



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

Form	CP1 - Well Plugging Application
Operator	Vess Oil Corporation
Well Name	SUITER 1
Doc ID	1044029

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4056	4060	Miss Chert	
4060	4064	Miss Chert	

Digital Log

LOG

COMPANY: MARTIN OIL PRODUCERS INC
 WELL: #1 SUITER
 FIELD:
 COUNTY: STAFFORD

FILE NO.: GB 59598
 STATE: KANSAS
 COUNTRY: USA

LOCATION: NE NE SW

SEC: 15 TWP: 24S RGE: 15W

DATE: 9/13/89
 RUN NO.: 1

PERMANENT DATUM: GL
 DRILLING MEASURED FROM: KB
 LOG MEASURED FROM: KB
 ABOVE PERMANENT DATUM: 5.0

DEPTH--DRILLER: 4100.0
 DEPTH--LOGGER: 4104.0
 BOTTOM LOG INTERVAL: 4101.5
 TOP LOG INTERVAL: 290.0

CASING DEPTH--DRILLER: 300.0
 CASING DEPTH--LOGGER: 300.0
 CASING DIAMETER: 8.625
 BIT SIZE: 7.875
 UNIT NO.: 35

LOCATION: GT. BEND
 RECORDED BY: BOB HARRELL
 WITNESSED BY: MR. JOE MORELAND

ELEVATIONS:
 KB: 1962.0
 DF: .0
 GL: 1957.0

SERVICES:
 GR10
 ENPG

SOFTWARE VERSION:
 412

THE CUSTOMER IS HEREBY WARNED THAT BY PROVIDING THE LOG DATA HEREIN, GREAT GUNS DOES NOT AGREE TO PROVIDE ANY INTERPRETATION OF LOG DATA, CONVERSION OF LOG DATA TO PHYSICAL ROCK PARAMETERS OR RECOMMENDATIONS. GREAT GUNS DOES NOT GUARANTEE OR WARRANT, EITHER EXPRESSLY OR IMPLIEDLY, THE ACCURACY OF ANY INTERPRETATION OF LOG DATA, CONVERSION OF LOG DATA TO PHYSICAL ROCK PARAMETERS OR RECOMMENDATIONS WHICH MAY BE GIVEN BY GREAT GUNS PERSONNEL. ANY INTERPRETATION, CONVERSION OR RECOMMENDATION IS NOT PART OF THE CONSIDERATION FOR THE AGREEMENT BETWEEN THE PARTIES AND IS NOT PART OF ANY PART OF THE CHARGE BY GREAT GUNS FOR ITS SERVICES. ANY USER OF THE LOG DATA IS WARNED THAT SAID USER IS NOT ENTITLED TO RELY ON INTERPRETATIONS, CONVERSIONS OR RECOMMENDATIONS AS AFORESAID.

DEPTH TO FLUID:	20.0				
TYPE FLUID IN HOLE:	STARCH				
DENSITY, LB/G:	9.9				
VISCOSITY, CP:	55				
PH:	7.0				
FLUID LOSS, CC:	10.8				
SALINITY, PPM:	68000				
SOURCE OF SAMPLE:	MEAS.				
RM:	.120	OHM-M AT	58	DEG.	F
RMF:	.090	OHM-M AT	58	DEG.	F
RMC:	.180	OHM-M AT	58	DEG.	F
SOURCE RMF AND RMC:	MEAS.				
RM AT BHT:	.059	OHM-M AT	117	DEG.	F
RMF AT BHT:	.045	OHM-M AT	117	DEG.	F
RMC AT BHT:	.089	OHM-M AT	117	DEG.	F
MAX. RECORDED TEMP.:			117	DEG.	F
TIME SINCE LAST CIR., HRS.:			2.0		
OPERATING RIG TIME, HRS.:			2.0		

SOURCE SERIAL NUMBERS:

71-1-512

SOURCE STRENGTH, CURIES:

5.000

SONDE SERIAL NUMBERS:

830712

SOURCE STRENGTH, CURIES:

