



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	YOST 1
Doc ID	1057789

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4890	4894	Mamaton	5013

COMPENSATED NEUTRON LOG

FILING NO. 7553-173	COMPANY <u>MAURICE L. BROWN</u>		
B	WELL <u>YOST #1</u>		
	FIELD <u>ALFRED NORTH</u>		
	COUNTY <u>COMANCHE</u>	STATE <u>KANSAS</u>	
Location: <u>CORNER OF SW - SE</u>		Other Services: <u>DIL</u>	
Sec. <u>26</u>	Twp. <u>30S</u>	Rge. <u>18W</u>	

Permanent Datum: <u>GL</u>	Elev.: <u>2182</u>	Elev.: K.B. <u>2190</u>
Log Measured from <u>KB</u>	<u>8</u> Ft. Above Perm. Datum	D.F. <u>2187</u>
Drilling Measured From <u>KB</u>		G.L. <u>2182</u>

Date	<u>10-9-80</u>	FIELD PRINT
Run No.	<u>ONE</u>	
Depth-Driller	<u>5056</u>	
Depth-Logger	<u>5053'</u>	
Bottom logged interval	<u>5052'</u>	
Top logged interval	<u>2400</u>	
Type fluid in hole	<u>STARCH</u>	
Density	<u>19.7</u> <u>72</u>	
pH	<u>7</u> <u>13.2</u>	
Max rec. temp., deg F.	<u>121</u> °F	
Source of Samples	<u>FLOW LINE</u>	
Rm @ Meas. Temp.	<u>.2</u> @ <u>80</u> °F	
Rmf @ Meas. Temp.	<u>-.12</u> @ <u>74</u> °F	
Rmc @ Meas. Temp.	<u>-.29</u> @ <u>74</u> °F	
Source Rmf	<u>M</u>	
Source Rmc	<u>M</u>	
Time	<u>1200</u>	
End Circulation	<u>1656</u>	
Logger on Bottom		
Recorded By	<u>NATARAJAN</u>	
Witnessed By	<u>MR. PALMER / MR. ROADERS</u>	

Bore-Hole Record					Casing Record			
Run No.	Level	Bit	From	To	Size	Wgt.	From	To
ONE	FULL	12 1/4	KB	568	8 5/8	-	KB	568'
		7 3/8	568	5856				

FOLD HERE

EQUIPMENT DATA

Run No.	Logging Unit	Location	Gamma Ray		Compensated Density		Compensated Neutron			
			Tool No.	Source No.	Source Type	Source Stg.	Tool No.	Source No.	Source Type	
ONE	7553	LIBERAL	4232	2295	CSU169	CE137	2C	9146	71-2A	AMBE

CALIBRATION DATA

Run No.	Gamma Ray			Compensated Density			Compensated Neutron				
	Bkg. cps	Std. cps	Location	Magnesium	Aluminum	Test Block	Caliper	Calibrator	Compensated Neutron		
			LS	SS	LS	SS	L. Ring	S. Ring	LS	SS	L. Rin
ONE	35	145	1124	560	230	412	-	6002	3008	-	603

LOGGING DATA

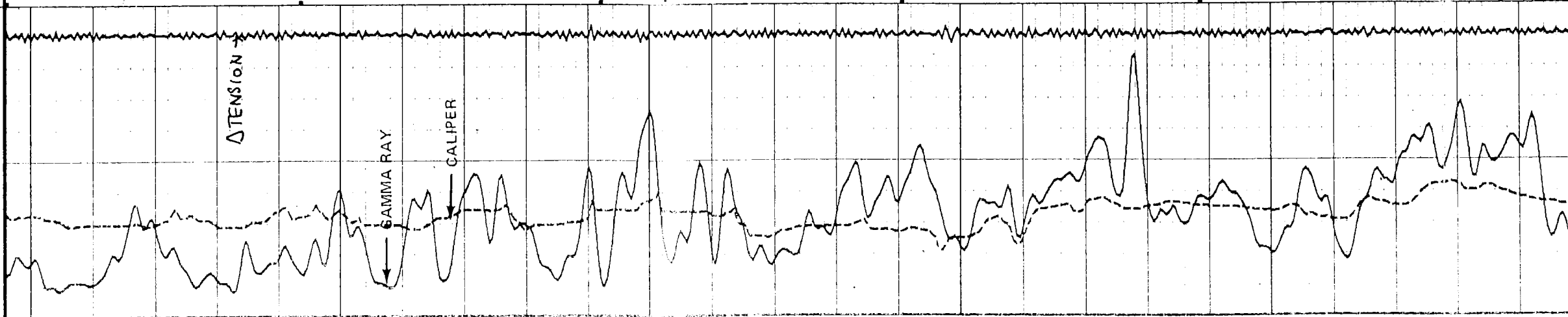
Run No.	General		Gamma Ray			Compensated Density			Compensated Neutron						
	From	To	Depth	Speed	API PER LOG DIV.	TC	AUTO	Matrix Density	Fluid Density	TC	AUTO	Matrix Type	Const. "K"	Temp. Grad.	Salinity PPM NaCl
ONE	5053	2400'	50	50	15	AUTO	15	2.71	1.0	AUTO	AUTO	LS	1.3	17/100	47.85C

REMARKS:

NOTICE: All interpretations are opinions based on inferences from electrical or other measurements and we cannot, and do not, guarantee the accuracy or correctness of any interpretations, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages or expenses incurred or sustained by anyone resulting from any interpretation made by one of our officers, agents or employees. These interpretations are also subject to our General Terms and Conditions set out in our current Price Schedule.

