



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

I

**SIDE TWO**

**WELL LOG**

Show all important zones of porosity, and contents thereof; cored intervals, and all drill stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

SHOW GEOLOGICAL MARKERS, LOGS RUN, OR OTHER DESCRIPTIVE INFORMATION.

FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	BOTTOM	NAME	DEPTH
Soil & Clay	0	6		
Shale	6	31		
Lime	31	33		
Shale	33	48		
Lime	48	57		
Shale	57	92		
Lime	92	100		
Shale	100	133		
Lime	133	153		
Shale	153	158		
Lime	158	164		
Shale	164	204		
Lime	204	220		
Shale	220	225		
Lime	225	230		
Shale	230	240		
Oil Sand	240	248		
Shale	248	275		

Report of all strings set — surface, intermediate, production, etc. **CASING RECORD** (New or (Used))

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs/ft	Setting depth	Type cement	Socks	Type and percent additives
Surface Casing	8 3/4"	6 5/8"	1.251b	20'	None	None	None
Production	5 1/4"	2 7/8"	6.5 lb	269'	Portland		None

**LINER RECORD**

Top, ft.	Bottom, ft.	Socks cement

**PERFORATION RECORD**

Shots per ft.	Size & type	Depth interval

**TUBING RECORD**

Size	Setting depth	Packer set at

**ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD**

Amount and kind of material used

ADDRESS 897 E. Goorman Avenue

COUNTY Bourbon

Littleton, Colorado 80121

FIELD Mapleton Field

\*\*CONTACT PERSON Doyle L. Scroggs

PROD. FORMATION \_\_\_\_\_

PHONE (303) 572-8449

LEASE Rogers #31

PURCHASER \_\_\_\_\_

WELL NO. #31-19

ADDRESS \_\_\_\_\_

WELL LOCATION 1500' FEL 285' FSL SE/4

DRILLING Lewis Drilling

1500 Ft. from east Line and

CONTRACTOR \_\_\_\_\_

285 Ft. from south Line of

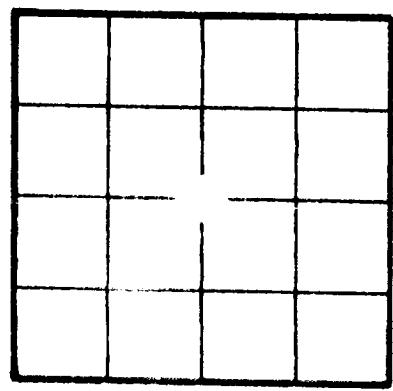
ADDRESS Bronson, Kansas 66716

the SE/4 SEC. 31 TWP. 23S RGE. 23E

PLUGGING \_\_\_\_\_

**WELL PLAT**

CONTRACTOR \_\_\_\_\_



ADDRESS \_\_\_\_\_

KCC \_\_\_\_\_  
KGS \_\_\_\_\_  
(Office Use)

TOTAL DEPTH 275 PBTD \_\_\_\_\_

SPUD DATE 4-6-81 DATE COMPLETED 4-7-81

ELEV: GR \_\_\_\_\_ DF \_\_\_\_\_ KB \_\_\_\_\_

DRILLED WITH (CABLE) (ROTARY) (AIR) TOOLS

Amount of surface pipe set and cemented \_\_\_\_\_ DV Tool Used? \_\_\_\_\_

**A F F I D A V I T**

STATE OF COLORADO, COUNTY OF DENVER SS, I, \_\_\_\_\_

Doyle L. Scroggs OF LAWFUL AGE, BEING FIRST DULY SWORN UPON HIS OATH,

DEPOSES THAT HE IS President (FOR)(OF) \_\_\_\_\_ \_\_\_\_\_ Corporation

OPERATOR OF THE Rogers #31 LEASE, AND IS DULY AUTHORIZED TO MAKE

THIS AFFIDAVIT FOR AND ON THE BEHALF OF SAID OPERATOR, THAT WELL NO. 31-19 ON

SAID LEASE HAS BEEN COMPLETED AS OF THE 7th DAY OF April, 19 81, AND THAT

ALL INFORMATION ENTERED HEREIN WITH RESPECT TO SAID WELL IS TRUE AND CORRECT.

FURTHER AFFIANT SAITH NOT.

(S) \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 19 \_\_\_\_\_.

MY COMMISSION EXPIRES: \_\_\_\_\_

NOTARY PUBLIC

\*\*The person who can be reached by phone regarding any questions concerning this information. Within 45 days of completion, a witnessed initial test by the Commission is required if the well produces more than 25 BOPD or is located in a Basic Order Pool.

October 13, 2011

Dale Jackson  
Jackson, Dale E & Sue Ellen dba Dale E.  
Jackson Production Co.  
2449 US HIGHWAY 7  
MAPLETON, KS 66754-9443

Re: Plugging Application  
API 15-011-21041-00-00  
ROGERS 31-19  
SE/4 Sec.31-23S-23E  
Bourbon County, Kansas

Dear Dale Jackson:

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 April 10, 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 3

(620) 432-2300