5.000

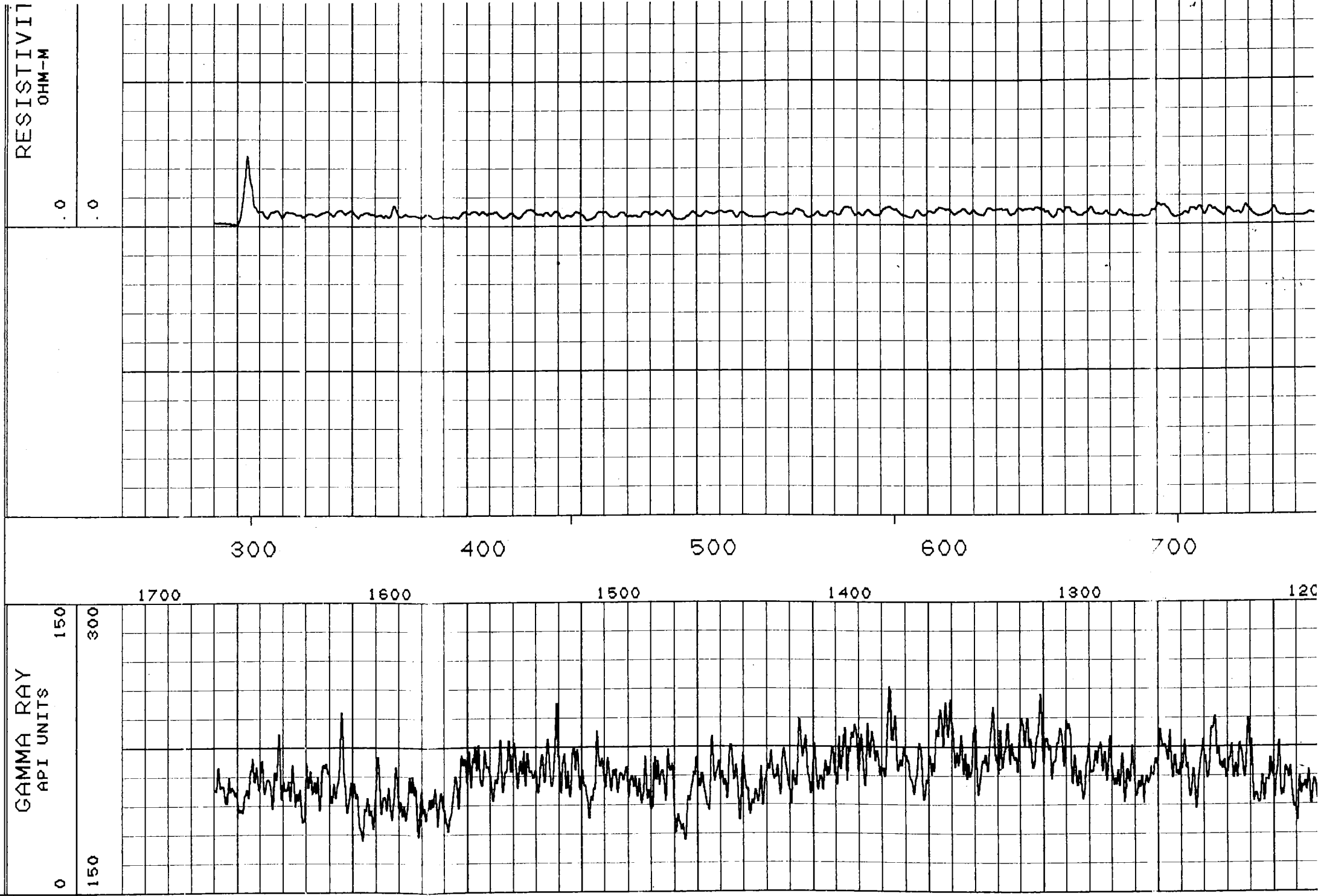
SONDE SERIAL NUMBERS:

