



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

Form	CP1 - Well Plugging Application
Operator	Vess Oil Corporation
Well Name	UNRUH CURTIS 1
Doc ID	1066608

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
5074	5089	Mississippi - OH	
5054	5064	Upper Mississippi - Perfs	



Laserlog

Gamma Ray Neutron

FILE NO.	COMPANY THE MAURICE L. BROWN COMPANY		
	WELL CURTIS UNRUH NO. 1		
	FIELD ALFORD EXT. (1/4 E)		
	COUNTY K I O W A	STATE	K A N S A S
LOCATION:		Other Services	
C-SW-SW		CV-CD	
SEC 23	TWP 30S	RGE	18W

Permanent Datum	GROUND LEVEL	Elev.	2197	KB	Elevations:
Log Measured from	KELLY BUSHING	5	Ft. Above Permanent Datum	DF	2200
Drilling Measured from	KELLY BUSHING			GL	2197

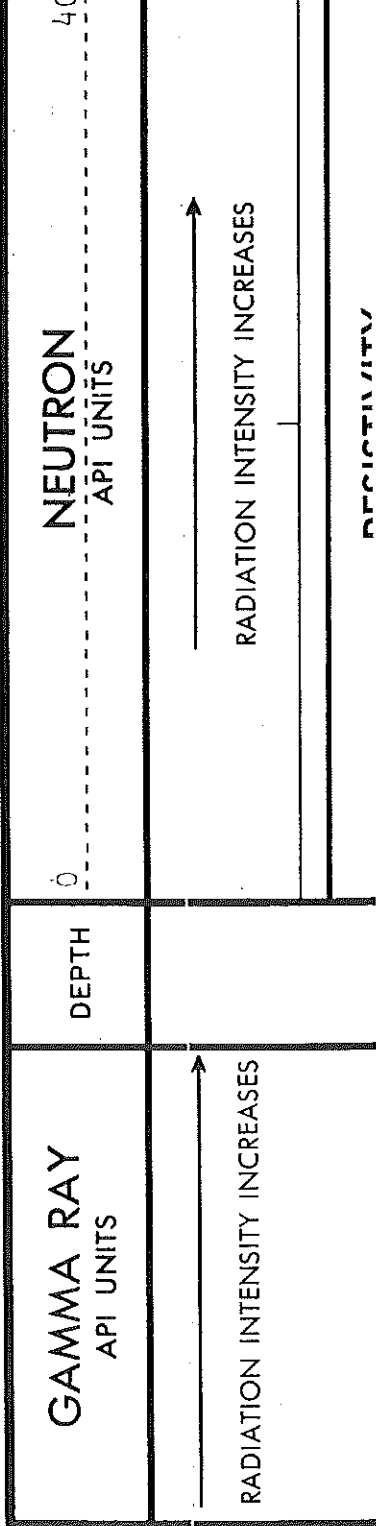
Date	10-14-78		
Run No.	ONE		
Depth—Driller	5093		
Depth—Logger	5086		
Bottom Logged Interval	5085		
Top Logged Interval	0		
Casing—Driller	8-5/8 @519		
Casing—Logger	526		
Bit Size	7-7/8"		
Type Fluid in Hole	STARCH MUD		
	@	@	@
Density and Viscosity	9.7	54	
pH and Fluid Loss	7.0	6.8cc	cc
Source of Sample	FLOWLINE		
Rm @ Meas. Temp.	.185 @ 68 °F	.101 @ 125 °F	@ °F
Rmf @ Meas. Temp.	.167 @ 68 °F	.091 @ 125 °F	@ °F
Rmc @ Meas. Temp.	.223 @ 68 °F	.121 @ 125 °F	@ °F
Source of Rmf and Rmc	MEAS	CALC	
Rm @ BHT	.101 @ 125 °F	@ °F	@ °F
Time Since Circ.	25.5 HRS.		
Max. Rec. Temp. Deg. F.	125	°F	°F
Equip. No. and Location	4049	GB	
Recorded By	KOMAREK		
Witnessed By	MR. COSTA		

FOLD HERE !

REMARKS F-CURVE PLOTTED THROUGH POTENTIAL ZONES.	Equipment Used				
	Series No.	1217	2402		
	Run No.	ONE	ONE		
	S.O.	92584	92584		
	Tool No.	28930	31967		
	Elec. No.	1	-		
	Panel No.	3451	2762		

	Equipment Data				
	Gamma Ray		Neutron		
	Run No.	ONE	ONE		
	Tool Model No.	2402	NTN		
	Diam.	3-5/8"	2402		
	Detect. Model No.	D6G4	3-5/8"		
	Type	SCINT	D6N3		
	Length	6"	SCINT		
	Dist. to N. Source	12'	2.5"		
	General		Source Model No.	S17R5	
	Hoist Truck No.	ML-4049	Serial No.	30211	
	Inst. Truck No.	-	Spacing	19.5"	
	Tool Serial No.	-	Type	AM:BE	
			Strength	4.5 CURIES	