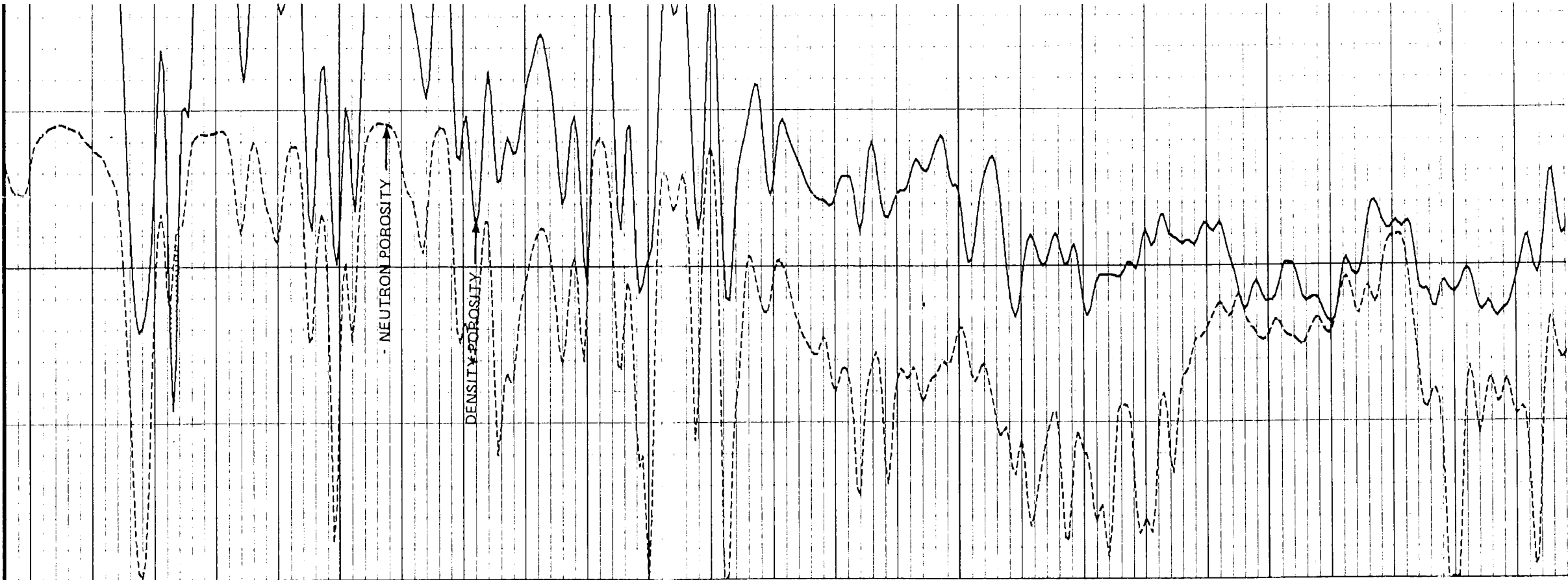
10-09-80	18:00	2395.5	101883	0099-39	0
GR API	150	300			
Y - CAL	16				
					02400

GR API 150
GR API 300
Y - CAL 16



30
30

ϕ (CNS)
 ϕ (CDL)



