



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

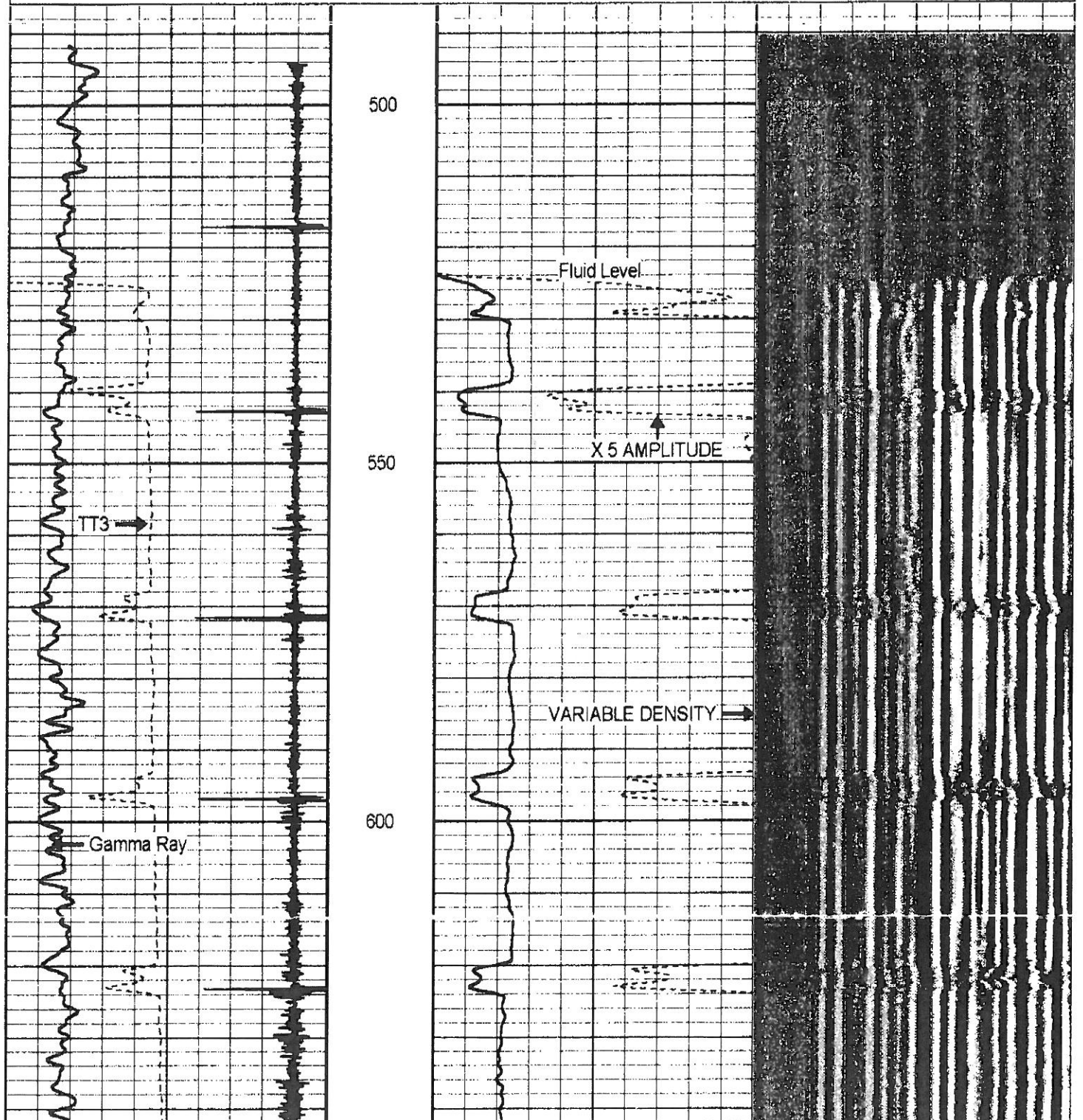
Form	CP1 - Well Plugging Application
Operator	KC Resources, Inc. dba Crystal River
Well Name	NORTH MILES 1-A
Doc ID	1064236

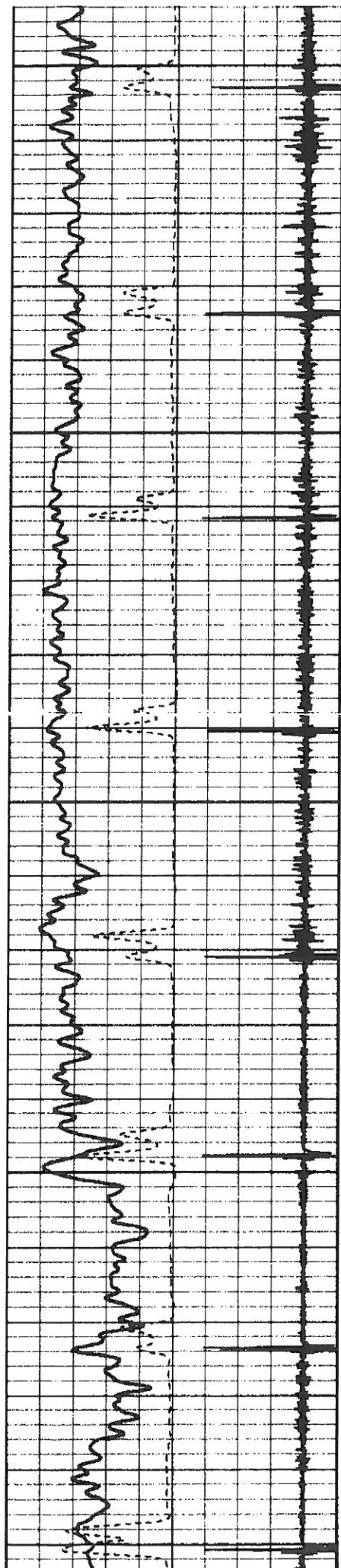
Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3476	4951		

Database File: milesa1.db
 Dataset Pathname: pass21
 Presentation Format: gr-n-ccl
 Dataset Creation: Mon Oct 23 14:48:21 2006
 Charted by: Depth in Feet scaled 1:240

9	CCL	-1	0	AMP3 (mV)	100	150	VARIABLE DENSITY	1150
420	TT3 (usec)	220	0	X 5 AMPLITUDE (mV)	20			
0	GR (GAPI)	200						





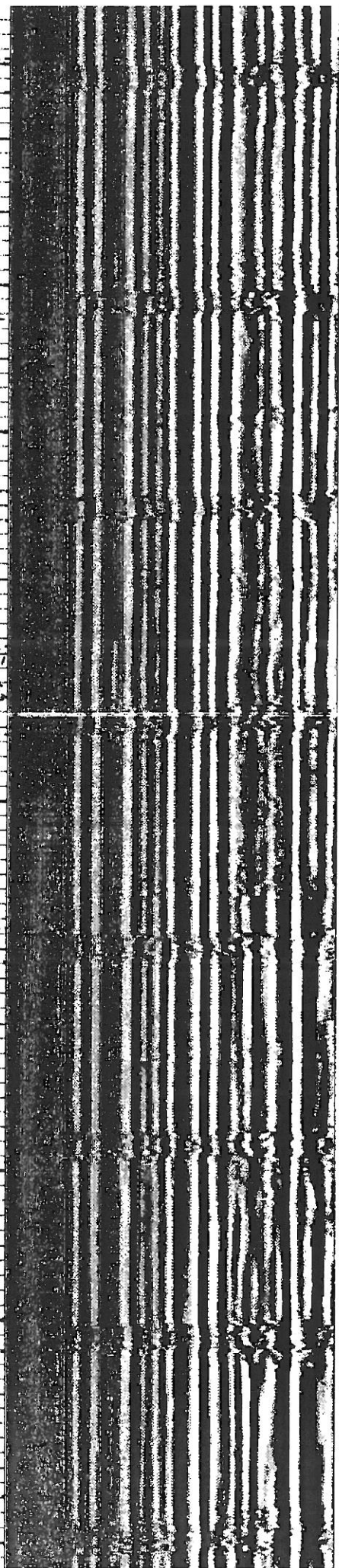
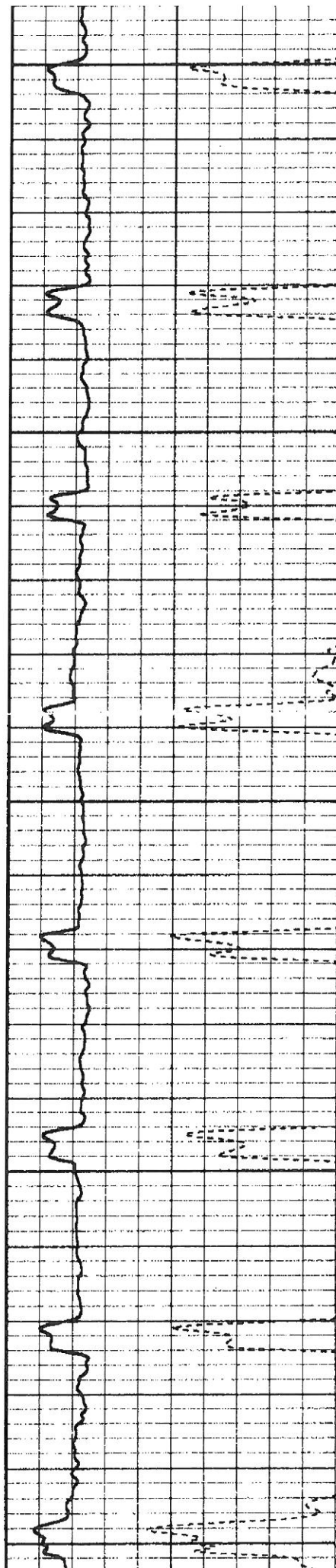
650