Logging Data										
Gamma Ray					Neutron					
Run No.	Speed		T.C.	Sens.	Zero	API G.R.	T.C.	Sens.	Zero	API N.
	From	To								
1	5185	2500	2.0	792X1	1L	10	2.0	256X1	0	200
1	2500	0	.9	792X1	1L	10	.9	256X1	0	200

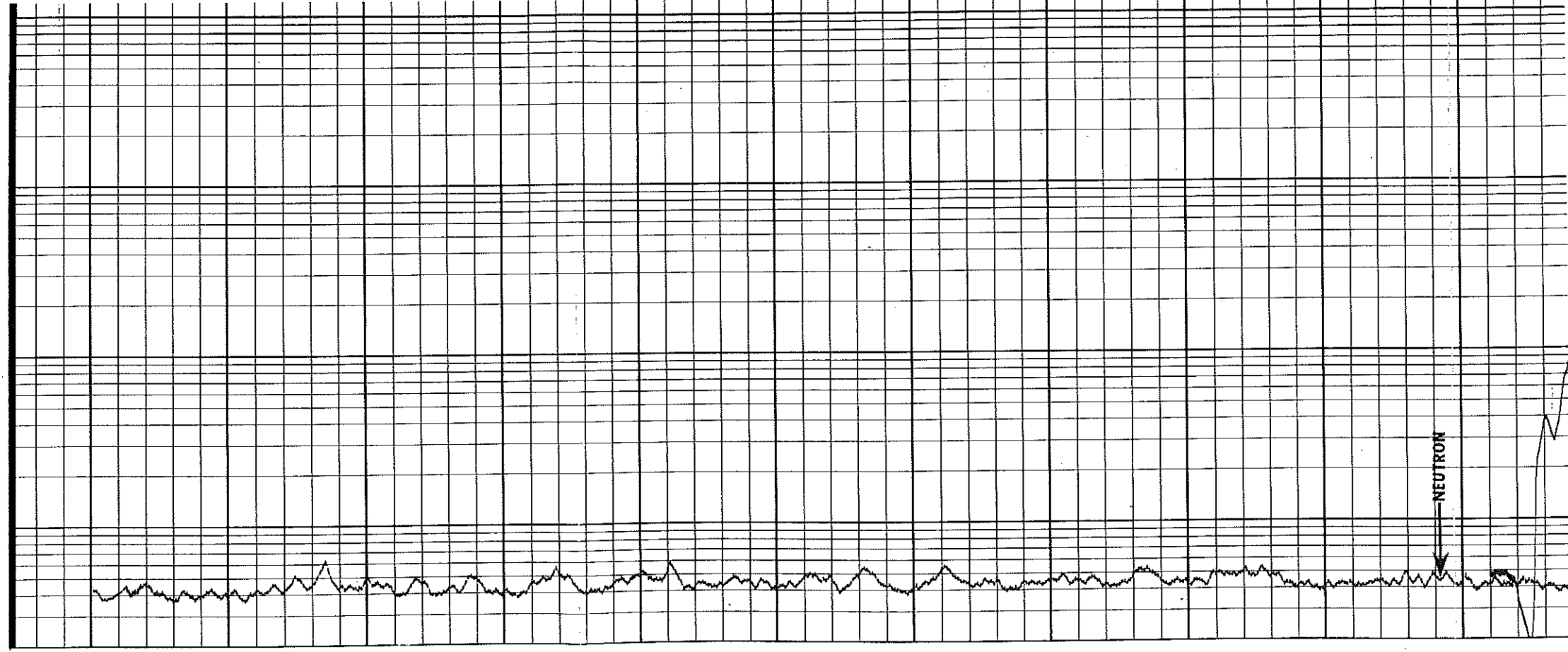