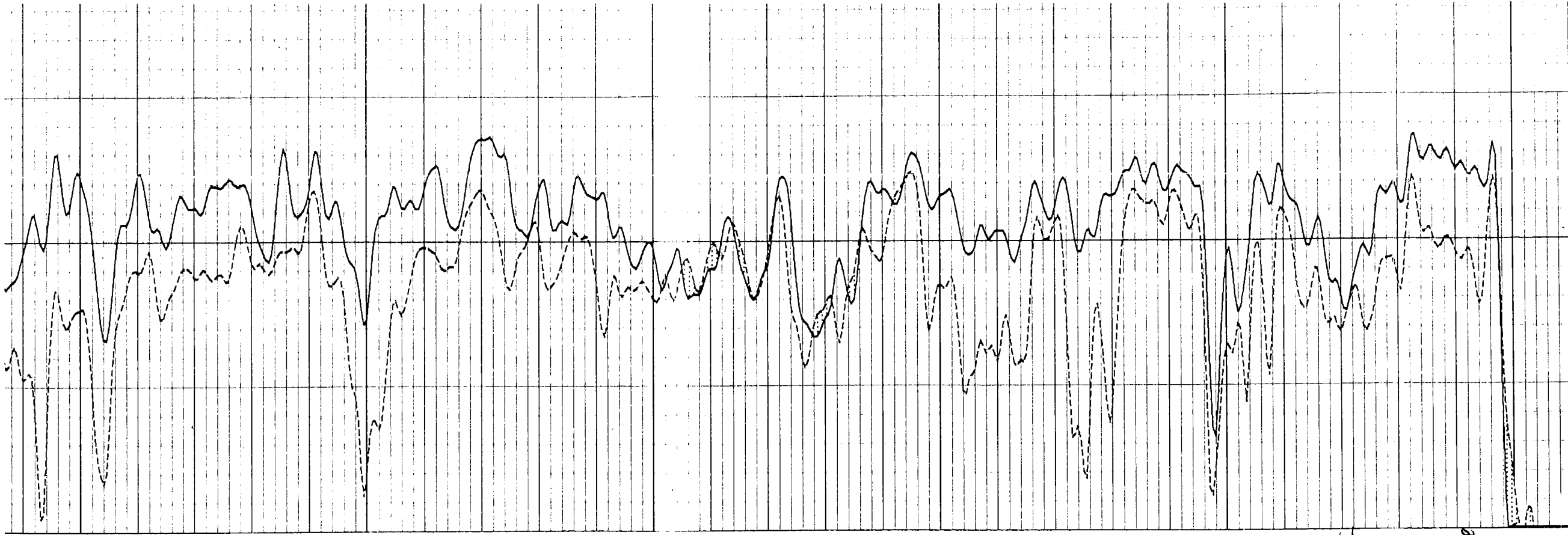
02400

02500

02600

02600

1000



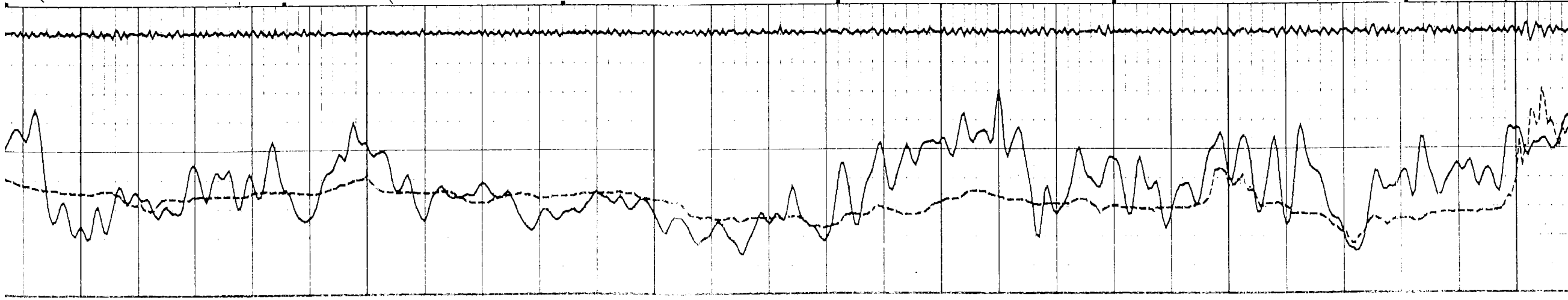
low

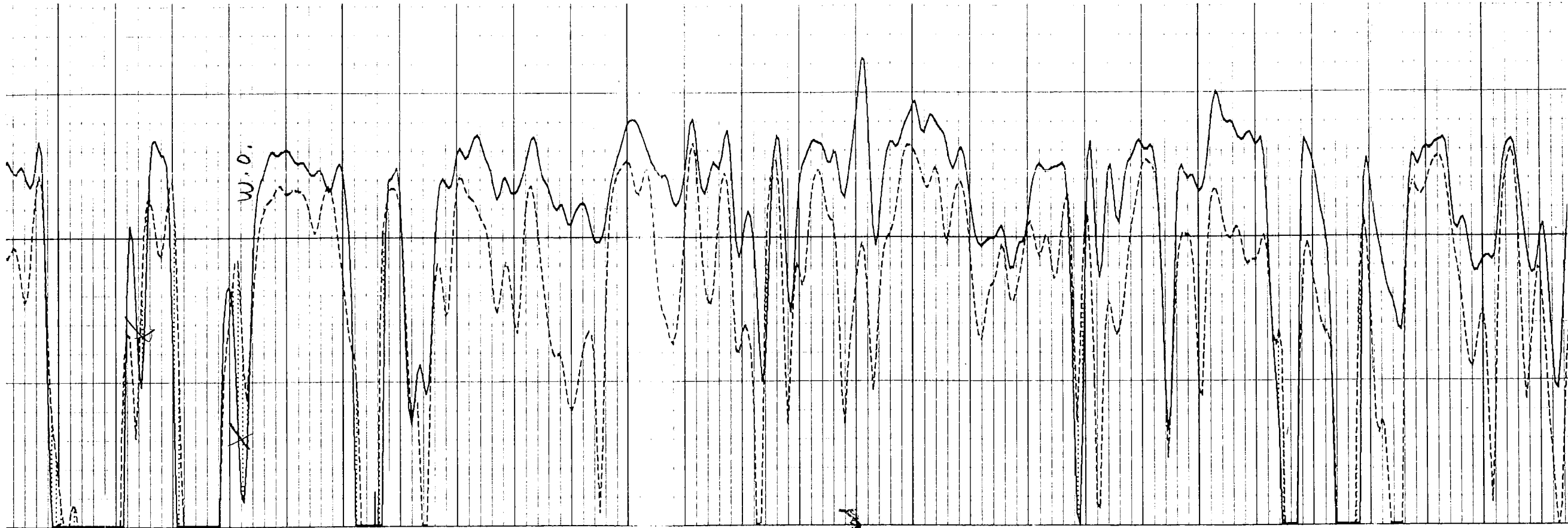
02700
floor

02800

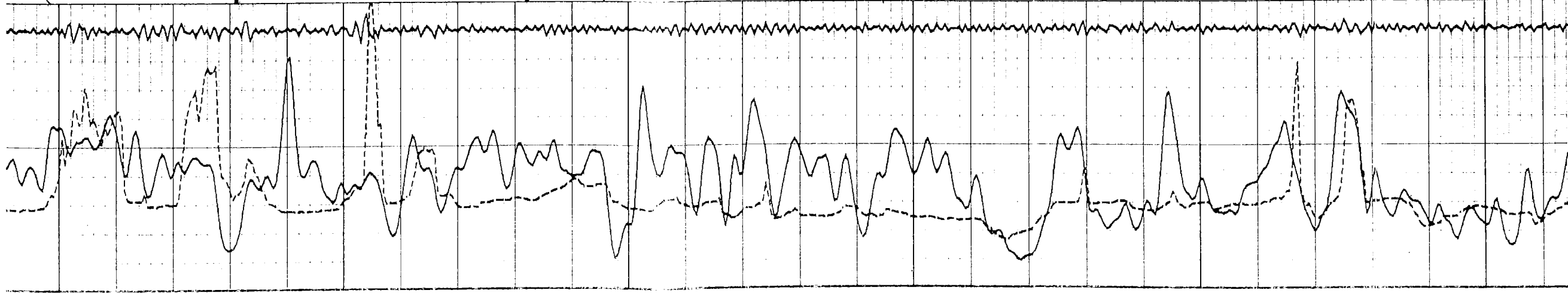
Went
with

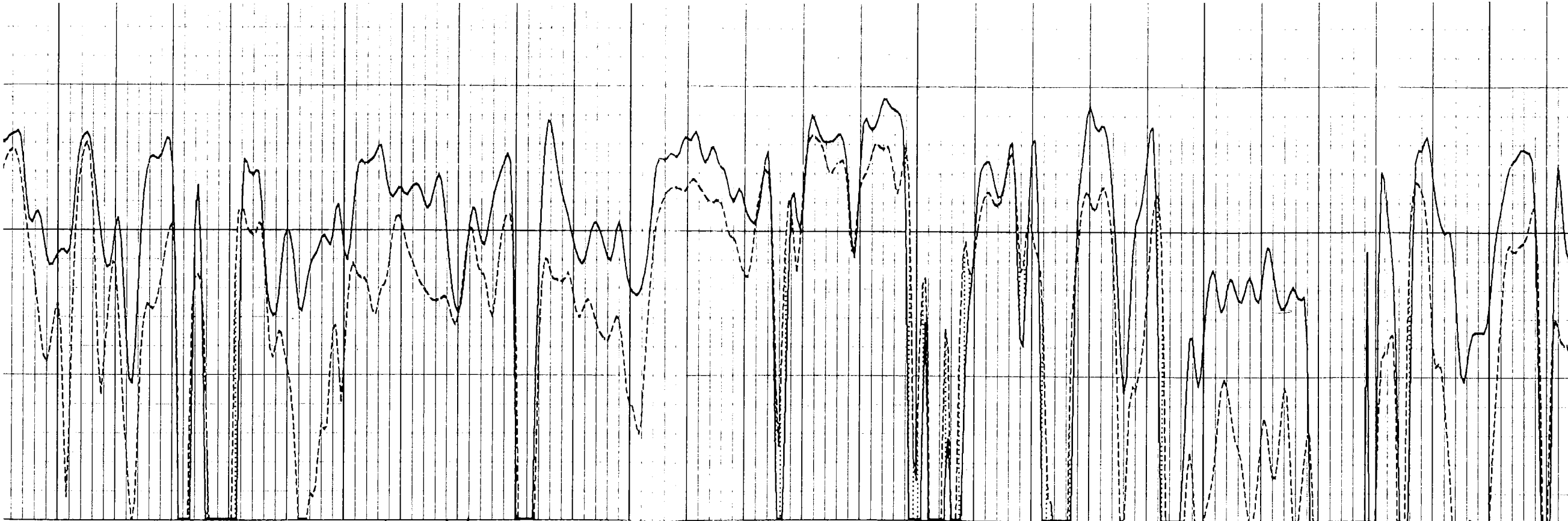