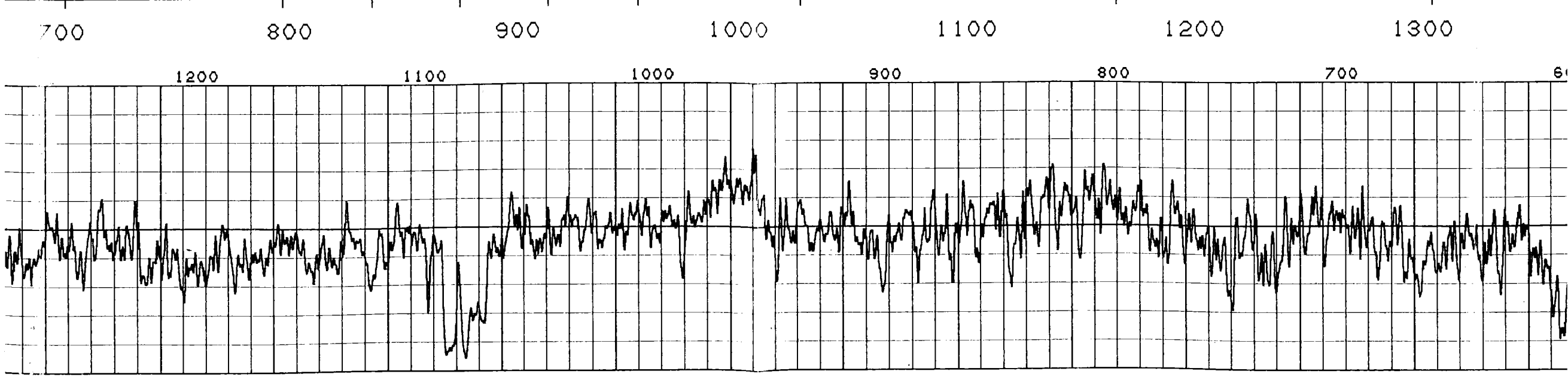
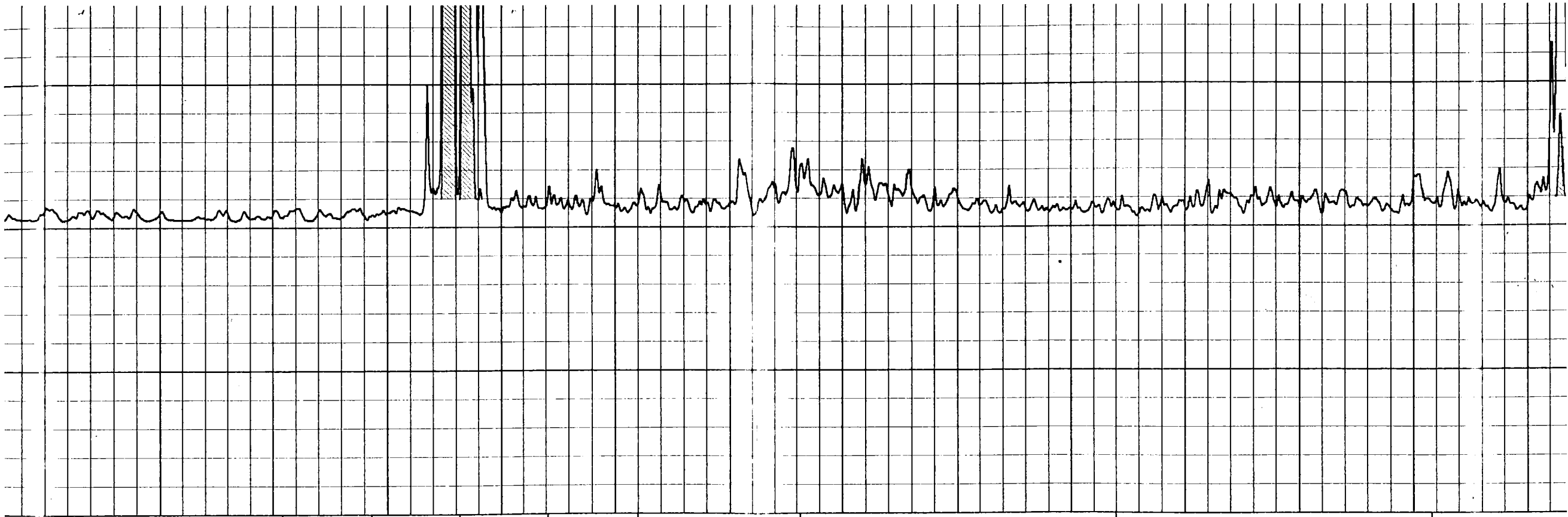
830712