RADIATION INTENSITY INCREASES

RESISTIVITY
Ohm-m

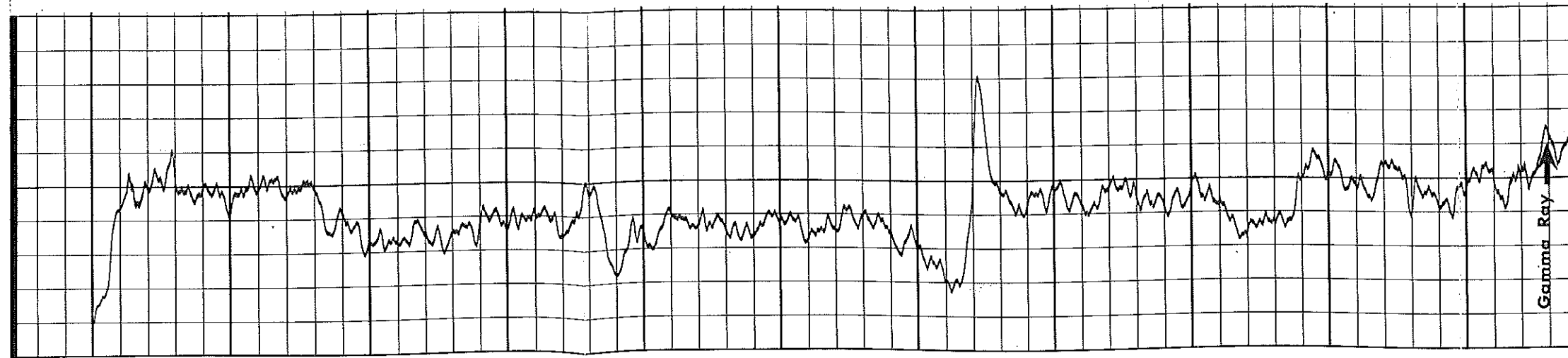
100
100
10
1.0
.2

2"=100
LR
SURF



RADIATION INTENSITY INCREASES

110
10





0600

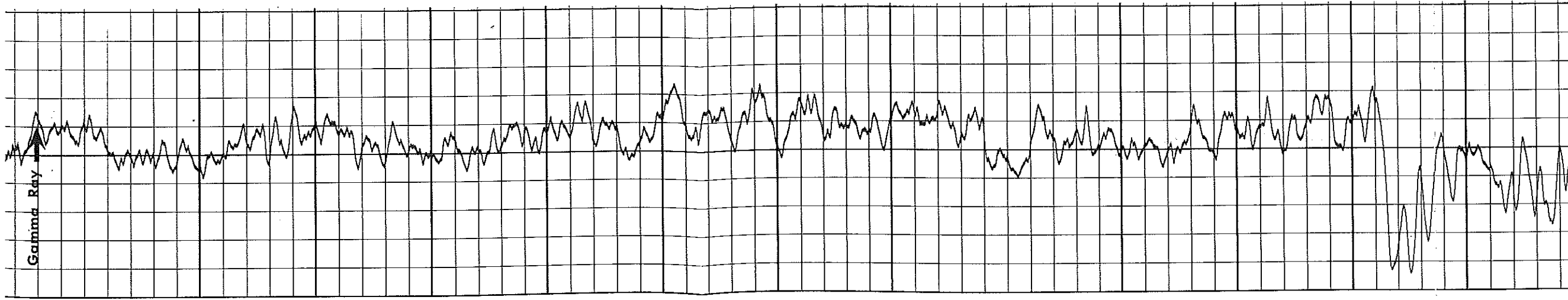
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0800