02900
C. Grove





C. Grand 02900
Nesja 03000
Co. Hornum
03100
Nesja





03200
15/2 68

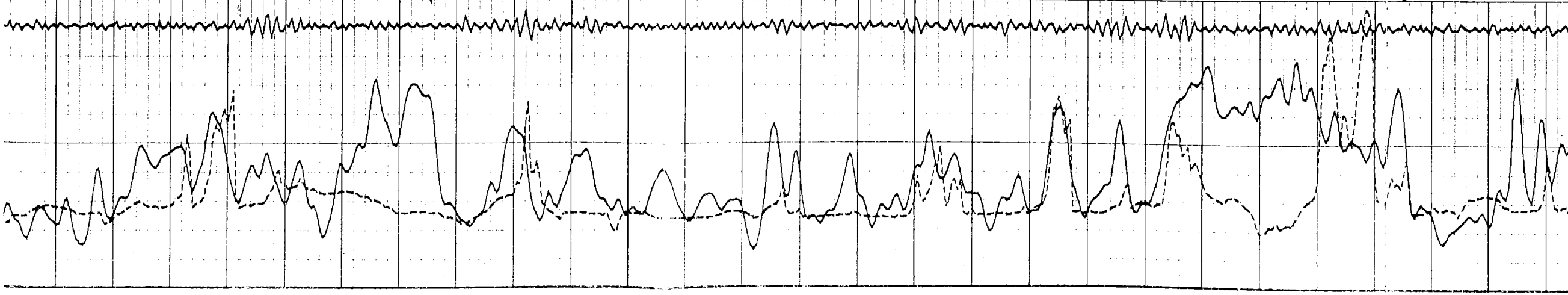
03300

15/2

15 80

WOOD
6/10/20

03400



03200
15/2 68

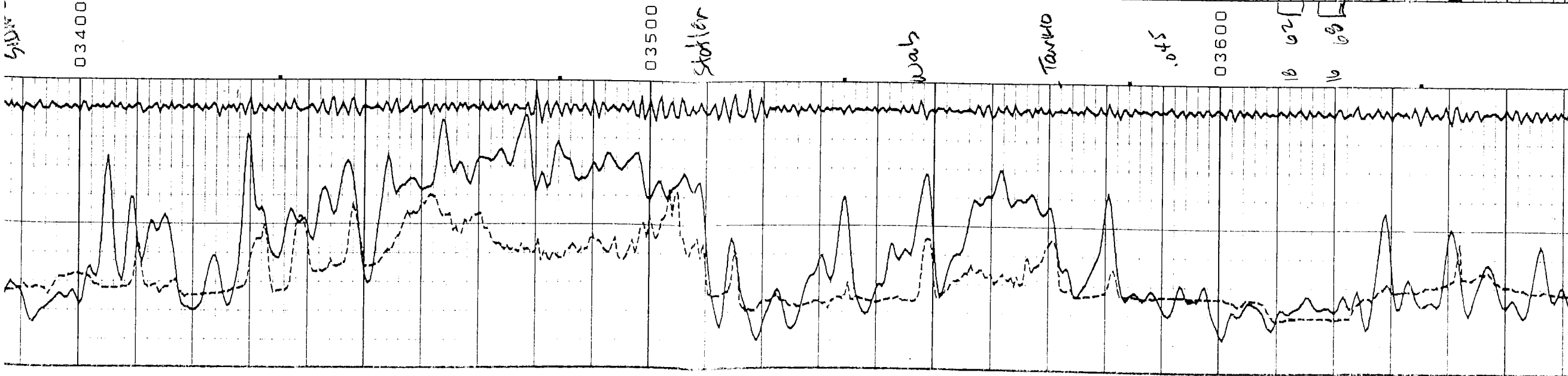
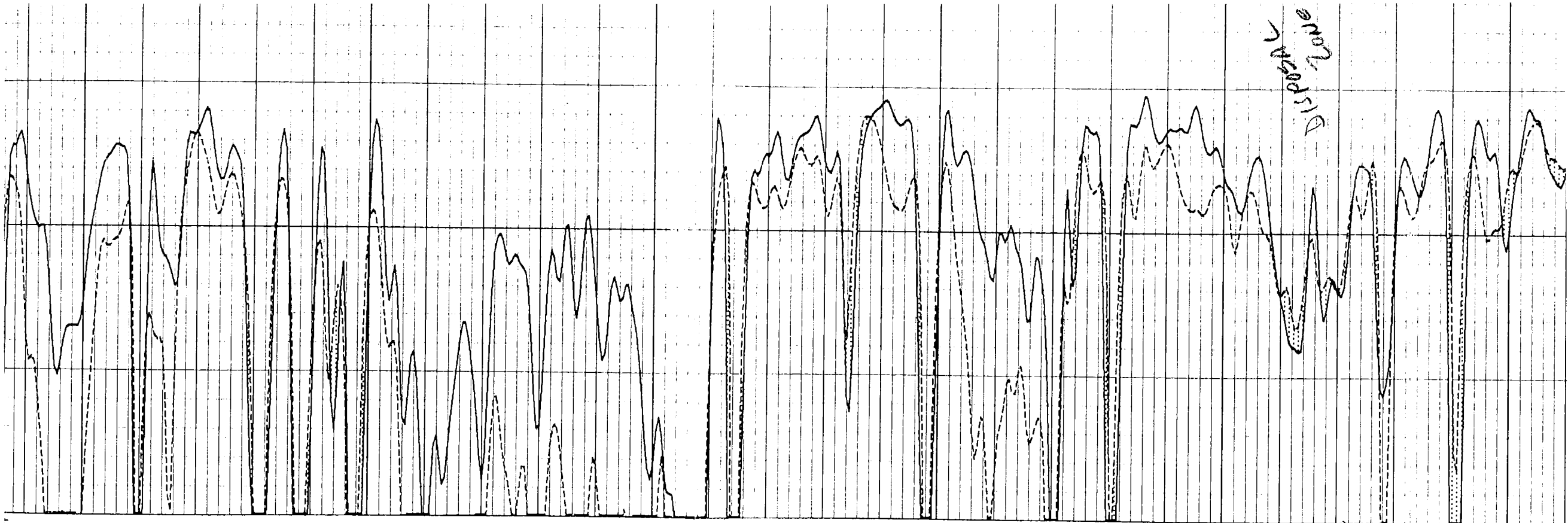
03300

