	<i>17827</i>	<i>17823</i>
Driver Names	<i>Chronic</i>	<i>Chronic</i>	<i>R. C. Ture</i>	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>09:00</i>					<i>on job / Hold Safety Meeting</i>
					<i>Water Cut</i>
<i>10:00</i>					<i>Spot + Rig up Camp.</i>
					<i>1st Plug @ 1530'</i>
<i>12:15</i>		<i>350</i>	<i>10</i>	<i>5</i>	<i>Start fresh H₂O</i>
<i>12:17</i>		<i>300</i>	<i>13</i>	<i>5</i>	<i>Start Curt 50sk @ 13.5"</i>
<i>12:20</i>		<i>100</i>	<i>0</i>	<i>5</i>	<i>Start fresh H₂O</i>
<i>12:20</i>		<i>200</i>	<i>3</i>	<i>5</i>	<i>Switch to Mud</i>
<i>12:23</i>		<i>0</i>	<i>16</i>	<i>5</i>	<i>Shutdown + v Flowback</i>
					<i>Knockcase / Rig TOOH</i>
					<i>2nd Plug @ 300'</i>
<i>13:14</i>		<i>100</i>	<i>10</i>	<i>5</i>	<i>Start fresh H₂O</i>
<i>13:17</i>		<i>150</i>	<i>13</i>	<i>5</i>	<i>Start Curt 50sk @ 13.5"</i>
<i>13:19</i>		<i>100</i>	<i>0</i>	<i>5</i>	<i>Start Disp.</i>
<i>13:27</i>		<i>0</i>	<i>1</i>	<i>0</i>	<i>Shutdown + v Flowback</i>
					<i>Knockcase / Rig TOOH</i>
					<i>2nd Plug @ 300'</i>
<i>13:37</i>		<i>100</i>	<i>10</i>	<i>5</i>	<i>Start fresh H₂O</i>
<i>13:37</i>		<i>100</i>	<i>5</i>	<i>5</i>	<i>Start Curt 20sk @ 13.5"</i>
<i>13:38</i>		<i>0</i>			<i>Shutdown / switch to Mouse Hole</i>
<i>14:00</i>			<i>5/m 8/R</i>		<i>cut w/ 20sk @ 13.5 / switch</i>
					<i>To Rtt Hole cut w/ 20sk @ 13.5 / End Job</i>
					<i>End 14:15</i>