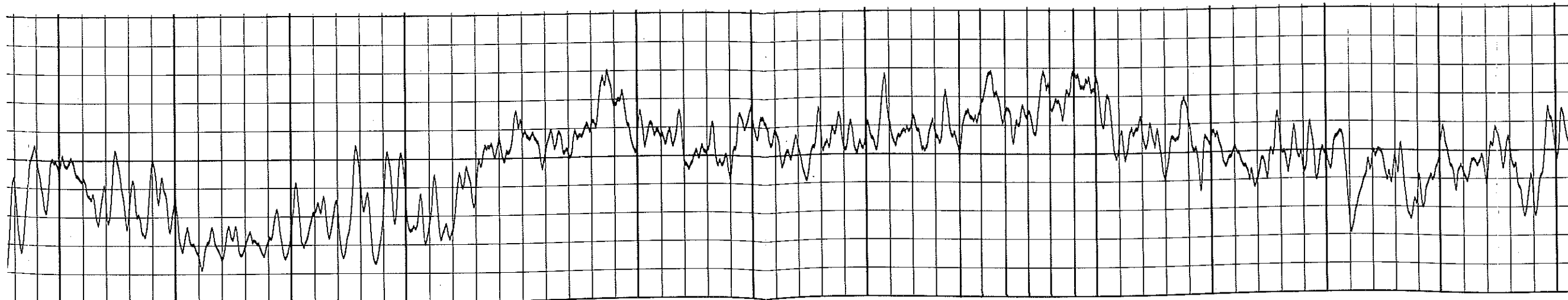
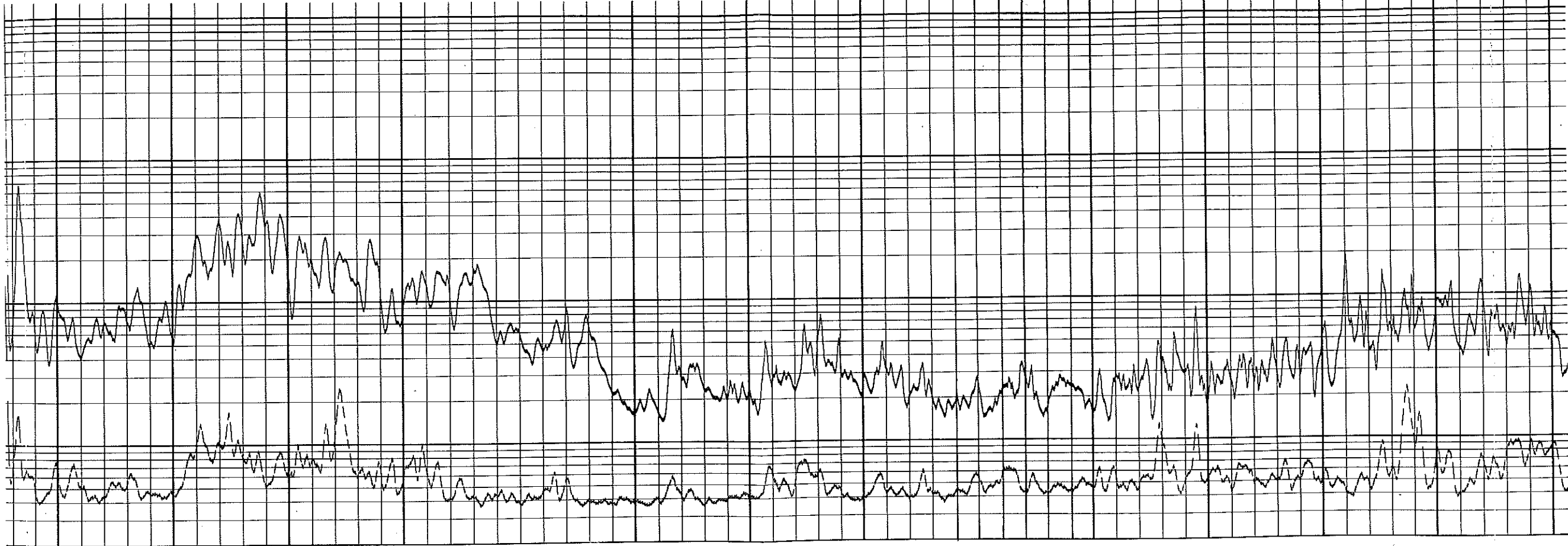
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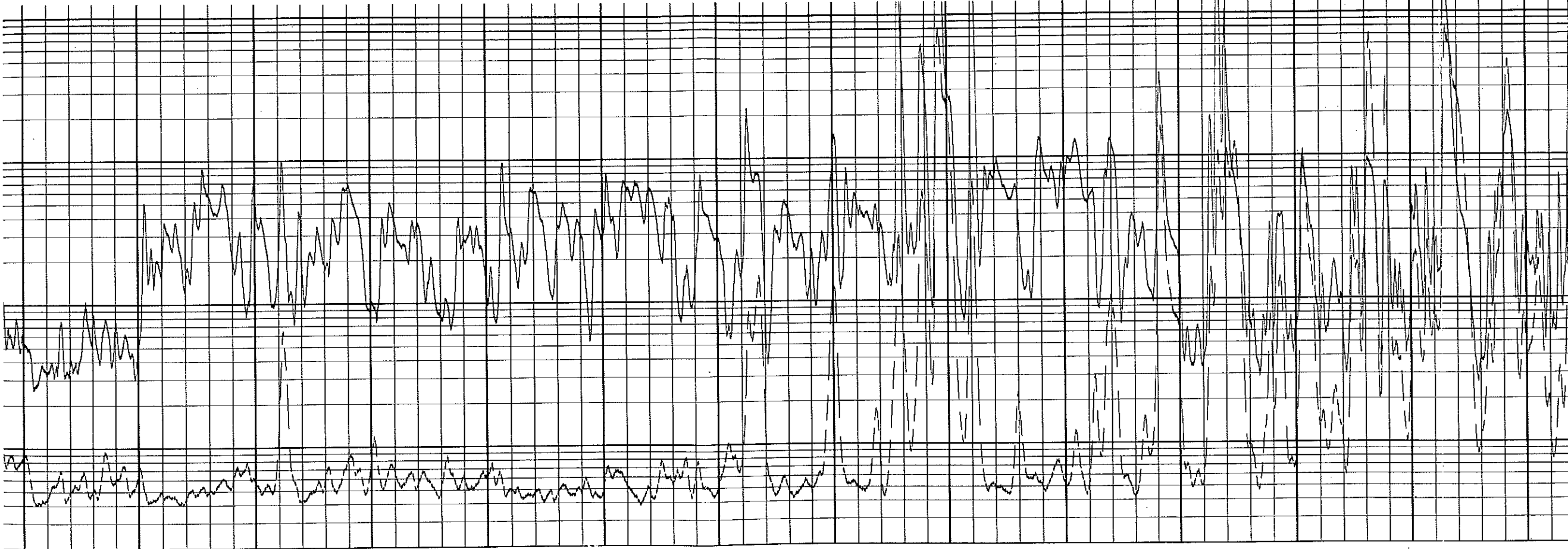
1000