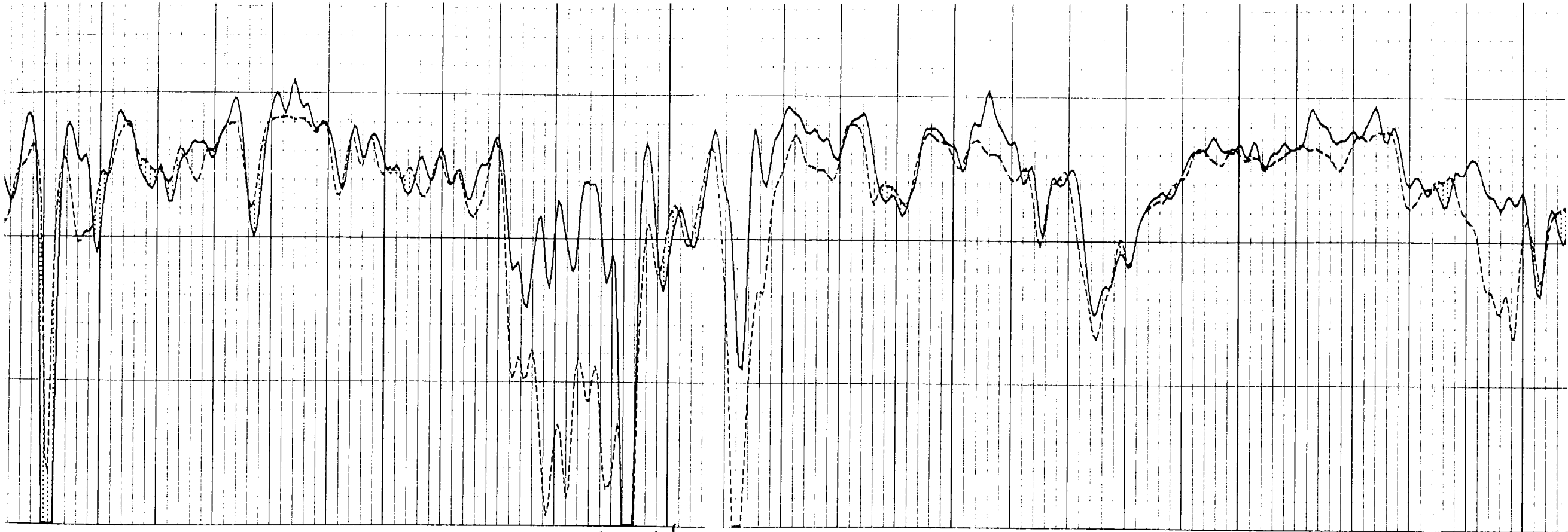
15/2

15 80

WOOD
6/10/20

03400



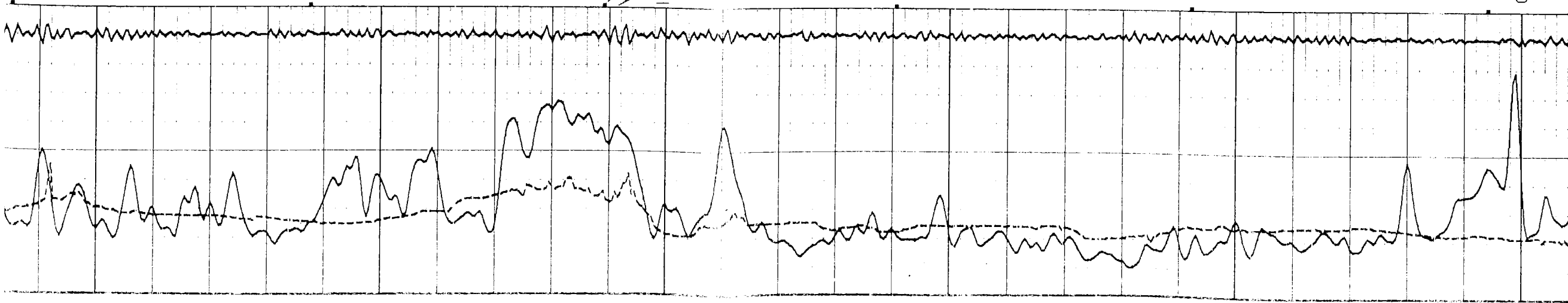


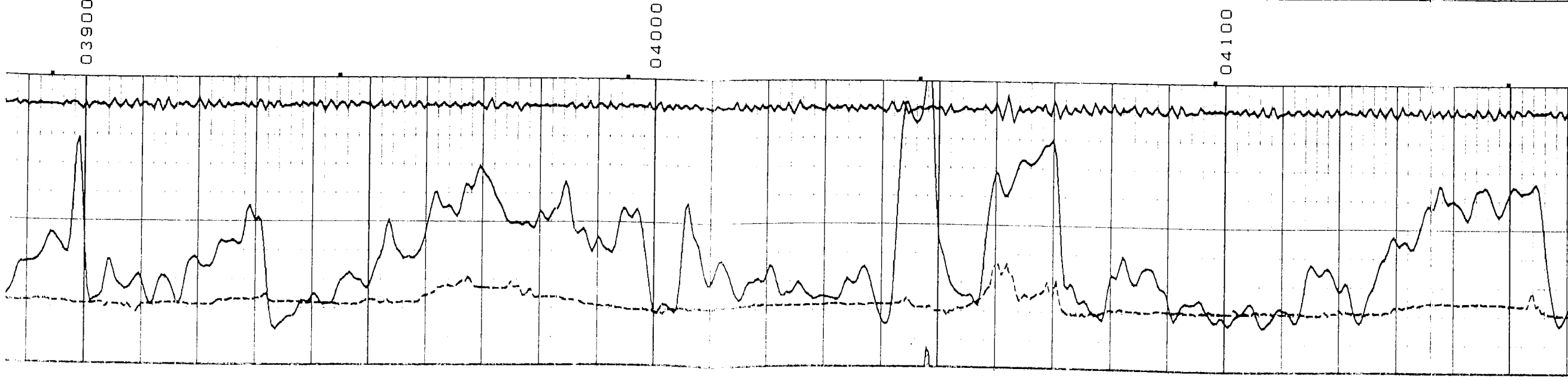
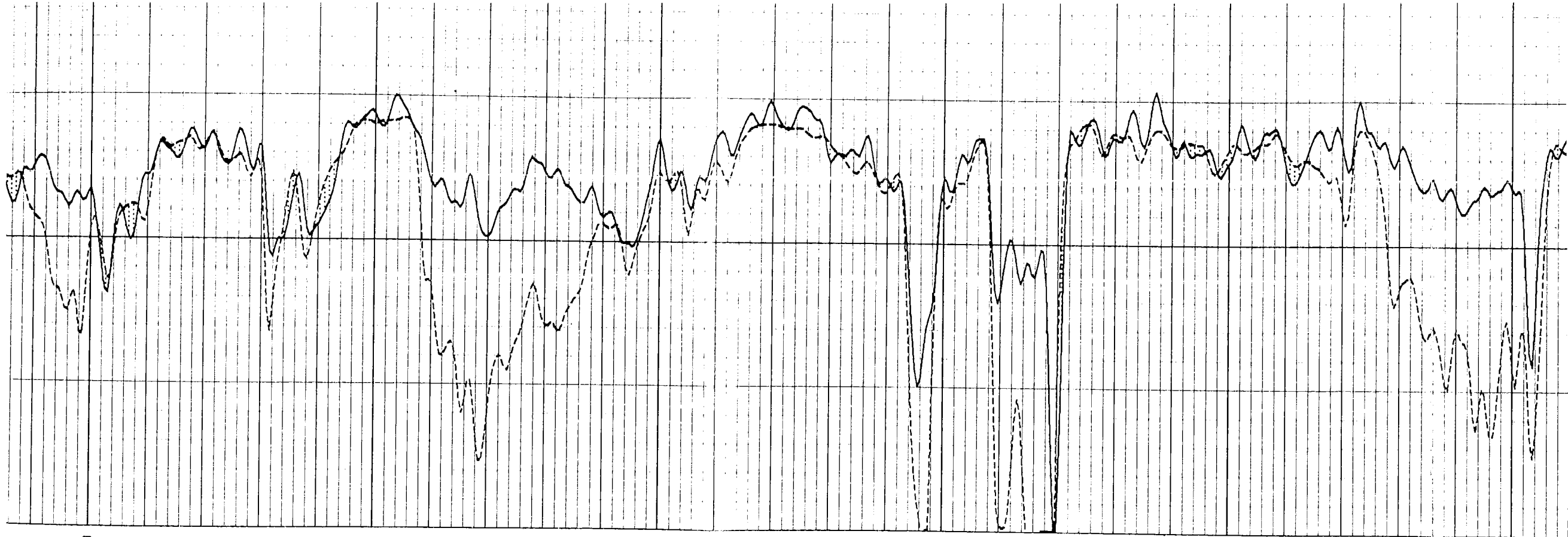
03700