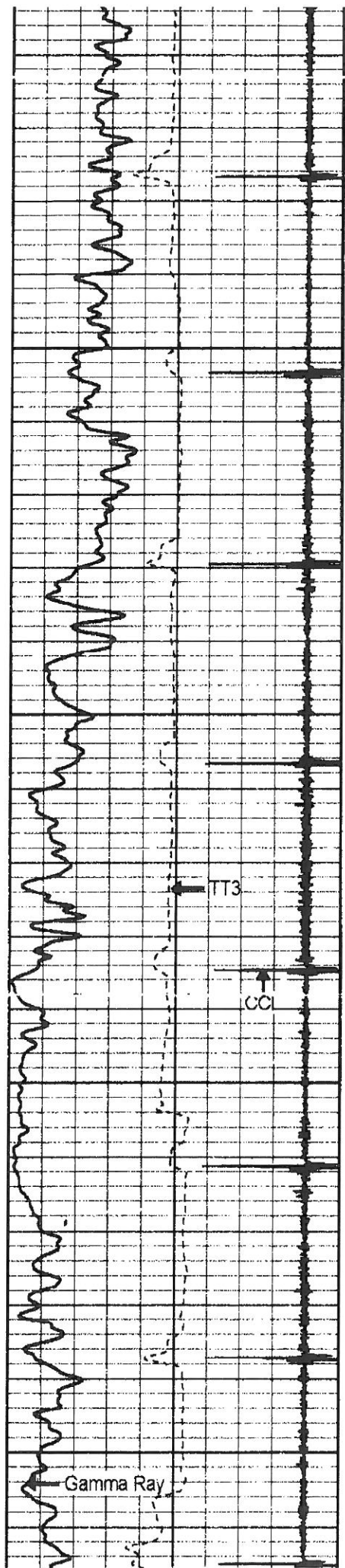
700

750

800

850



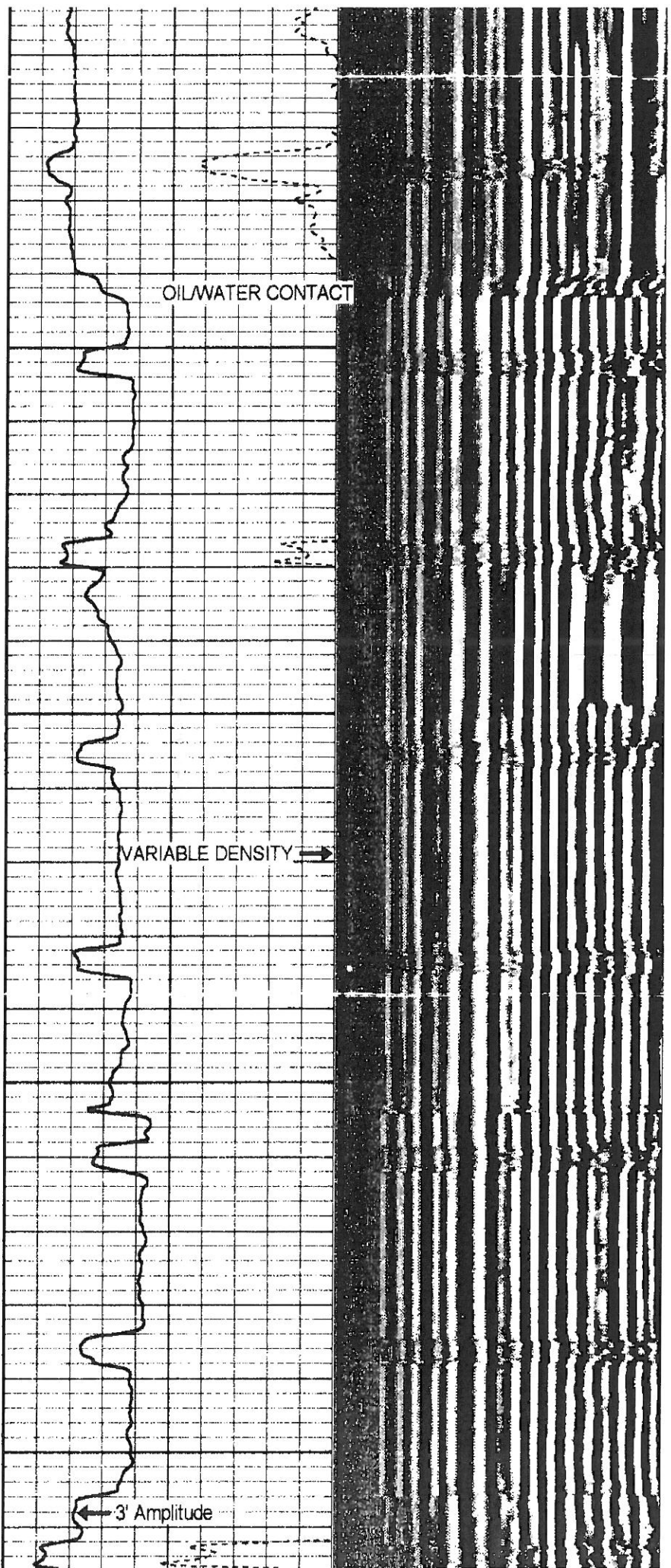


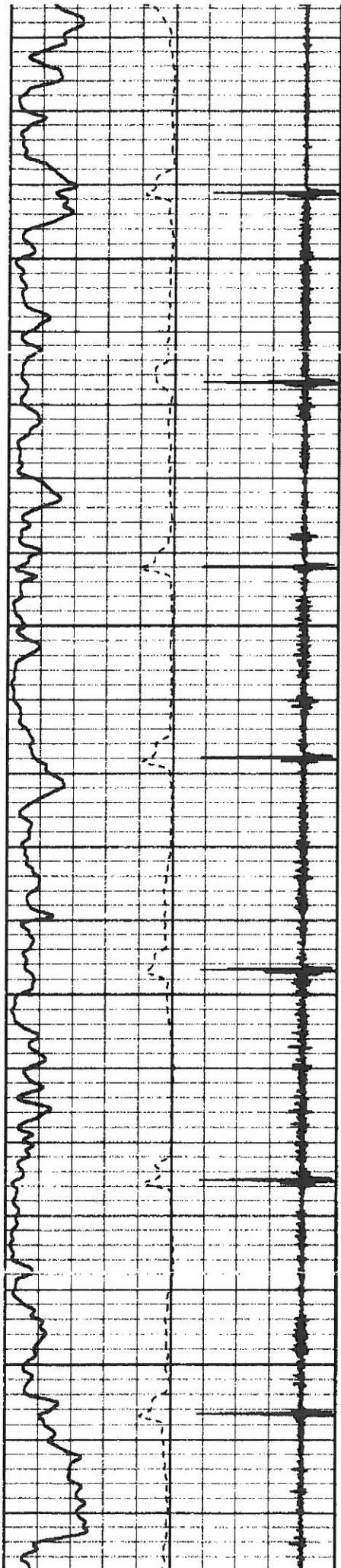
900

950

1000

1050