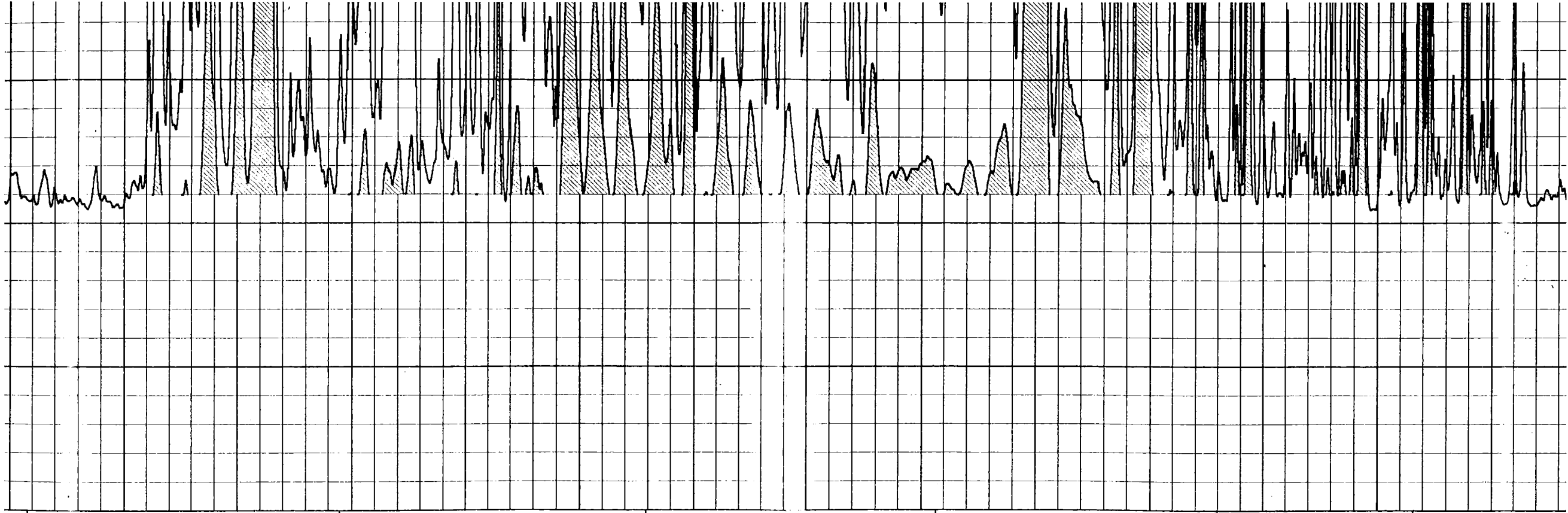
820603

COMMENTS

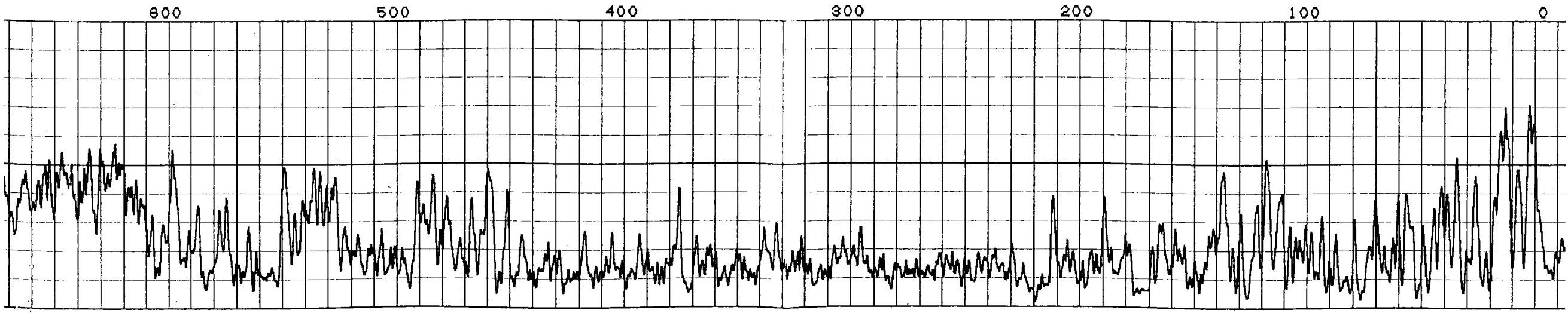
<<<<<<<< THANK YOU FOR USING GREAT GUNS! (316) 793-9156 >>>>>>>>
<<<<<<<<<< CREW: B. HARRELL, S. COURSON, T. HAZEN. >>>>>>>>>>>>>>>>>>