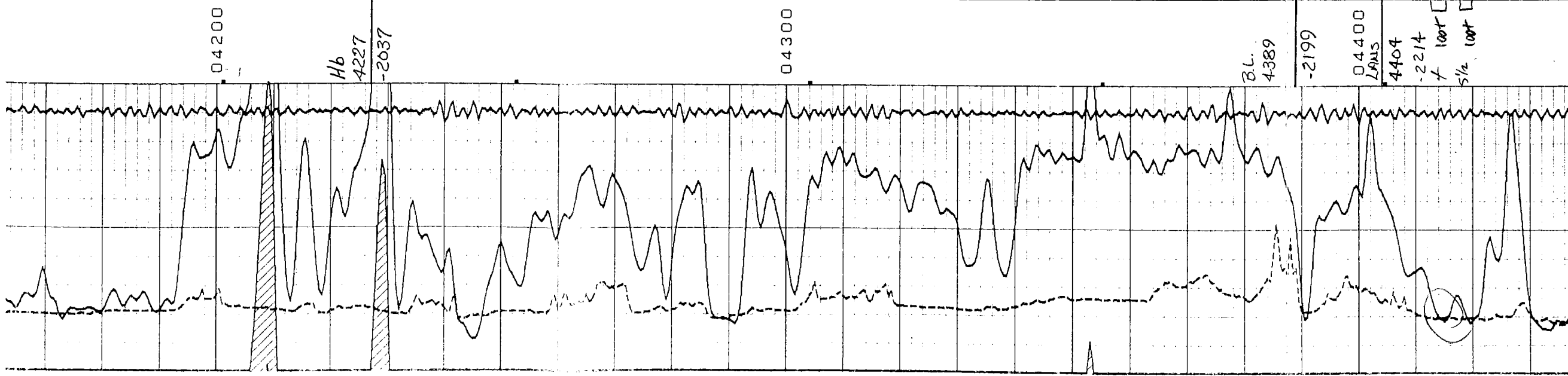
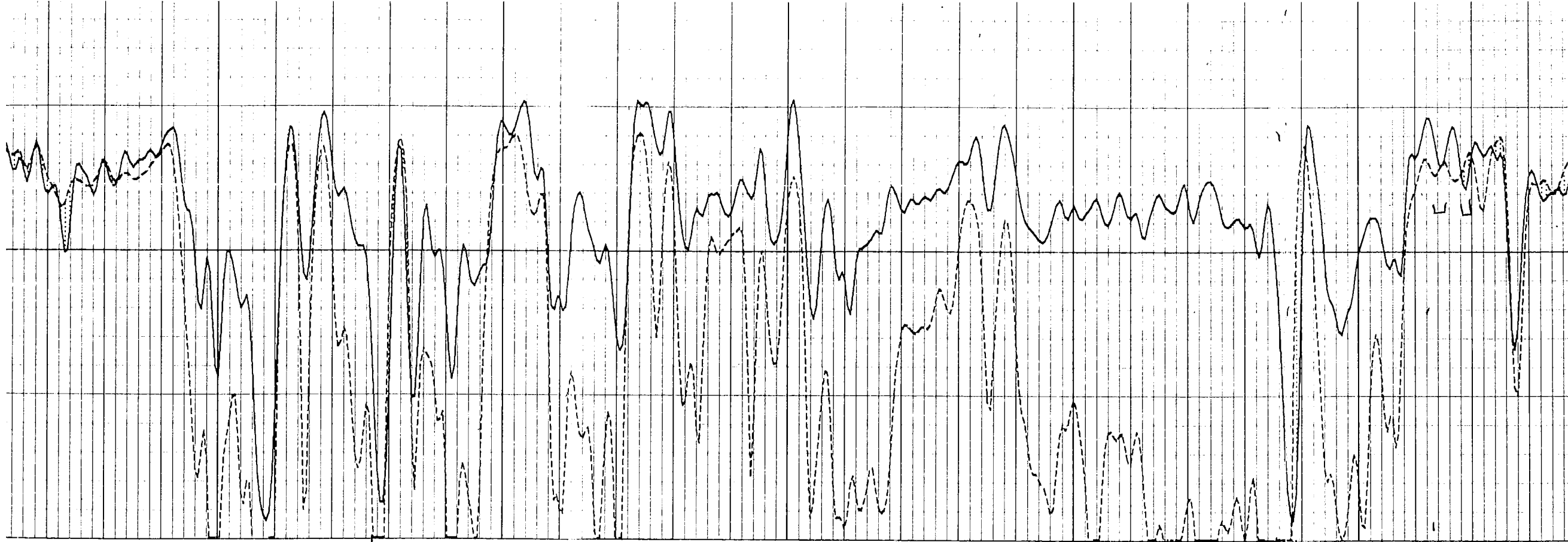
Hypertension
12/1/68