1100

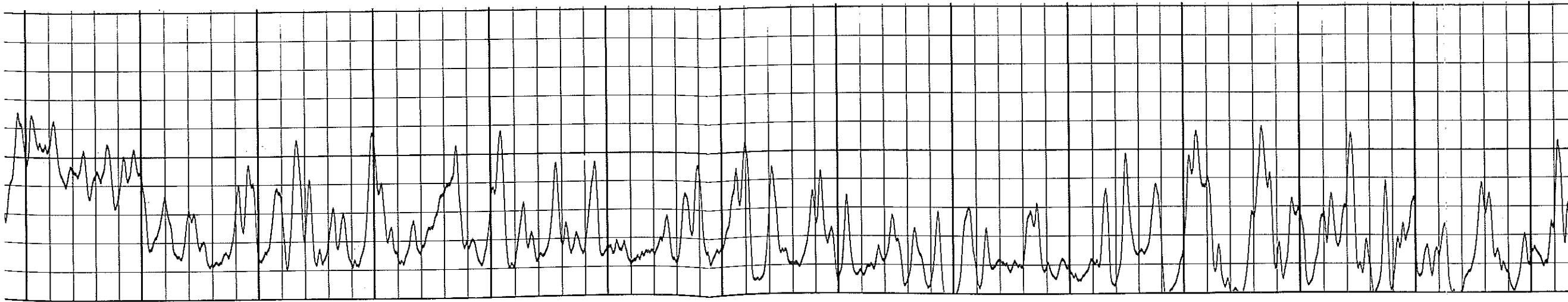


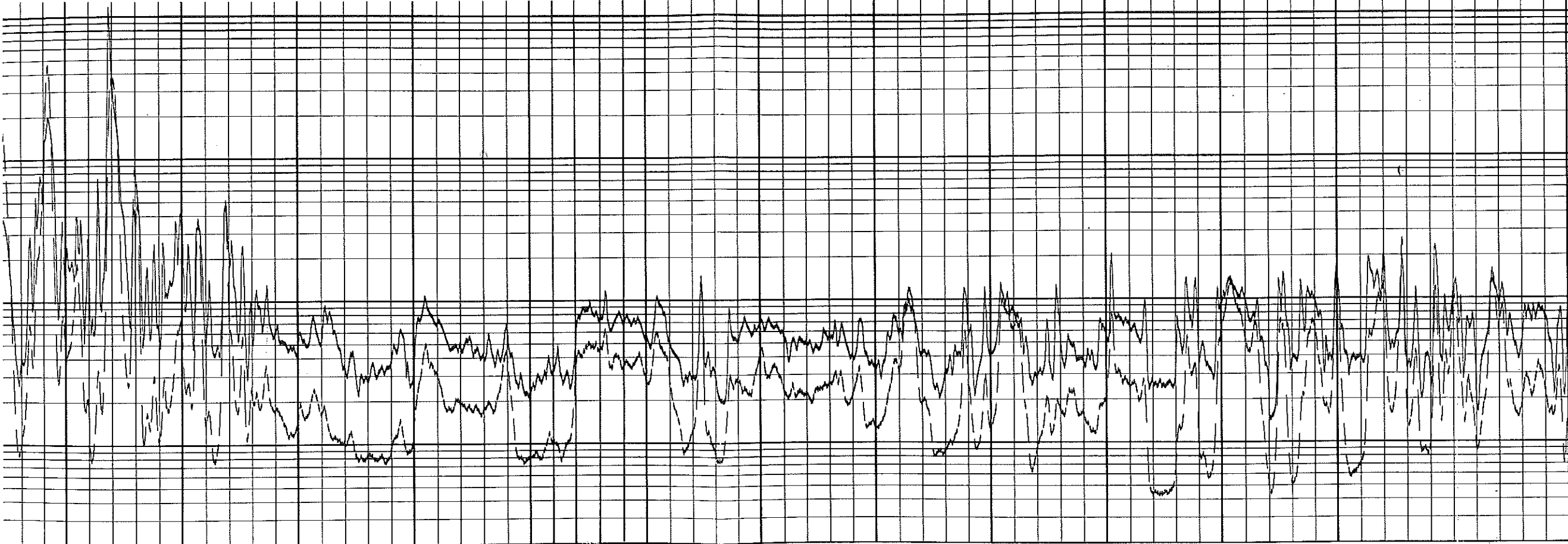
Gamma Ray





1800 1900 2000 2100 2200 2300 2400





2500

2600