300 1400 1500 1600 1700 1800 1900



600 500 400 300 200 100 0



2000

2100

2200

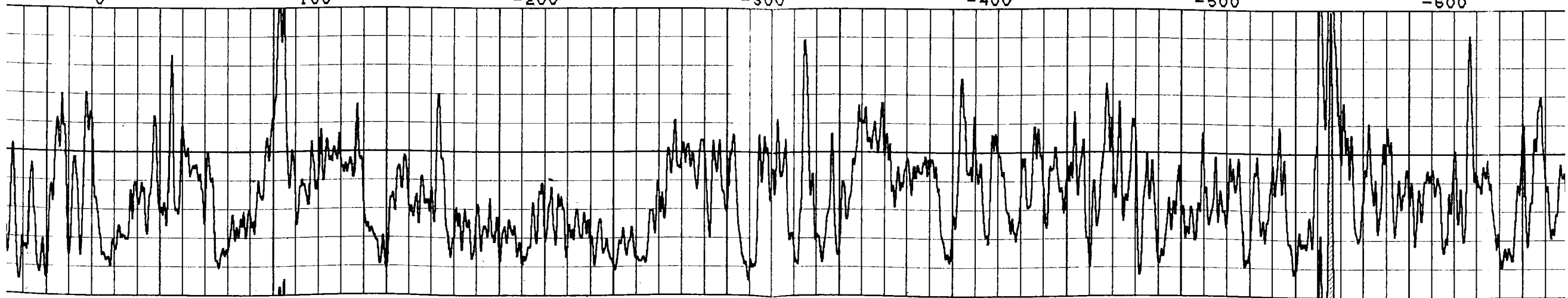
2300

2400

2500