03800

03900







04200

Hb
4227

-2037

04300

B.L.
4389

-2199

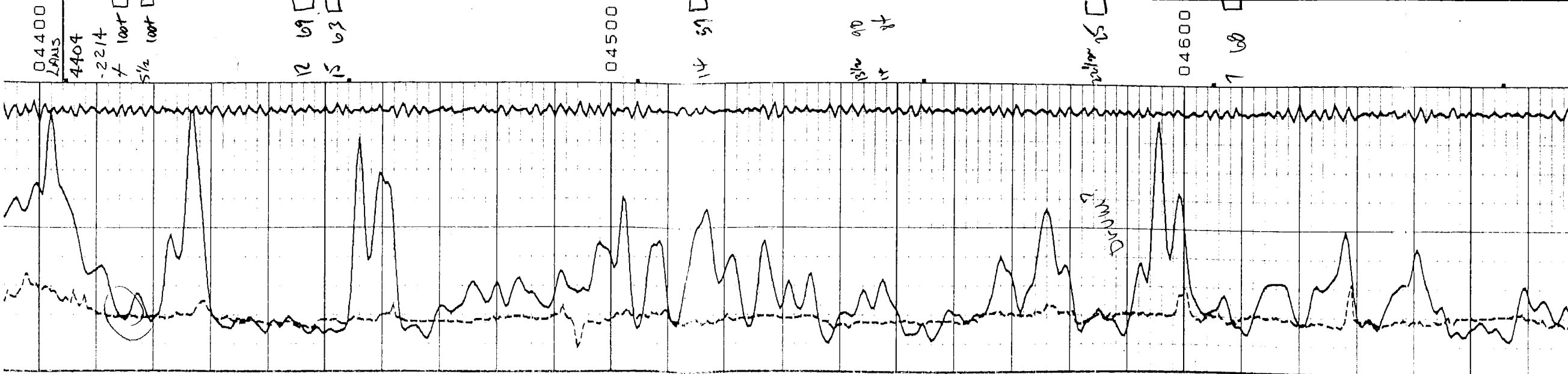
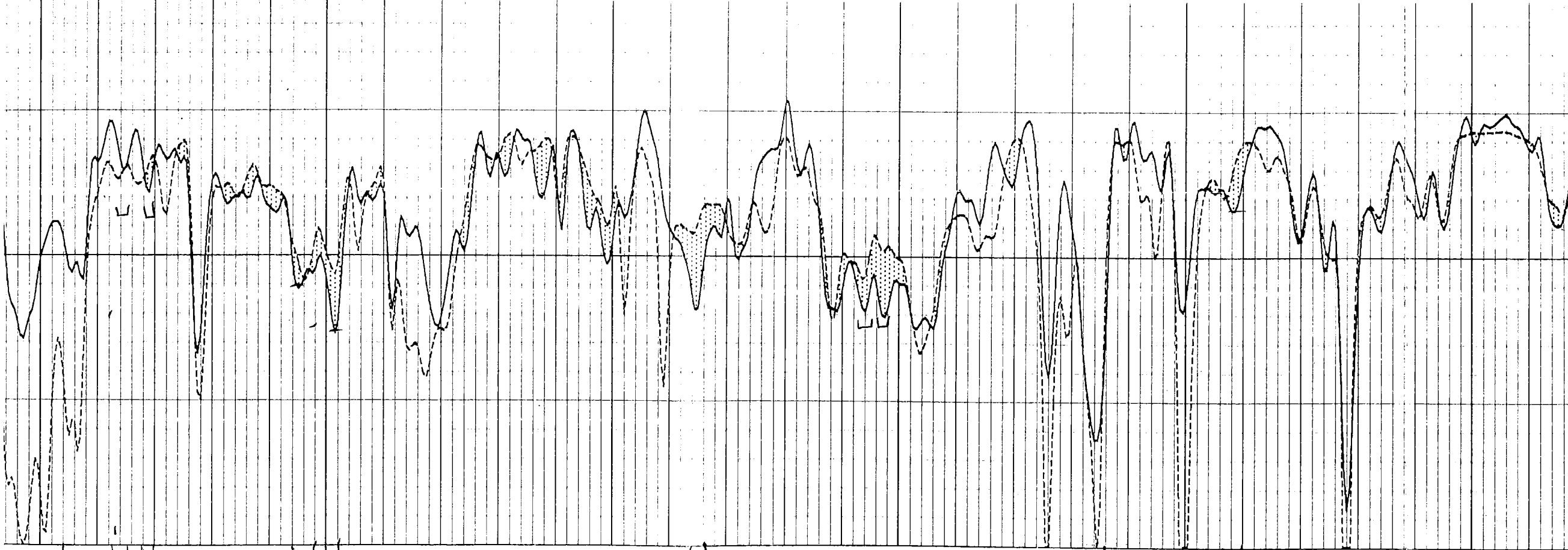
04400
LAMS

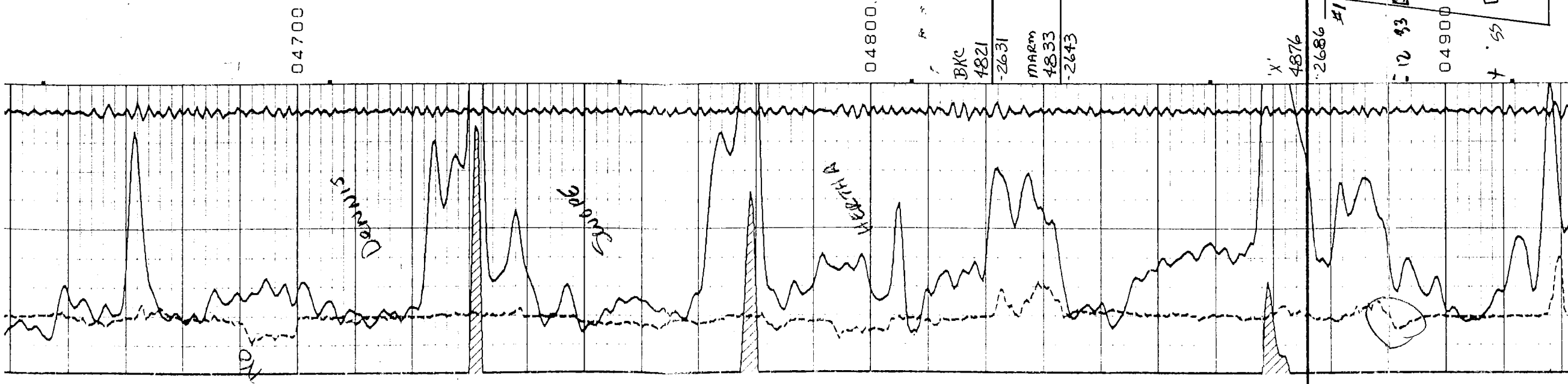
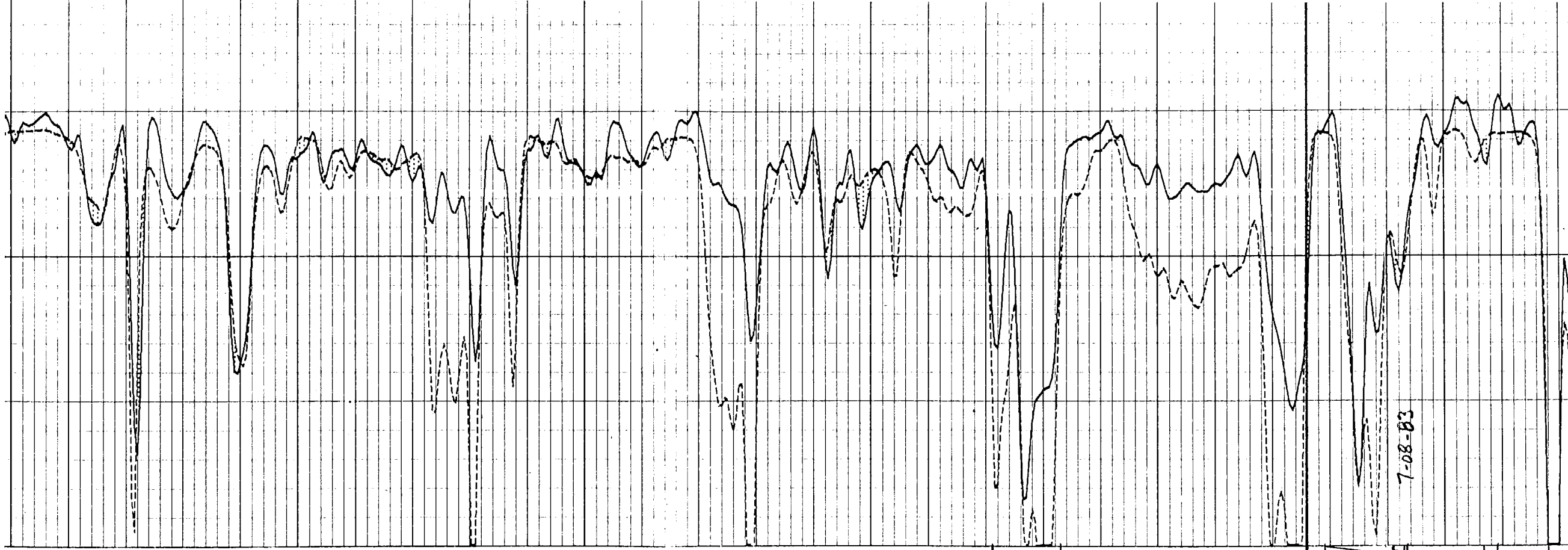
4404