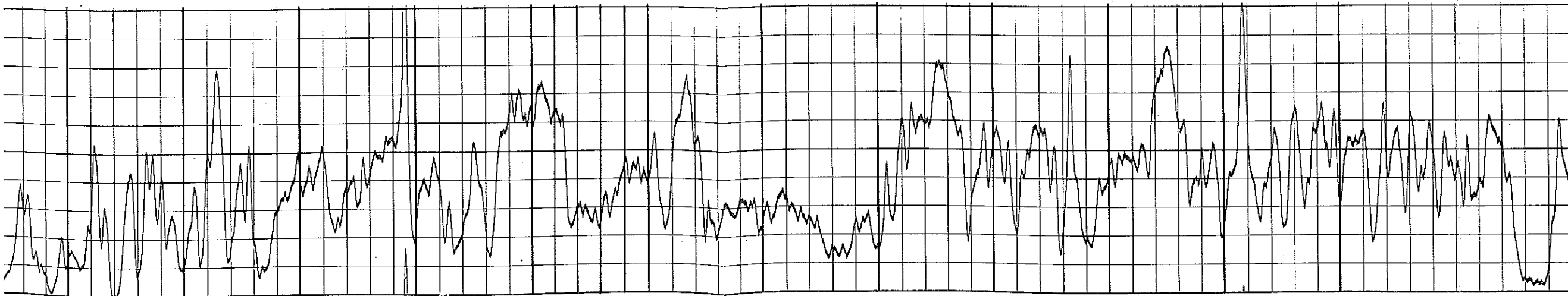
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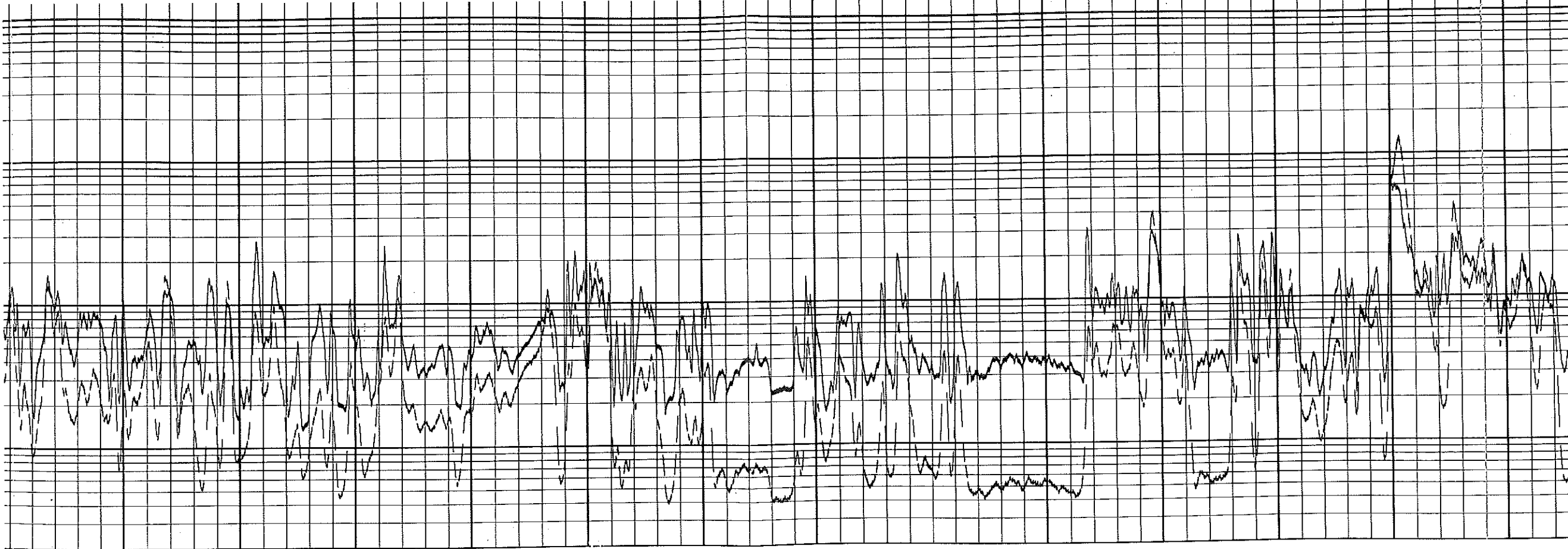
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2900