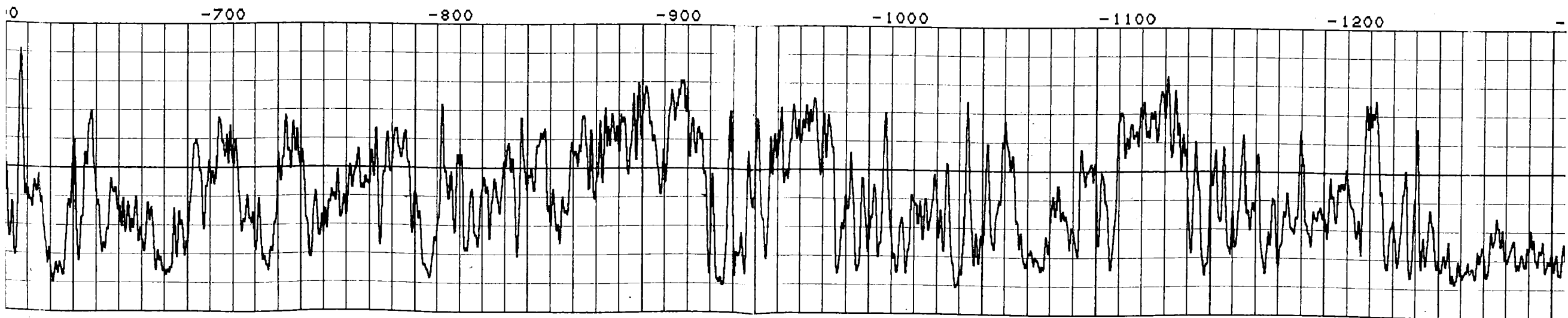
2600

0 -100 -200 -300 -400 -500 -600

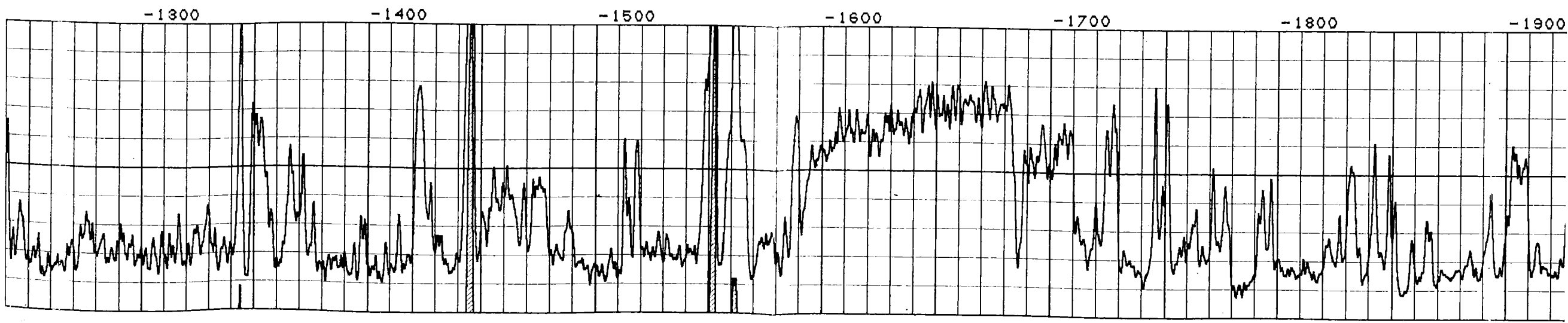
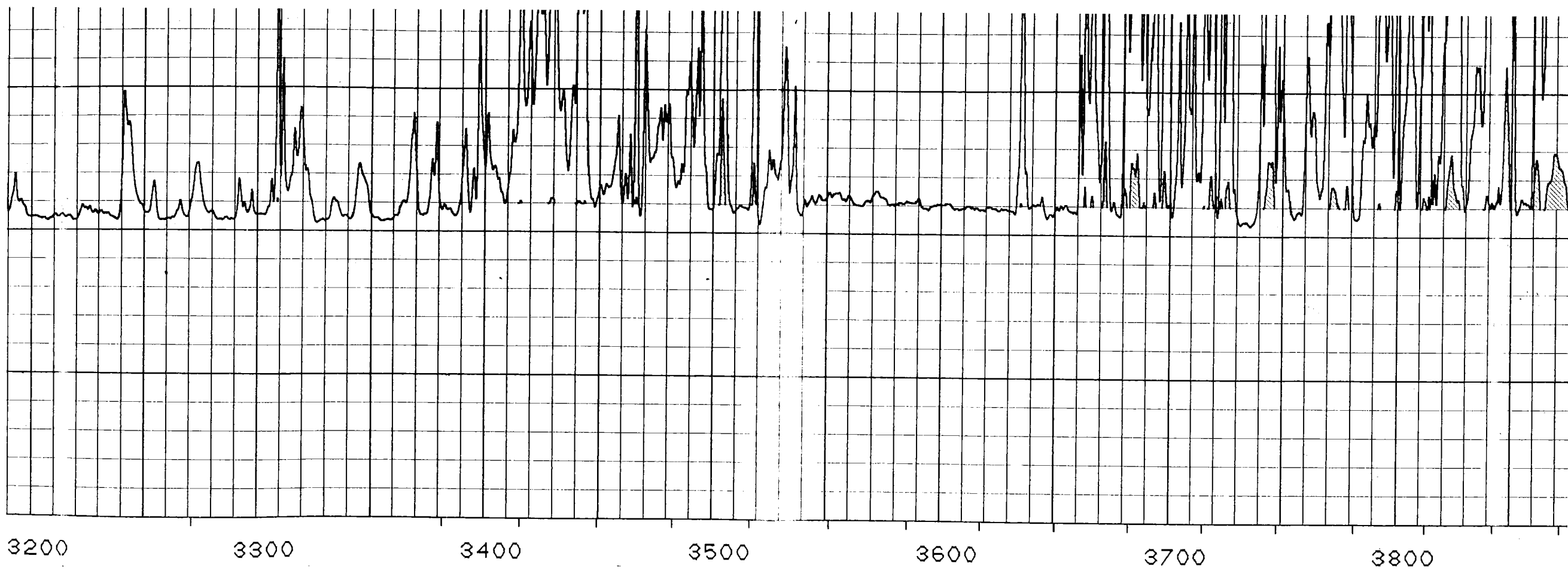