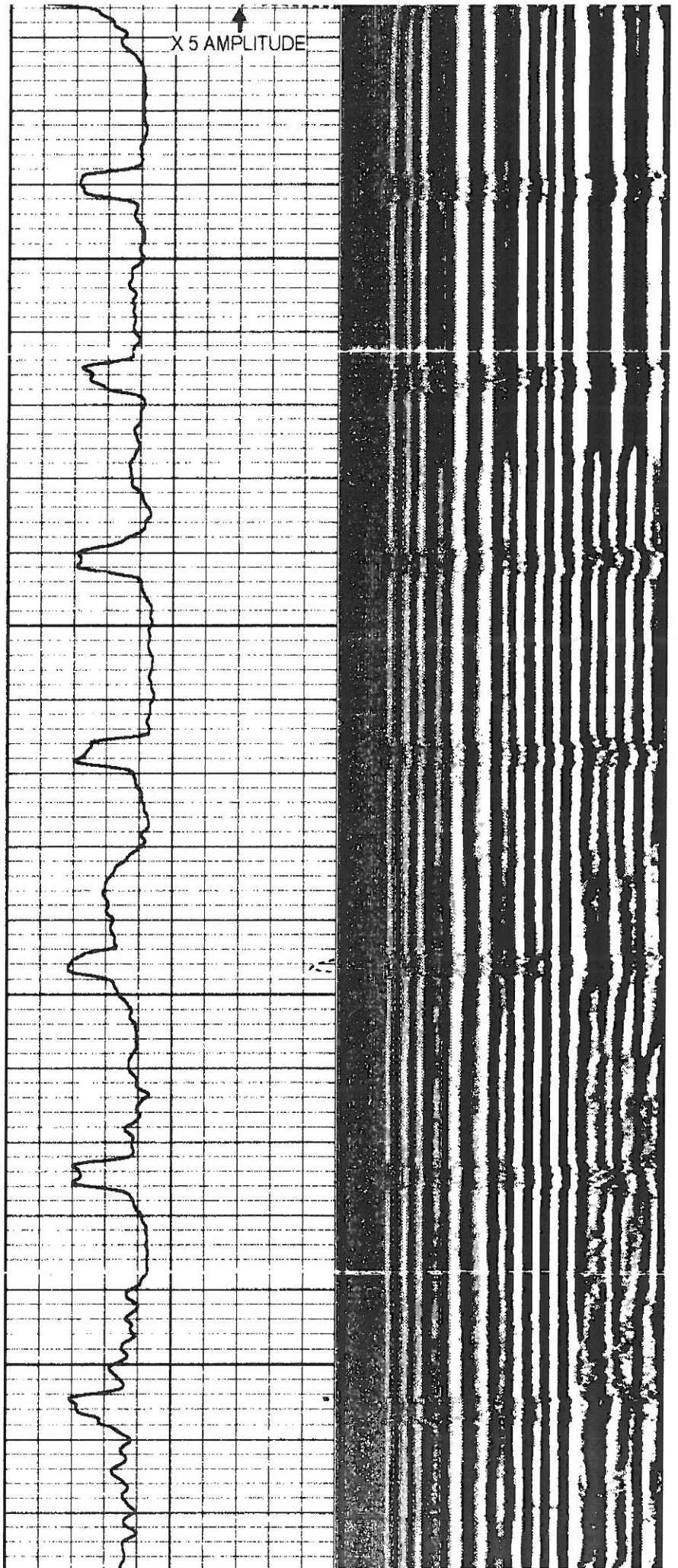


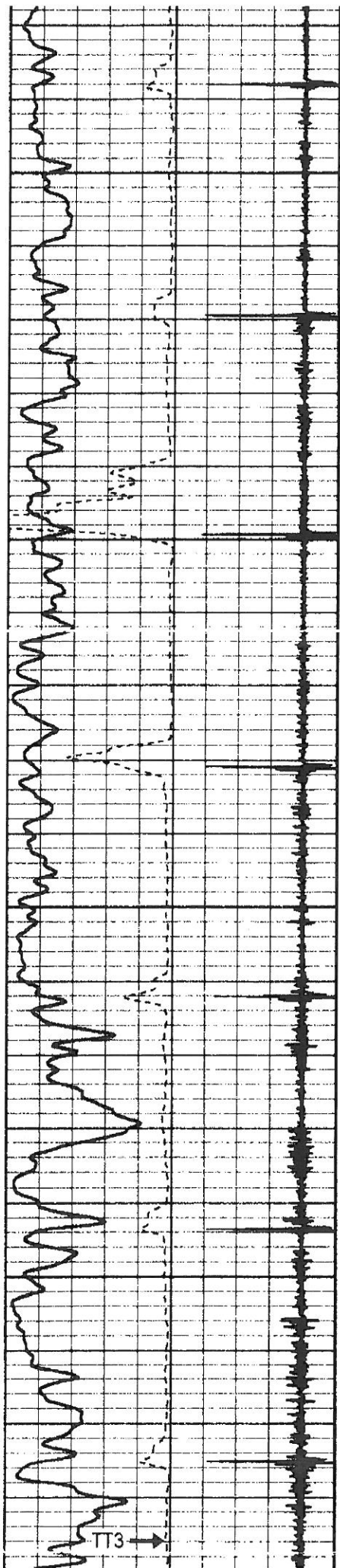
1100

1150

1200

1250



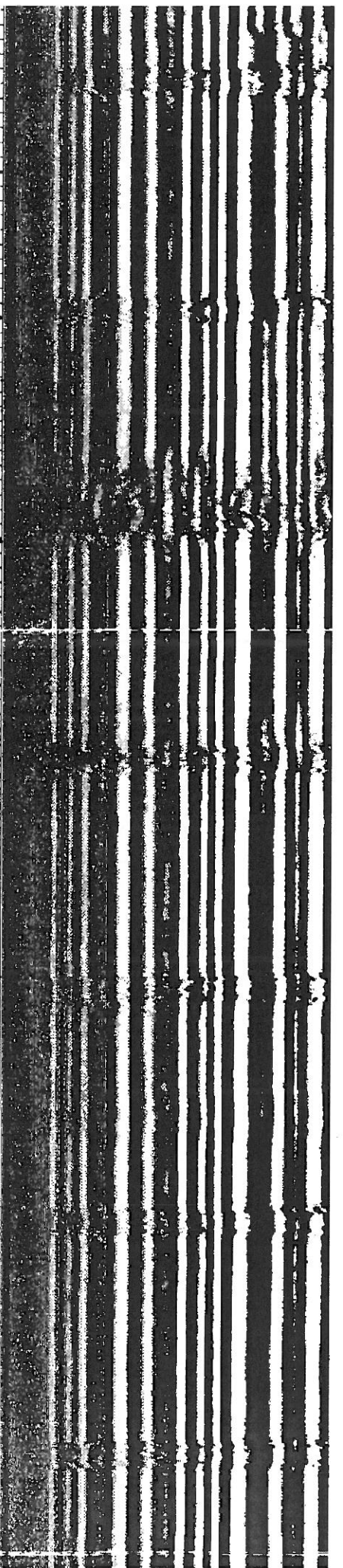
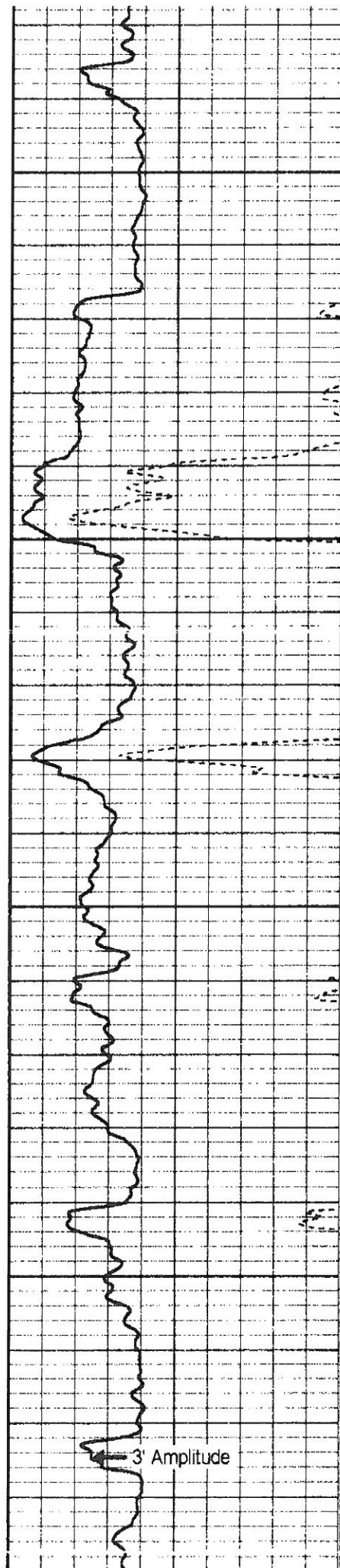