3000

3100





3100

3200

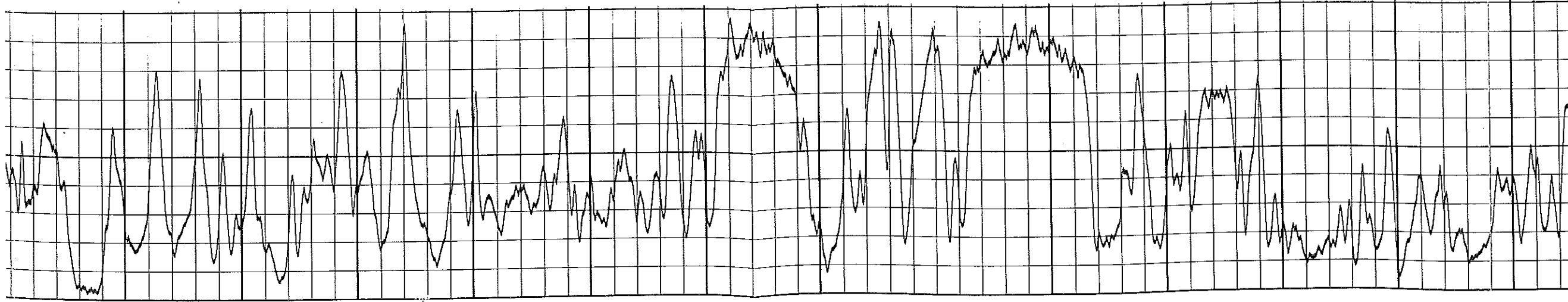
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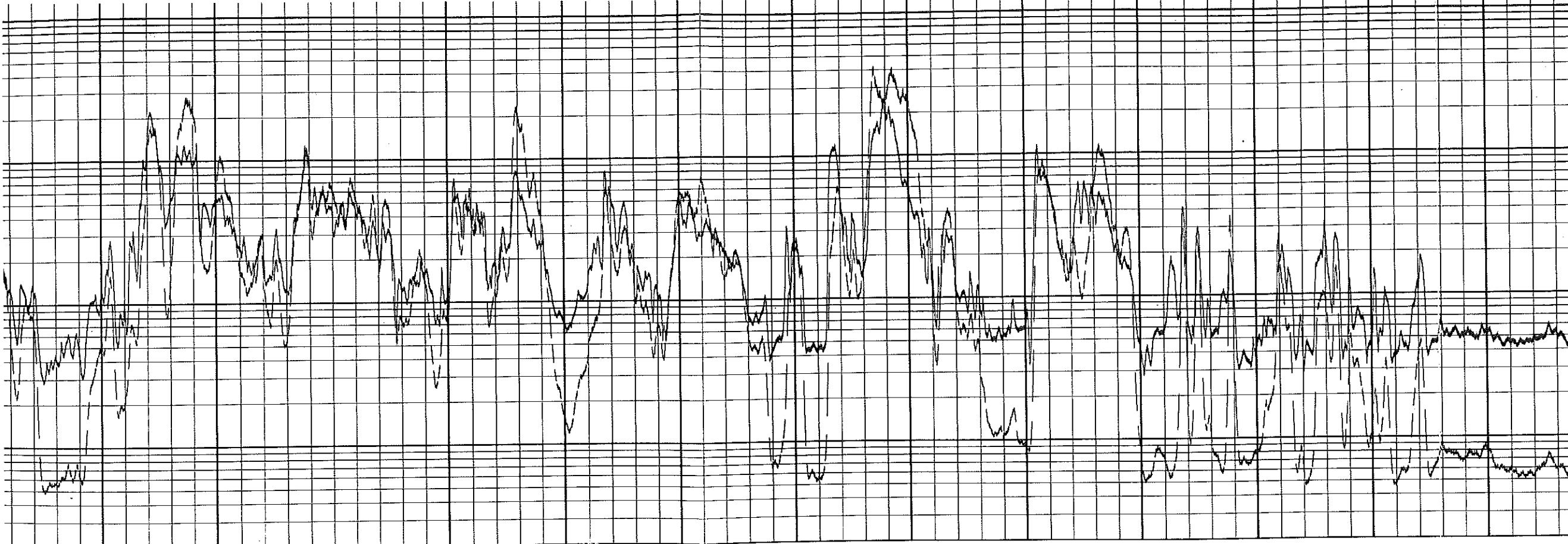
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3500

