



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 ONE

AFFIDAVIT OF COMPLETION FORM

(REV) ACQ-1

This form shall be filed in duplicate with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within ten days after the completion of the well, regardless of how the well was completed.

Attach separate letter of request if the information is to be held confidential. If confidential, only file one copy. Information on side one will be of public record and side two will then be held confidential.

Circle one: (Oil) Gas, Dry, SWD, OWWO, Injection. Type and complete ALL sections. Applications must be filed for dual completion, commingling, SWD and injection.

Attach wireline logs (i.e. electrical log, sonic log, gamma ray neutron log, etc.). KCC # (316) 263-3238. (Rules 82-2-105 & 82-2-125)

OPERATOR KHYBER CORPORATION

ADDRESS 897 E. Goorman Avenue

Littleton, Colorado 80121

**CONTACT PERSON Doyle L. Scroggs

PHONE (303) 572-8449

PURCHASER _____

ADDRESS _____

DRILLING CONTRACTOR Lewis Drilling

ADDRESS Bronson, Kansas 66716

PLUGGING CONTRACTOR _____

ADDRESS _____

TOTAL DEPTH 330' PBTD _____

SPUD DATE 4-12-81 DATE COMPLETED 4-13-81

ELEV: GR _____ DF _____ KB _____

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

Amount of surface pipe set and cemented _____ DV Tool Used? _____

API NO. 15-011-21,108

COUNTY Bourbon

FIELD Mapleton Field

PROD. FORMATION Squirrel Sand

LEASE Rogers #31

WELL NO. #31-12

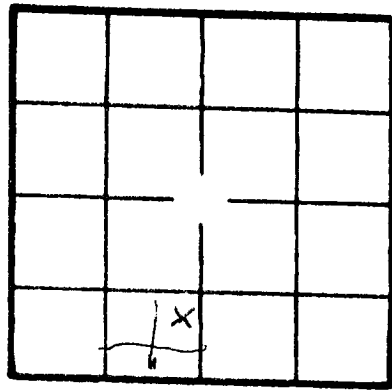
WELL LOCATION 1250' FWL, 950' FSL SW/4

1250 Ft. from west Line and

950 Ft. from south Line of

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

WELL FLAT



KCC _____
KGS _____
(Office Use)

AFFIDAVIT

STATE OF COLORADO, COUNTY OF DENVER SS, I, _____

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

USES THAT HE IS President (FOR)(OF) Khyber 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. 31-12 ON

SAID LEASE HAS BEEN COMPLETED AS OF THE 13th DAY OF April, 19 81, AND THAT

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

SIDE TWO

WELL LOG

Show all important zones or 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	17		
Shale	17	49		
Lime	49	51		
Shale	51	61		
Lime	61	62		
Shale	62	75		
Lime	75	86		
Shale	86	145		
Lime	145	151		
Shale	151	162		
Lime	162	183		
Shale	183	186		
Lime	186	191		
Shale	191	209		
Lime	209	210		
Shale	210	233		
Lime	233	249		
Shale	249	254		
Lime	254	260		
Shale	260	267		
Oil Sand	267	279		
Shale	279	311		
Lime	311	316		
Shale	316	330		

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	Sacks	Type and percent additives
Surface Casing	8 3/4"	6 5/8"	1.25 lb	20'	None	None	None
Production	5 1/4"	2 7/8"	6.5 lb	314.1	Portland	32	2% gel

LINER RECORD

Top, ft.	Bottom, ft.	Sacks cement

PERFORATION RECORD

Shots per ft.	Size & type	Depth interval
2	2 1/8 glass & aluminum strip jets	266-280

TUBING RECORD

Size	Setting depth	Packer set at

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

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 15-011-21108-00-00
ROGERS 31 31-12
SW/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