-2214

+ 100t

5 1/2 100t





04700

04800

04876

04886

04900

BK 4821
-2631
MARM 4833
-2643

'X' 4876
#1

7-08-83

Downhill

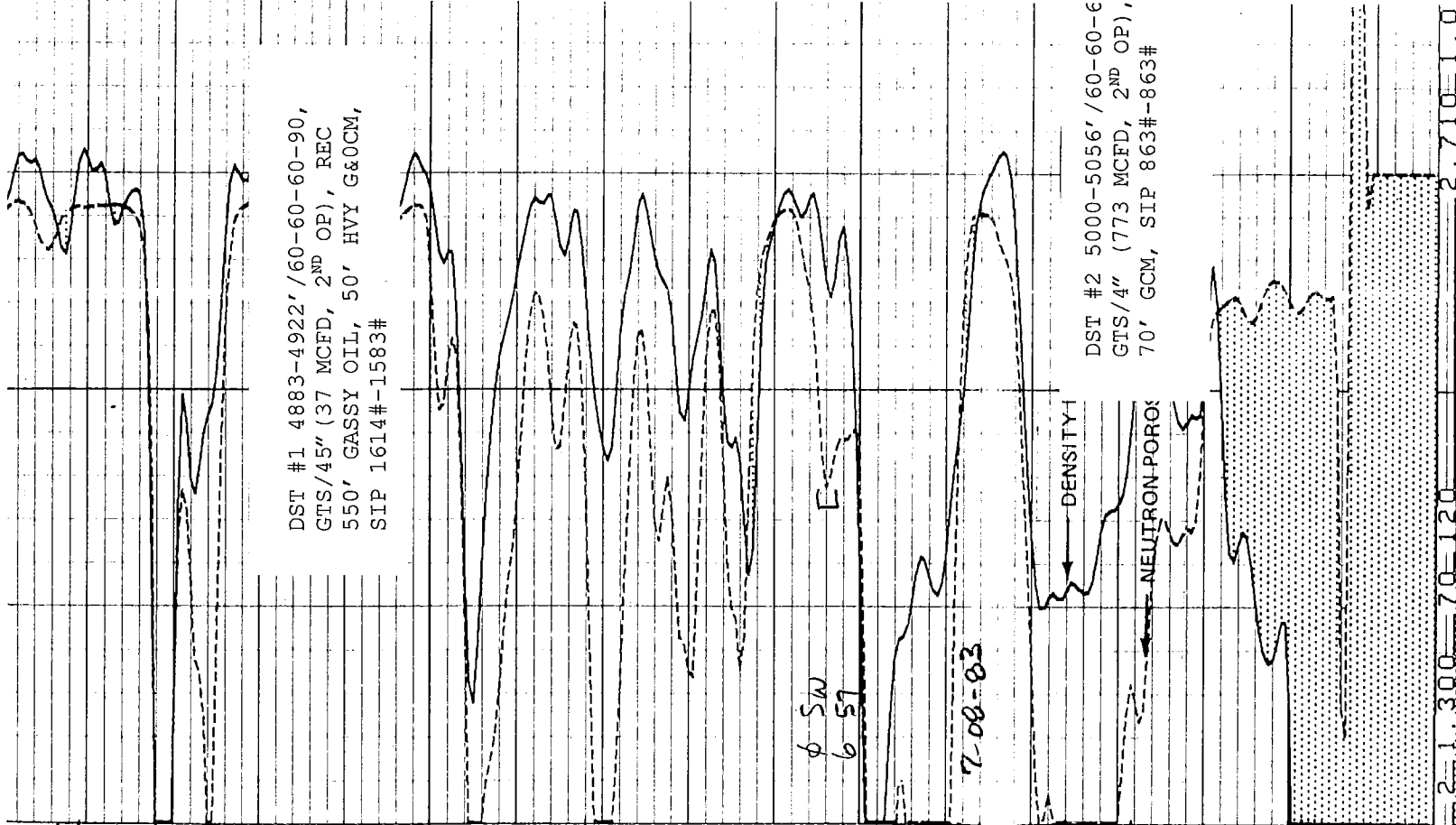
Stairs

North A

10

10

DST #1 4883-4922' / 60-60-60-90,
 GTS/45" (37 MCFD, 2ND OP), REC
 550' GASSY OIL, 50' HVY G&OCM,
 SIP 1614#-1583#



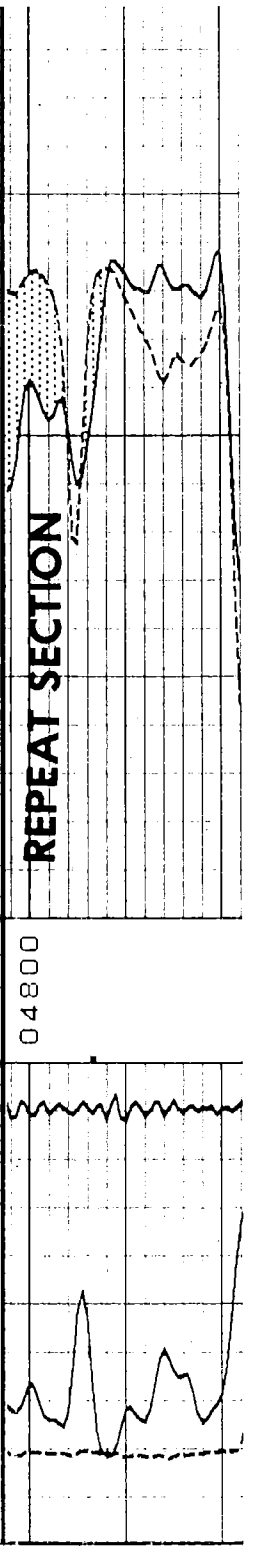
DST #2 5000-5056' / 60-60-60-6
 GTS/4" (773 MCFD, 2ND OP),
 70' GCM, SIP 863#-863#

3			2.1300	70.120	2.7101.0
0	GR API	150			
150	GR API	300			
6	Y - CAL	16			
10-09-80		17:10	5069.5	101883	0099-99 0

30 ϕ (CNS)
 30 ϕ (CDL)

10-09-80		17:02	4797.0	101883	0099-99 0
0	GR API	150			
150	GR API	300			
6	Y - CAL	16			

30 ϕ (CNS)
 30 ϕ (CDL)



04800

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/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

June 15, 2011

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

Re: Plugging Application
API 15-097-20639-00-01
YOST 1
SE/4 Sec.26-30S-18W
Kiowa 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 December 12, 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