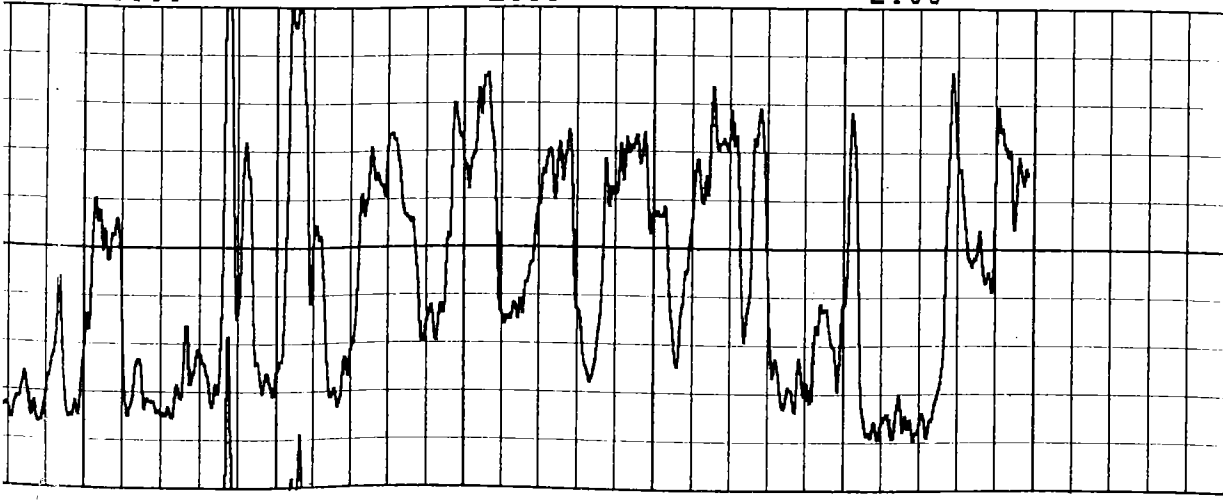


2600 2700 2800 2900 3000 3100 3200



0 -700 -800 -900 -1000 -1100 -1200





GAMMA RAY
API UNITS

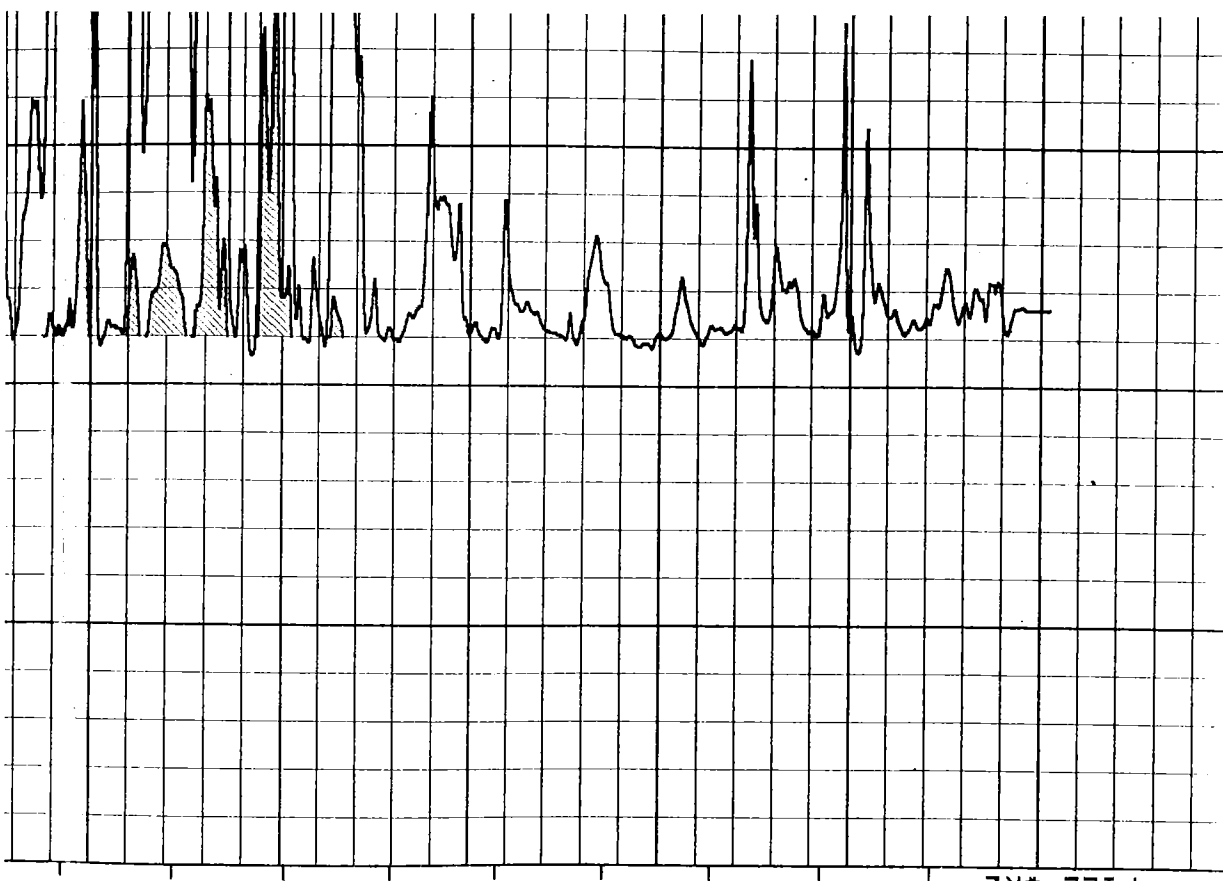
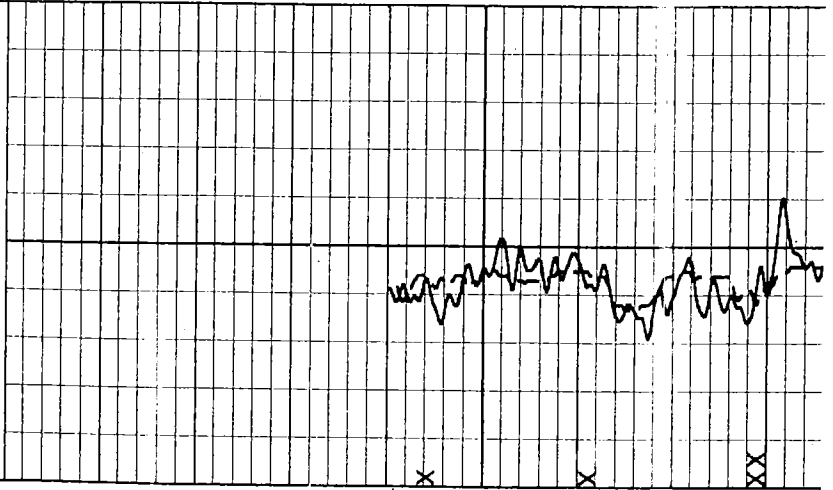
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GAMMA RAY
API UNITS