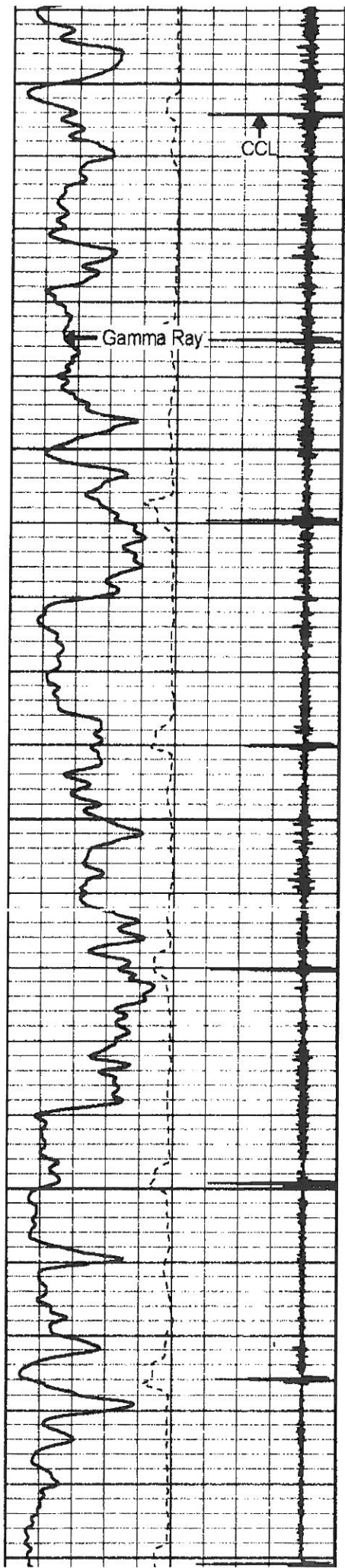
1300

1350

1400

1450





1500

CCL

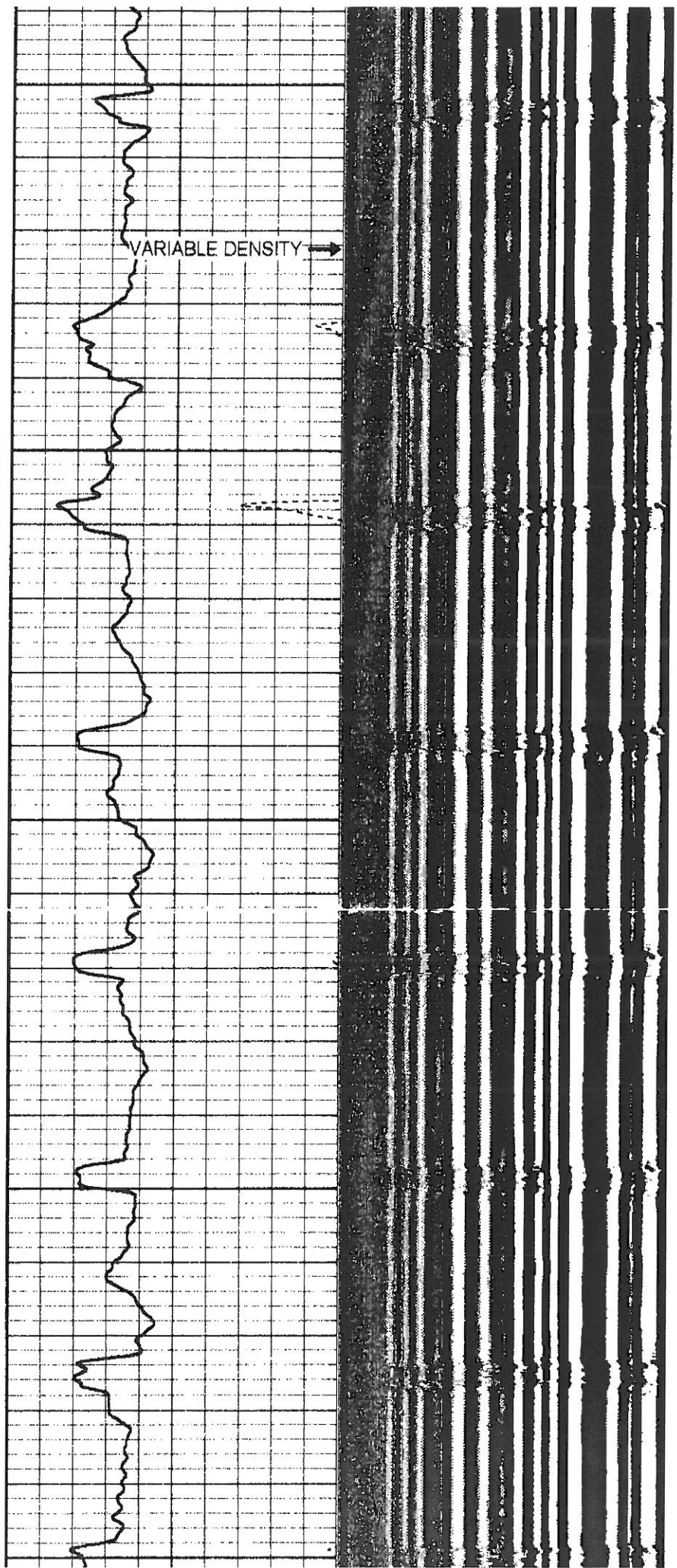
Gamma Ray

1550

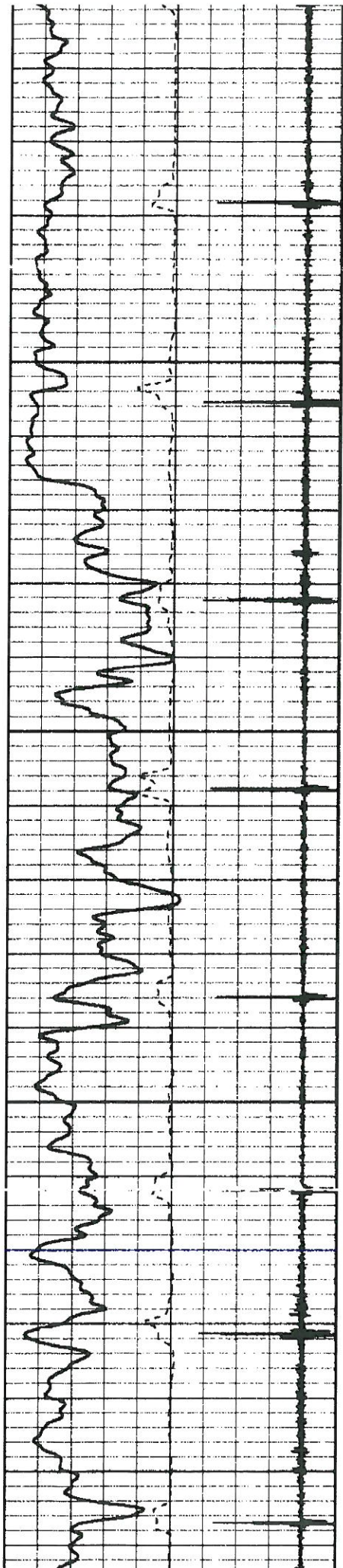
1600

1650

1700



VARIABLE DENSITY

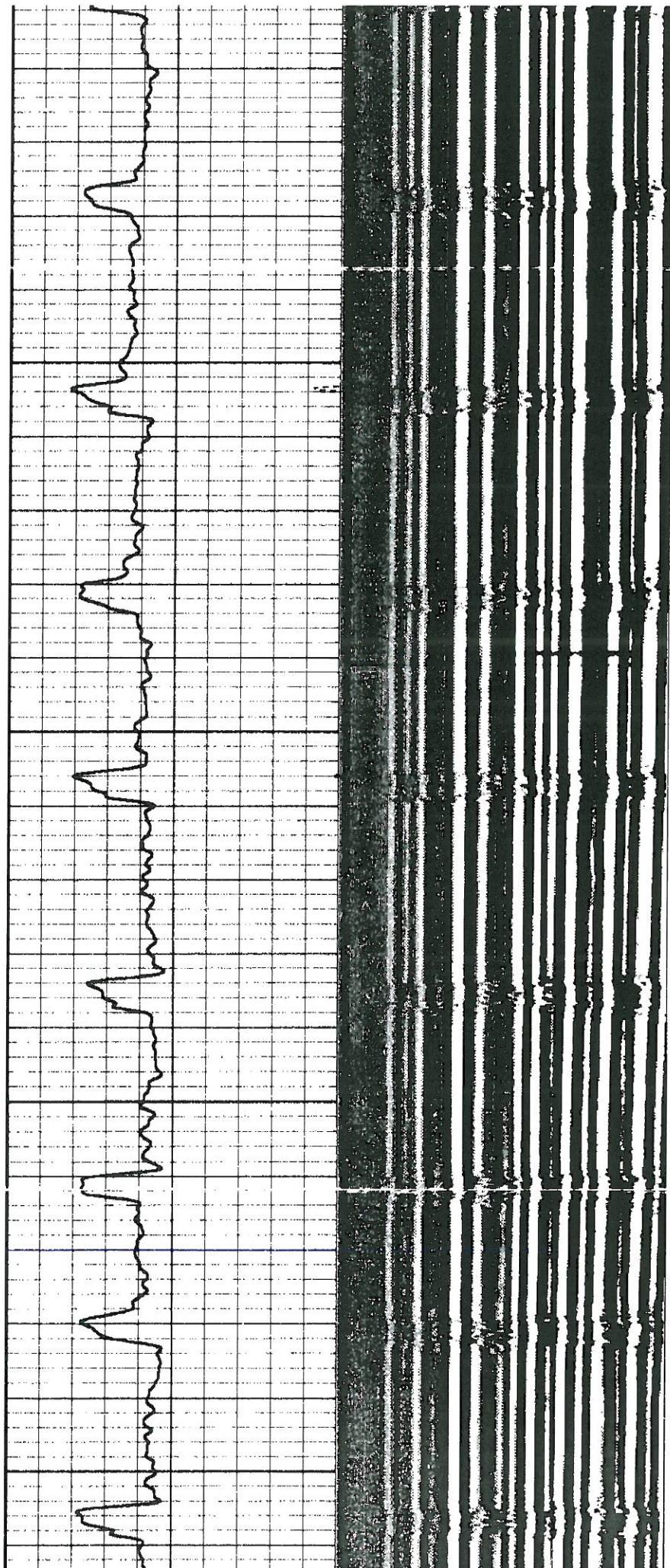


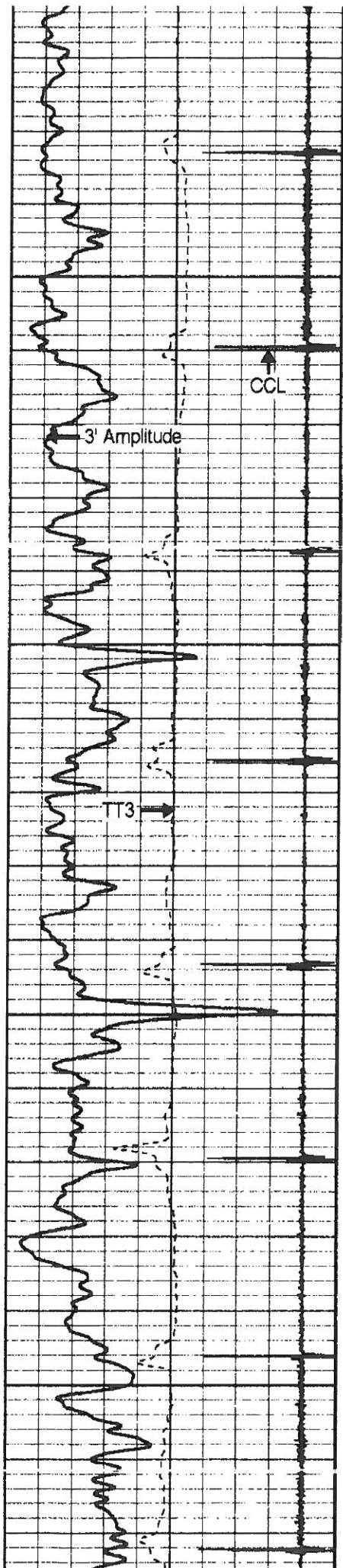
1750

1800

1850

1900



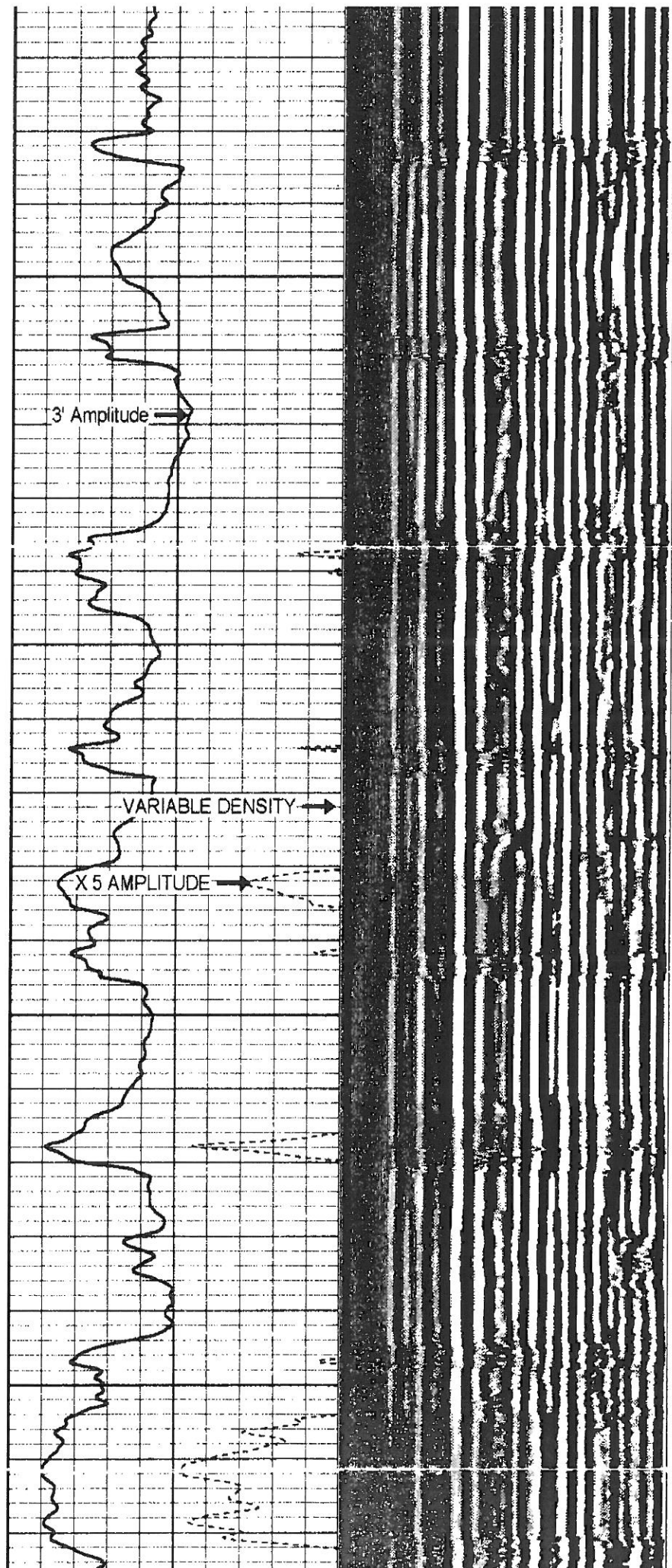


1950

2000

2050

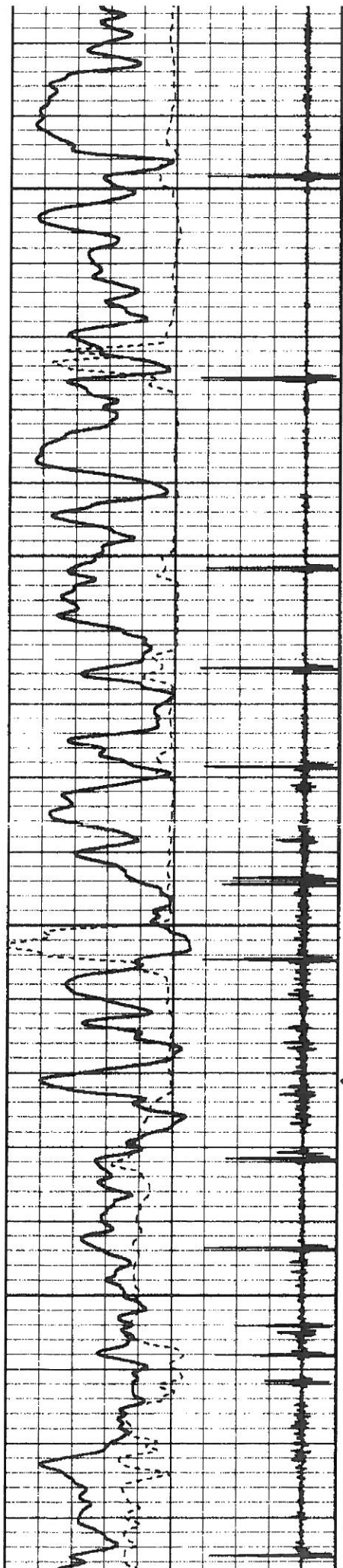
2100



3' Amplitude

VARIABLE DENSITY

X 5 AMPLITUDE



2150

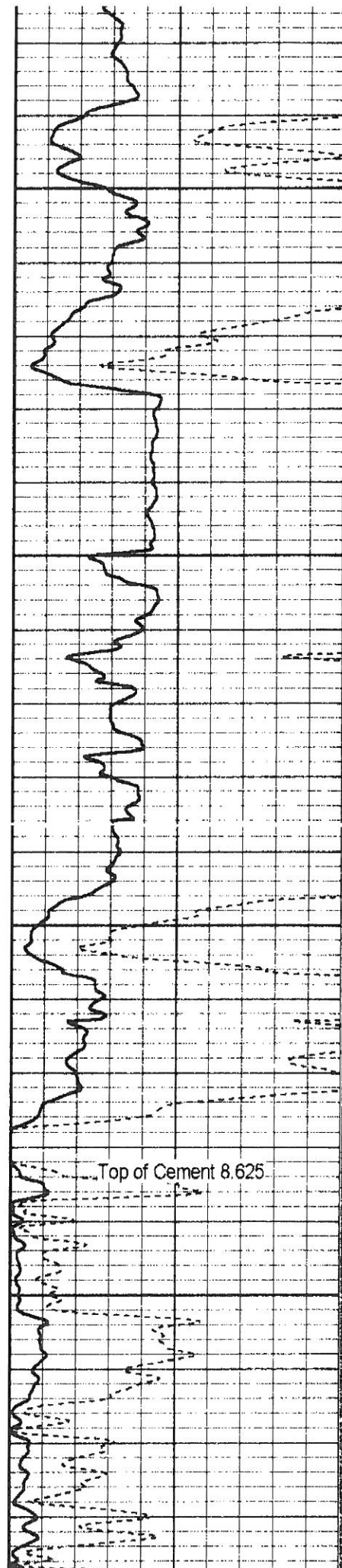
2200

2250

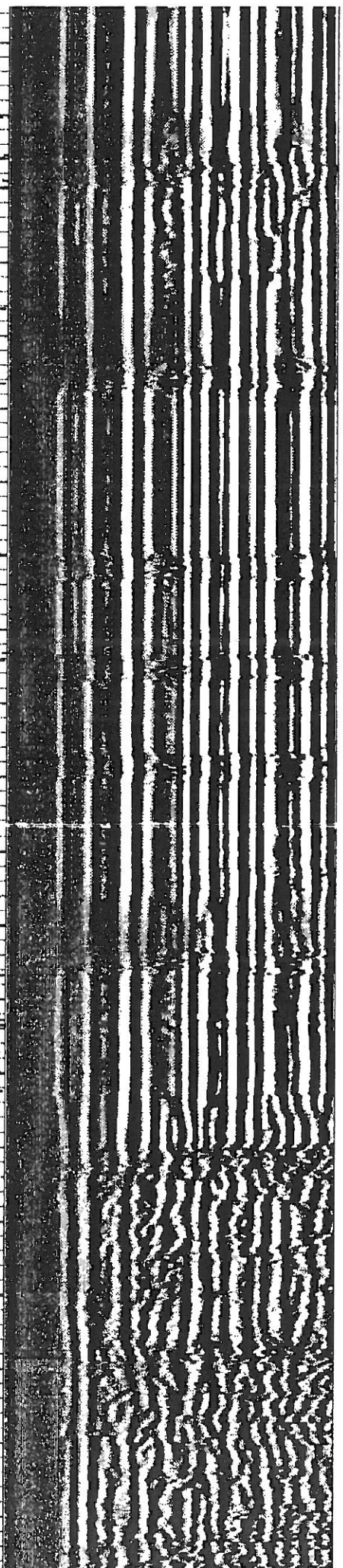
10''