0 150 300

CALIPER
INCHES

6 16



RESISTIVITY
OHM-M

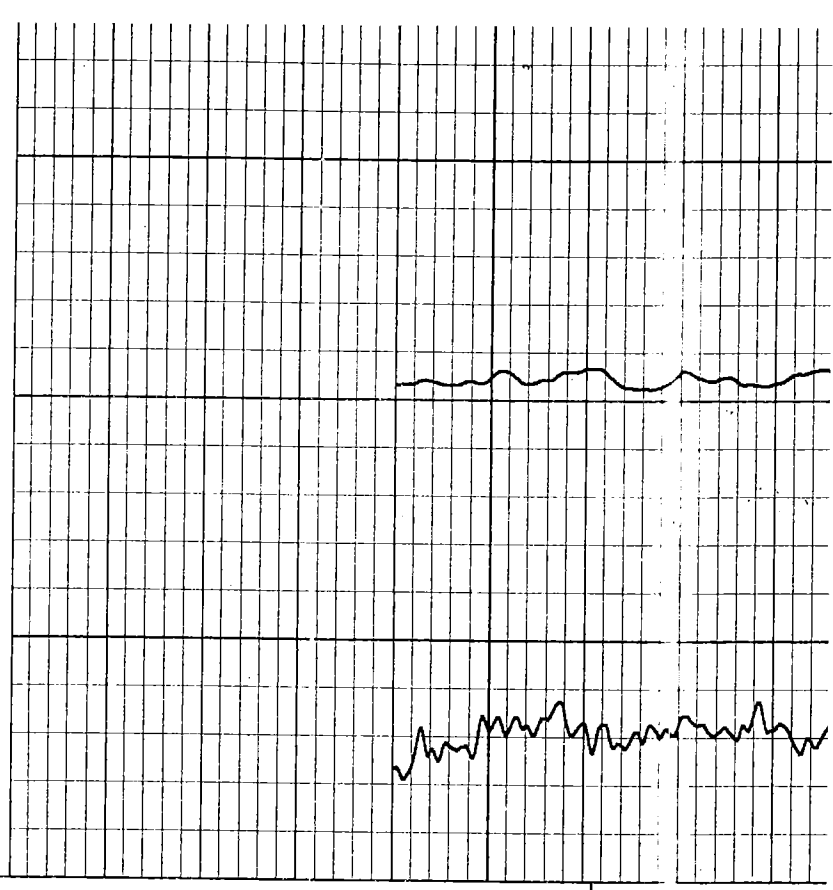
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RESISTIVITY
OHM-M

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NEUTRON
API UNITS

560 1360



FILE #R2
0014

0063

4000

4100

800

-1900

-2000

-2100



Mark Parkinson, Governor
Thomas E. Wright, Chairman
Joseph F. Harkins, Commissioner
Ward Loyd, Commissioner

September 08, 2010

Casey Coats
Vess Oil Corporation
1700 WATERFRONT PKWY BLDG 500
WICHITA, KS 67206-6619

Re: Plugging Application
API 15-185-22601-00-00
SUITER 1
SW/4 Sec.15-24S-14W
Stafford County, Kansas

Dear Casey Coats:

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 March 07, 2011. 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 1

(620) 225-8888