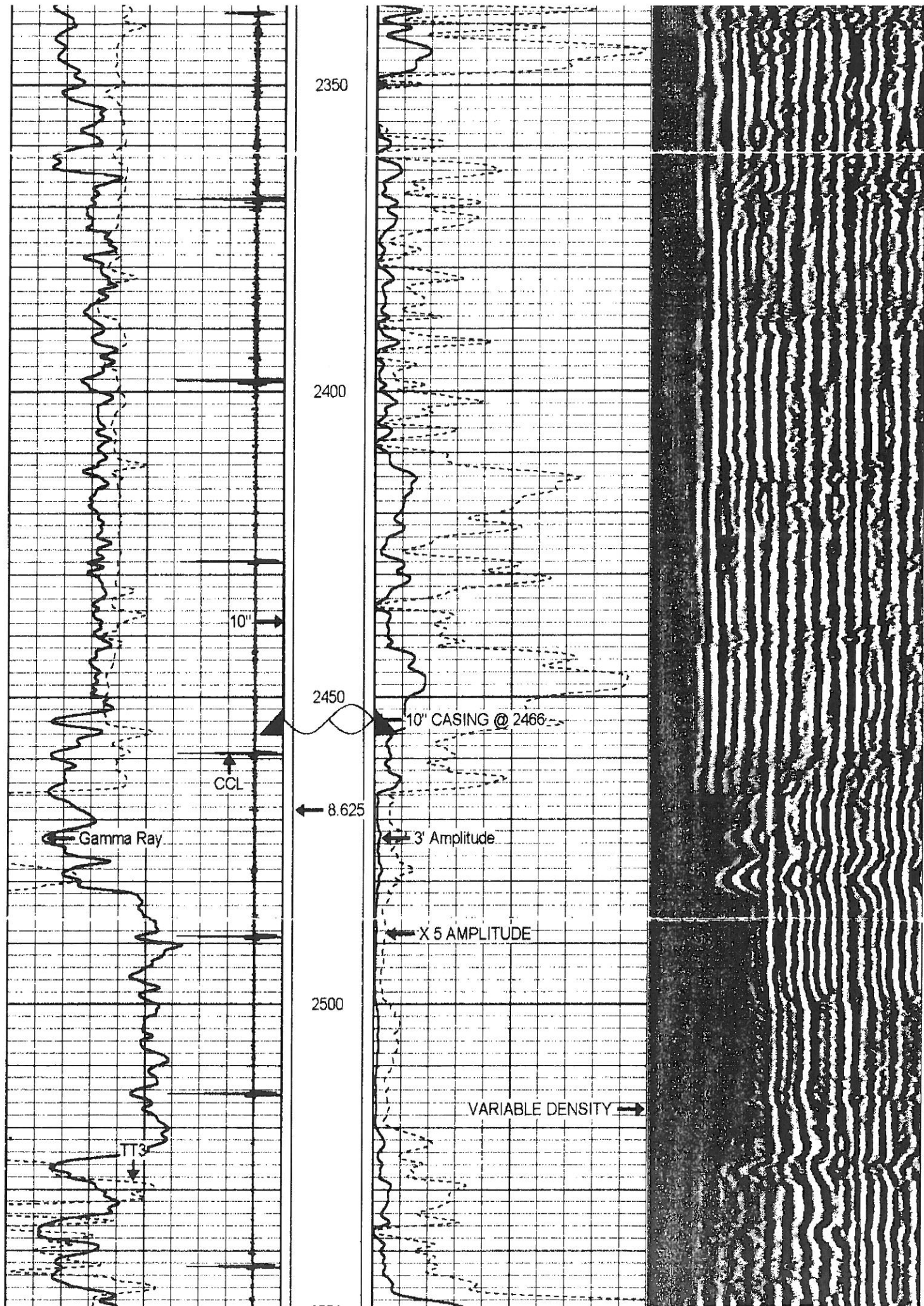
8.625

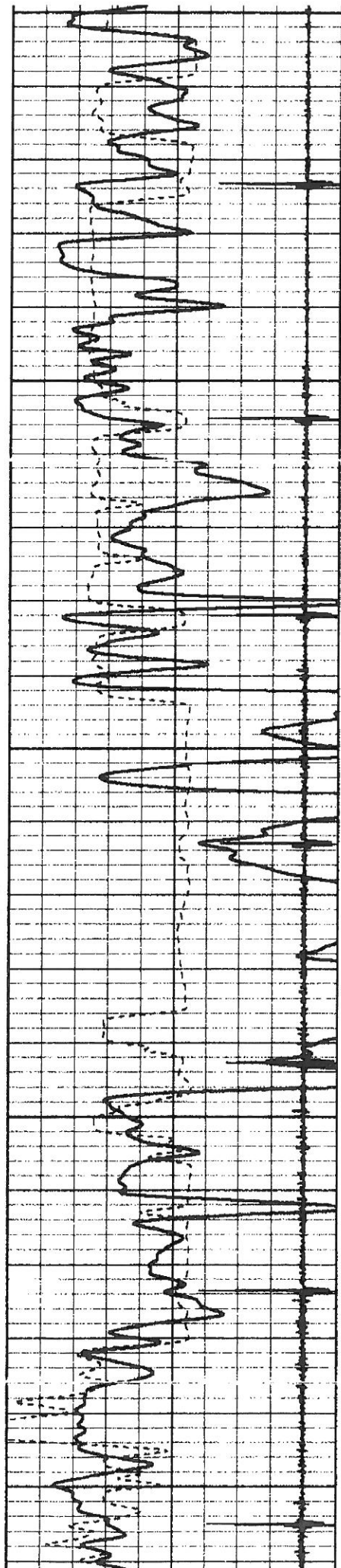
2300



Top of Cement 8.625







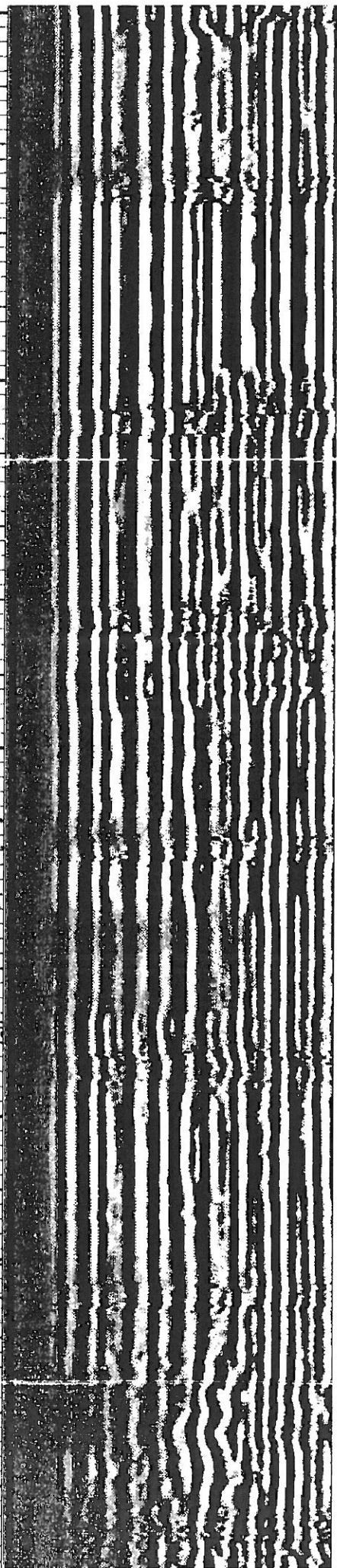
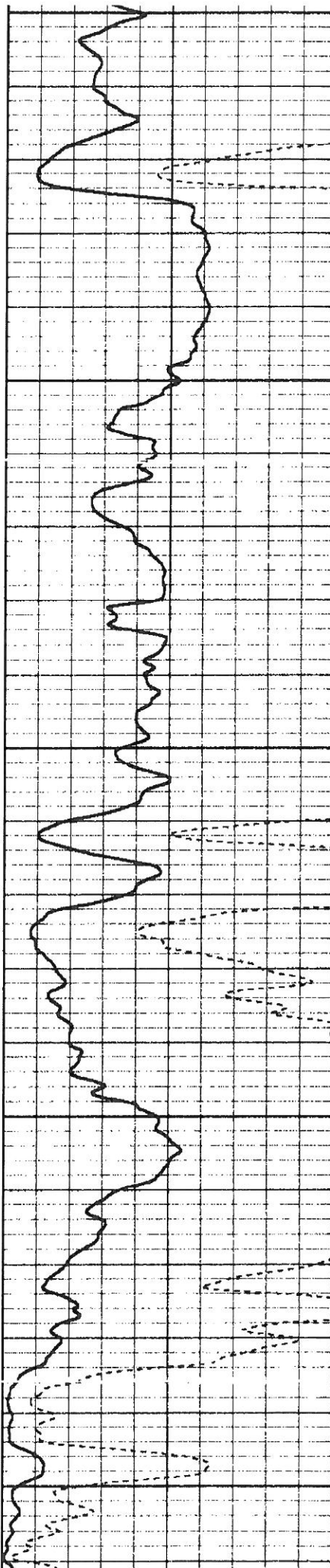
2550

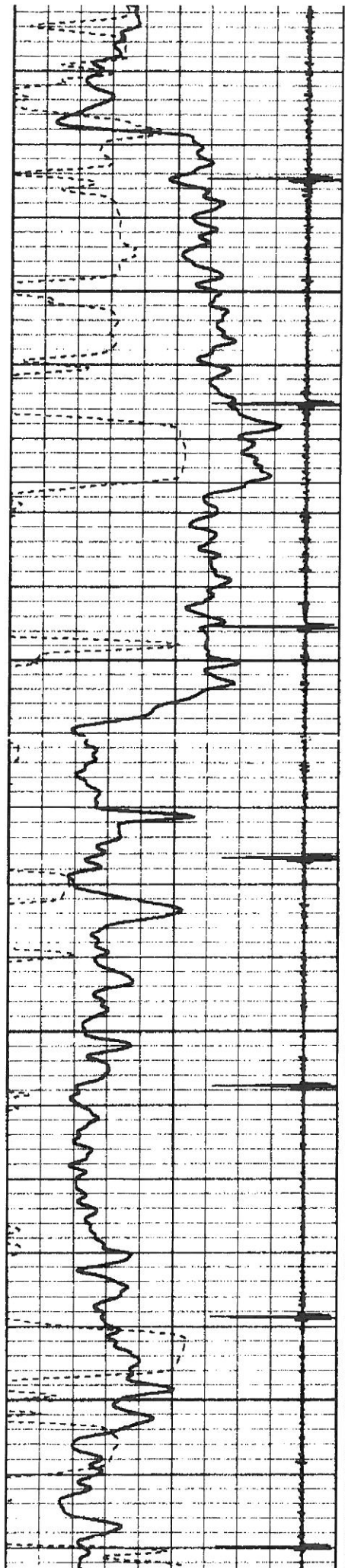
2600

2650

2700

2750



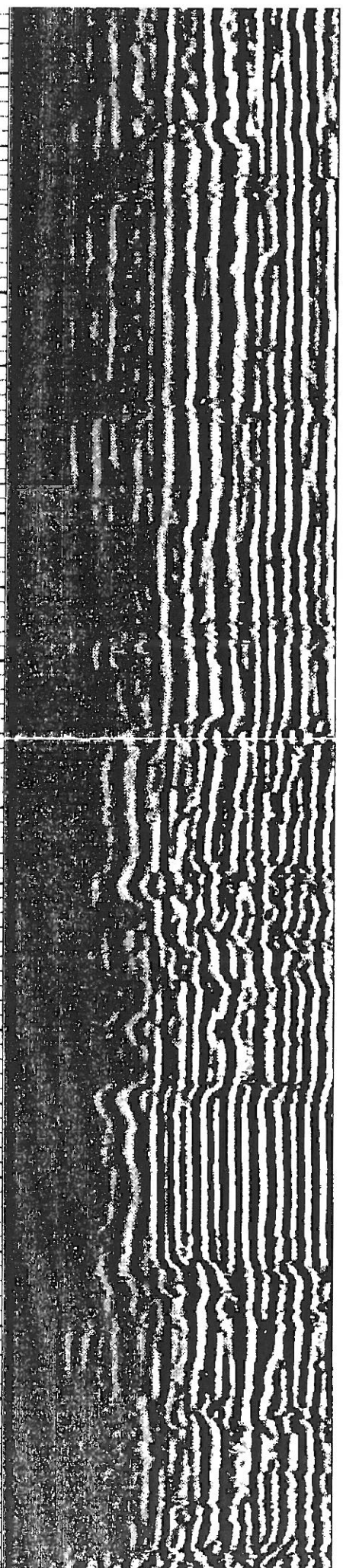
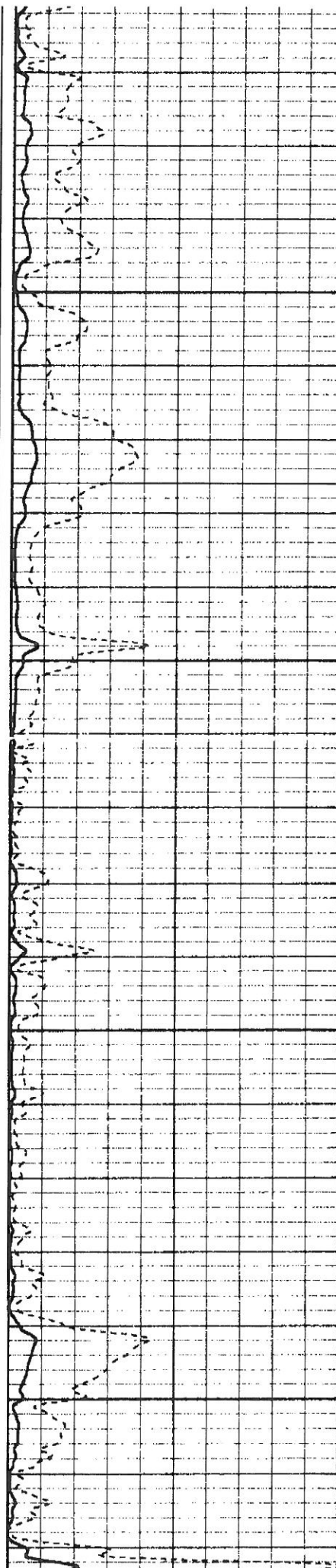


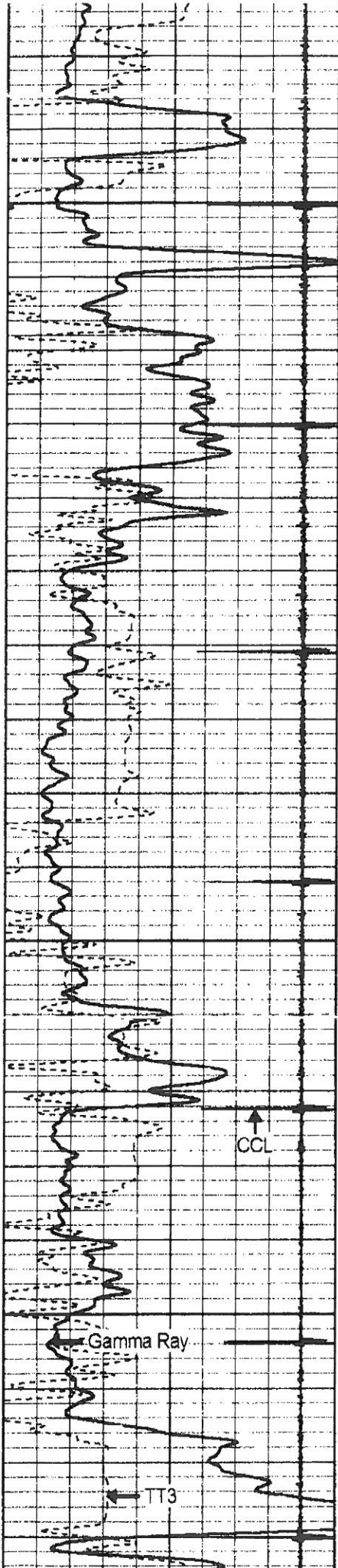
2800

2850

2900

2950



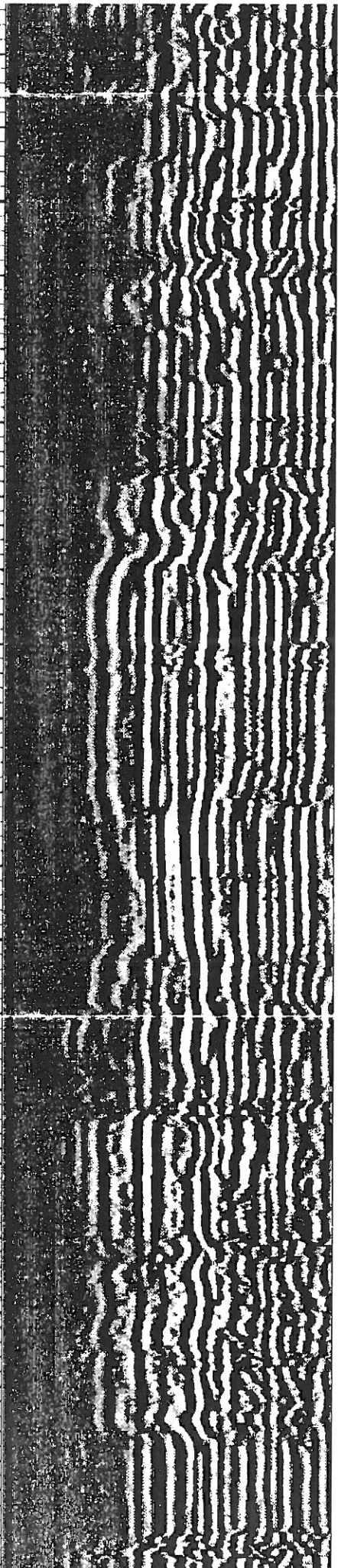
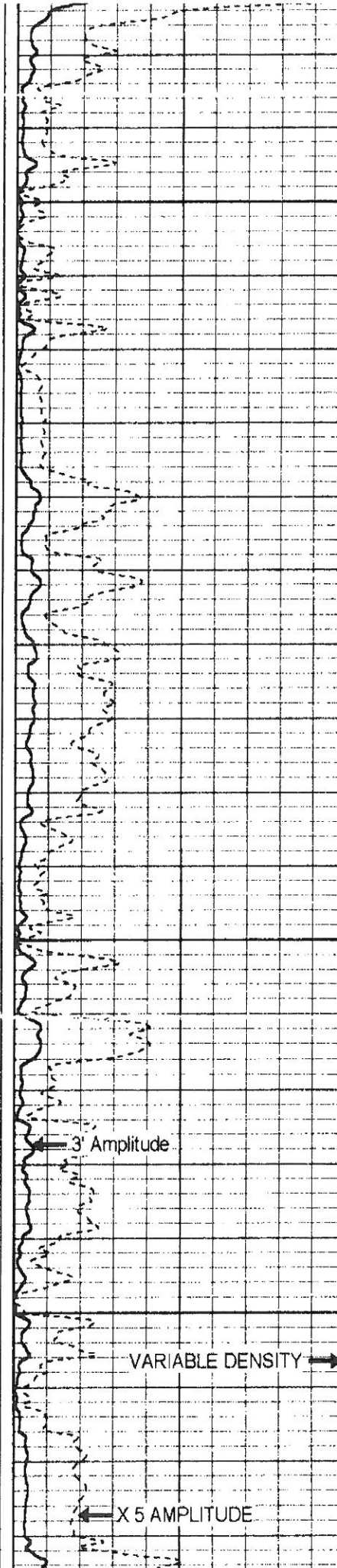


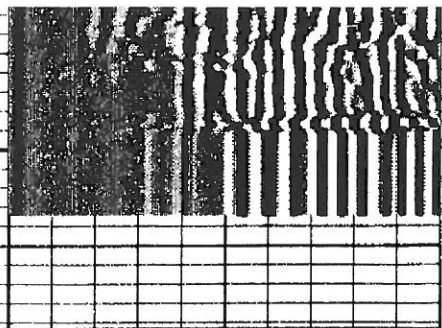
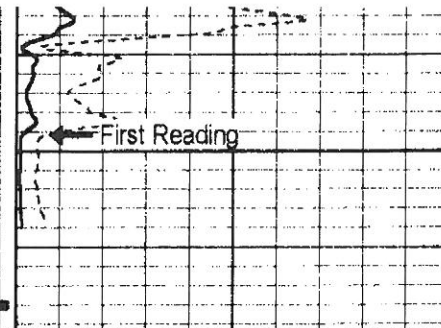
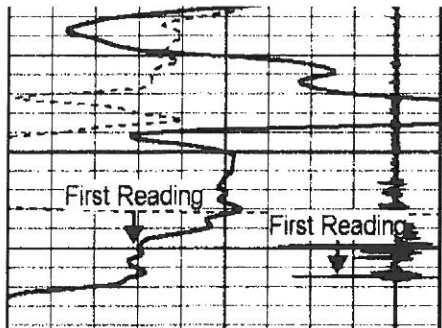
3000

3050

3100

3150





9	CCL	-1
420	TT3 (usec)	220
0	GR (GAPI)	200

0	AMP3 (mV)	100
0	X 5 AMPLITUDE (mV)	20

150 VARIABLE DENSITY 1150

LOG-TECH

of Kansas
Inc.

GREAT BEND, KANSAS

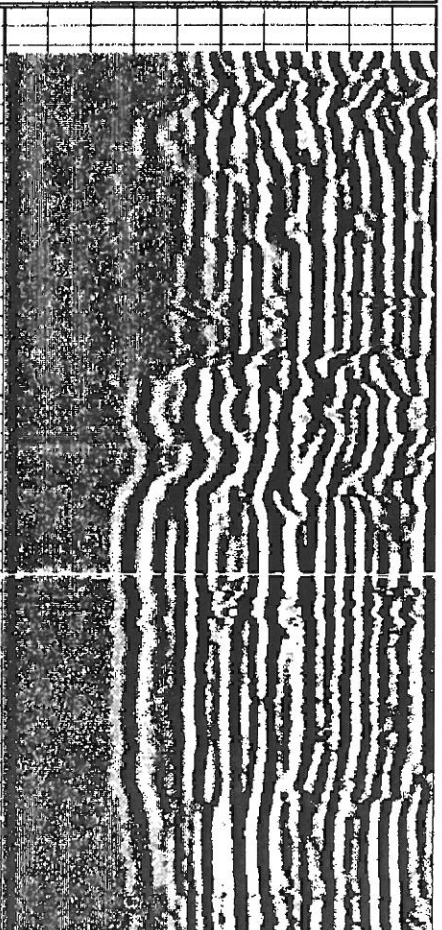
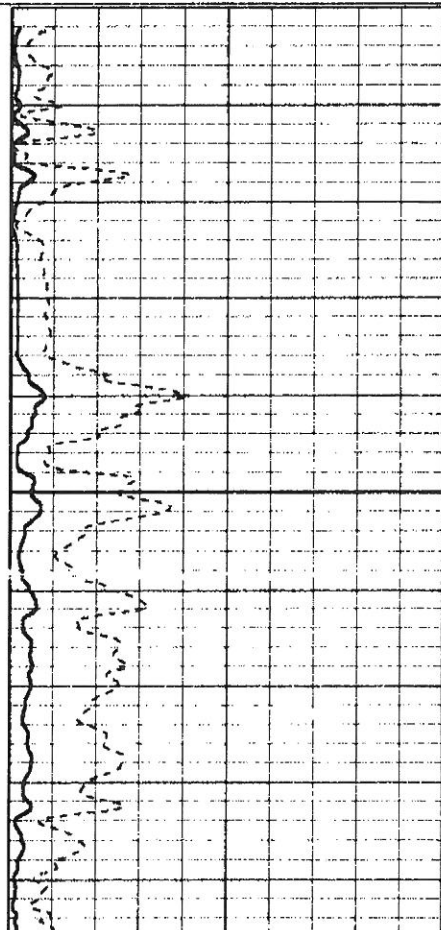
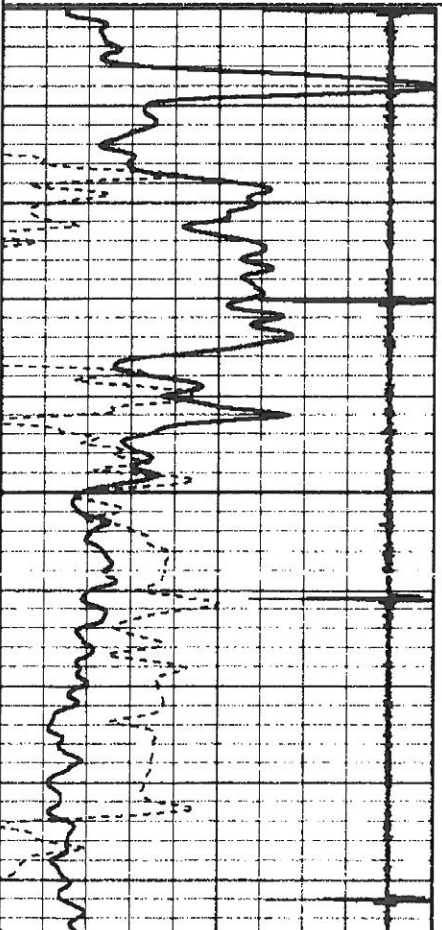
REPEAT SECTION

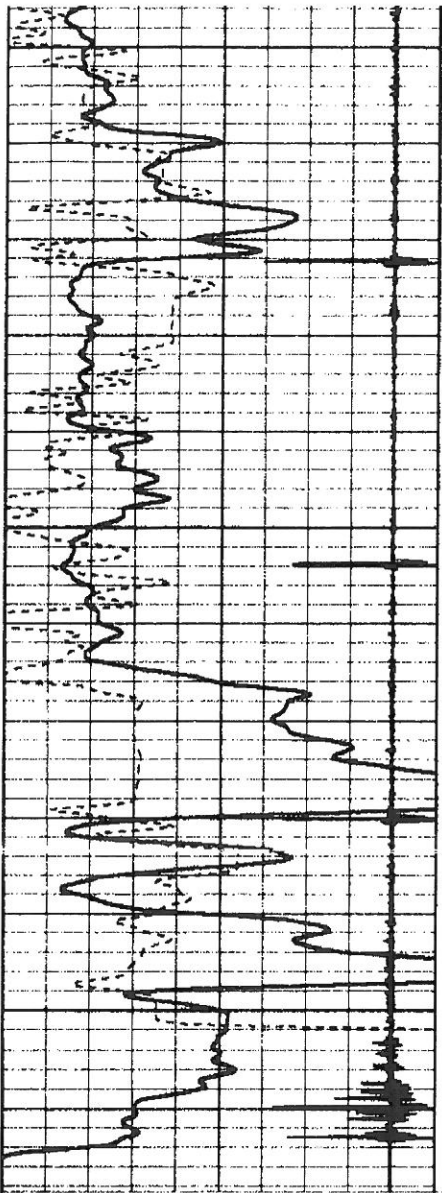
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 Presentation Format: gr-n-ccl
 Dataset Creation: Mon Oct 23 14:50:20 2006
 Charted by: Depth in Feet scaled 1:240

9	CCL	-1
420	TT3 (usec)	220
0	GR (GAPI)	200

0	AMP3 (mV)	100
0	X 5 AMPLITUDE (mV)	20

150 VARIABLE DENSITY 1150

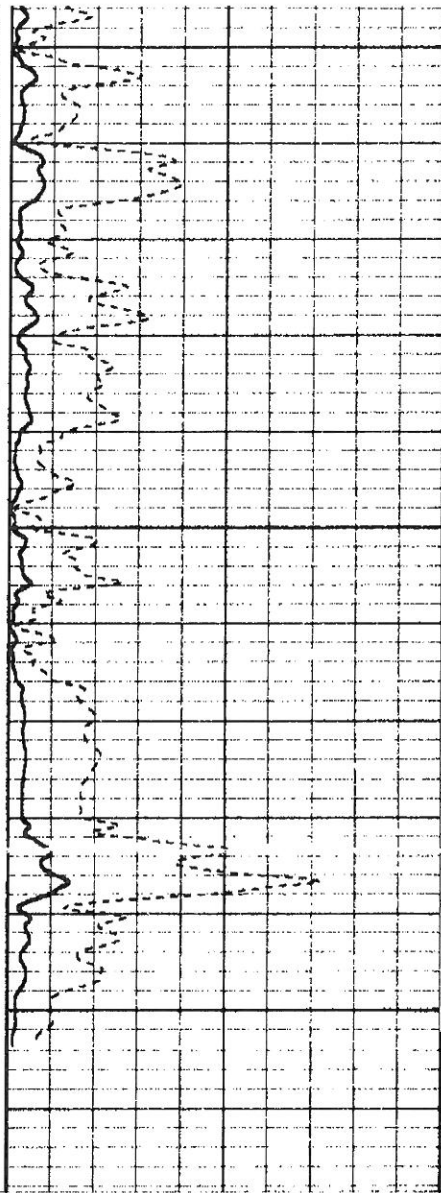




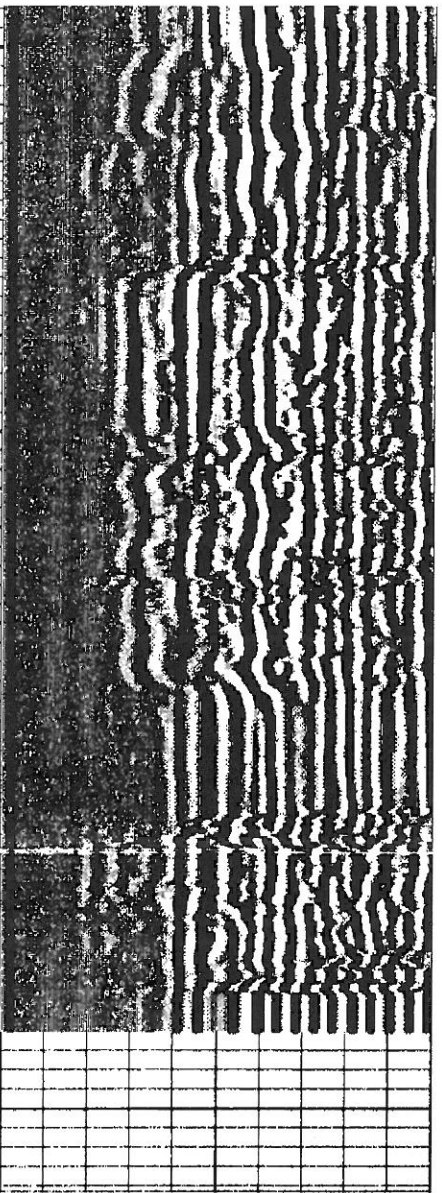
3100

3150

3200




0 AMP3 (mV) 100
 0 X 5 AMPLITUDE (mV) 20



150 VARIABLE DENSITY 1150

9	CCL	-1
420	TT3 (usec)	220
0	GR (GAPI)	200

Sensor	Offset (ft)	Schematic	Description	Len (ft)	OD (in)	Wt (lb)
CHD	9.17		CHD-STNDRD Standard Cable Head	1.00	1.69	10.00

WVF3

4.25



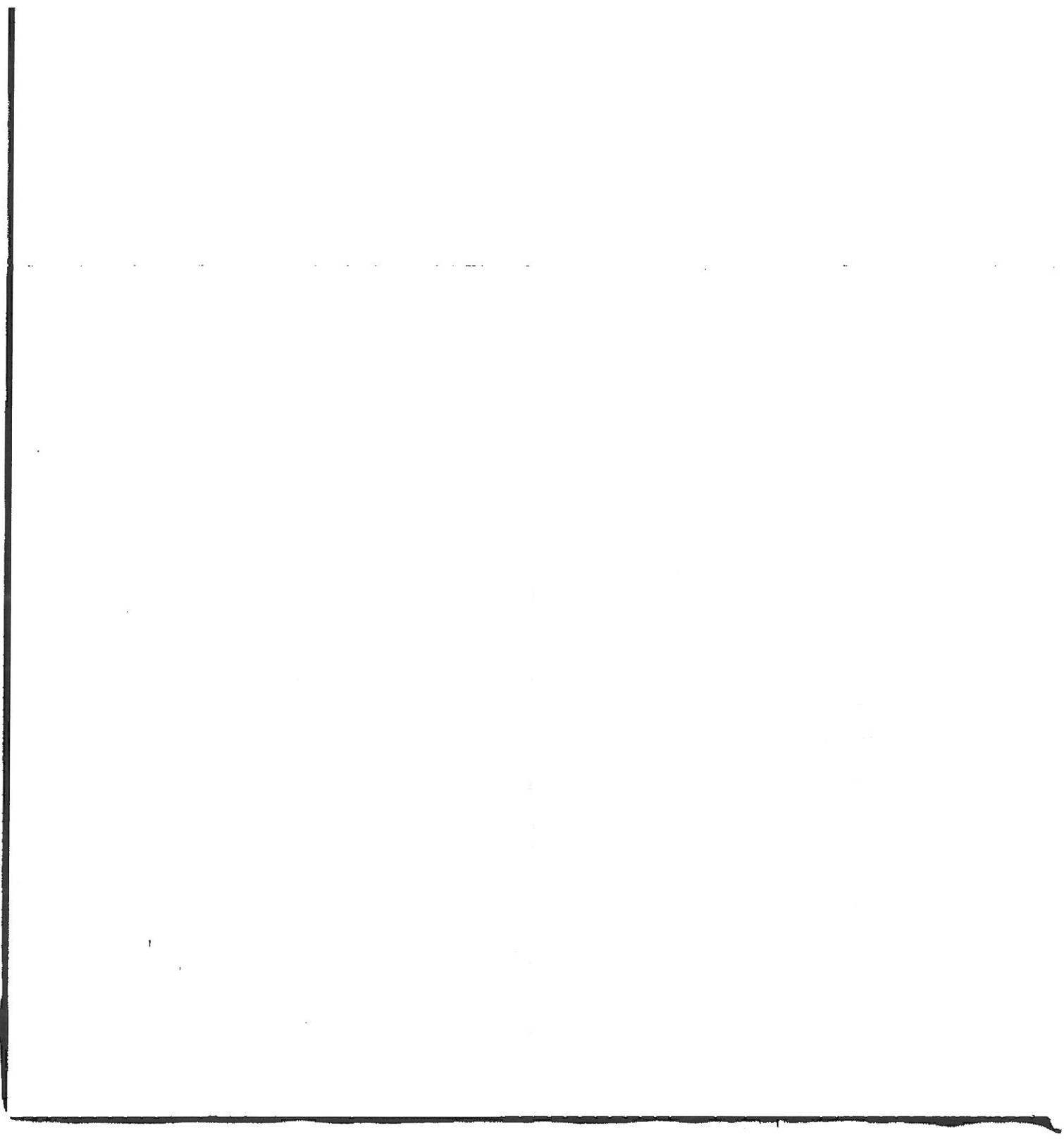
CBL-sielong (b2gr2)
big cbl tool

8.17

3.25

50.00

Dataset: run1/pass20
Total Length: 9.17
Total Weight: 60.00
O.D. 3.25



Schlumberger BlueView :

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

September 28, 2011

Tony Shumsky
KC Resources, Inc. dba Crystal River
P. O. BOX 6749
SNOWMASS VILLAGE, CO 81615

Re: Plugging Application
API 15-095-20314-00-00
NORTH MILES 1-A
NE/4 Sec.19-27S-10W
Kingman County, Kansas

Dear Tony Shumsky:

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 26, 2012. 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 2

(316) 630-4000