3600

3700





3800

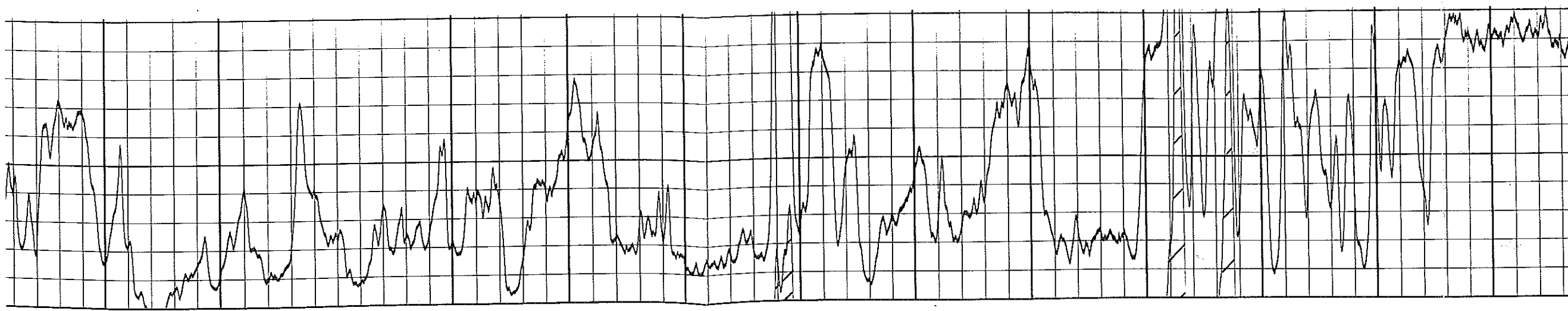
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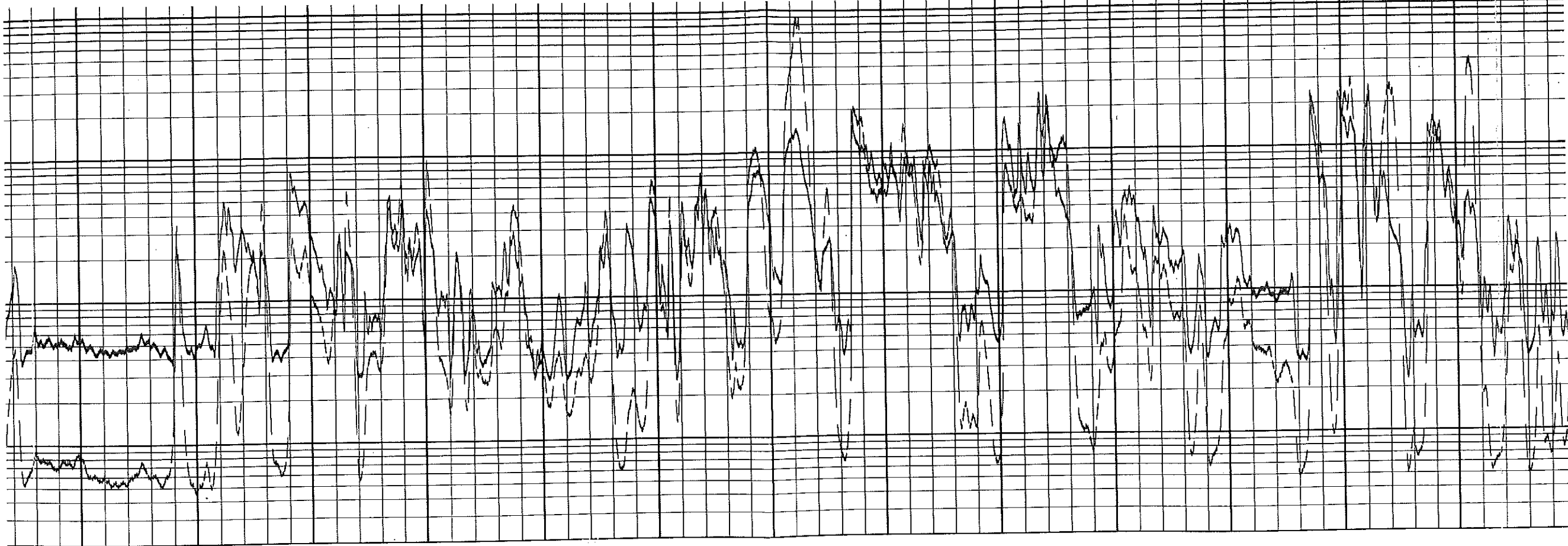
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4100

4200

4300





4400

4500

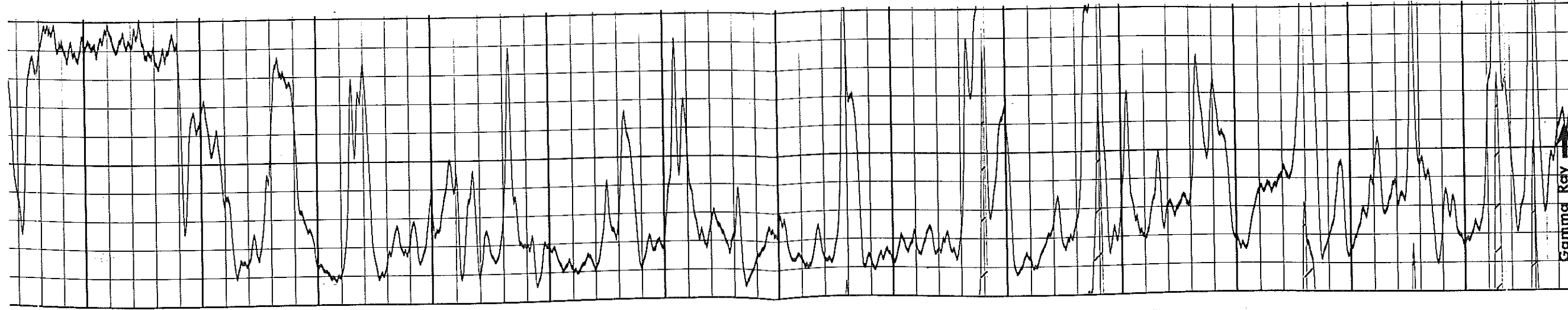
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4700

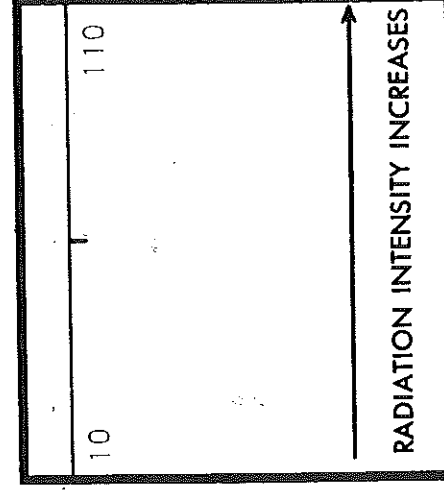
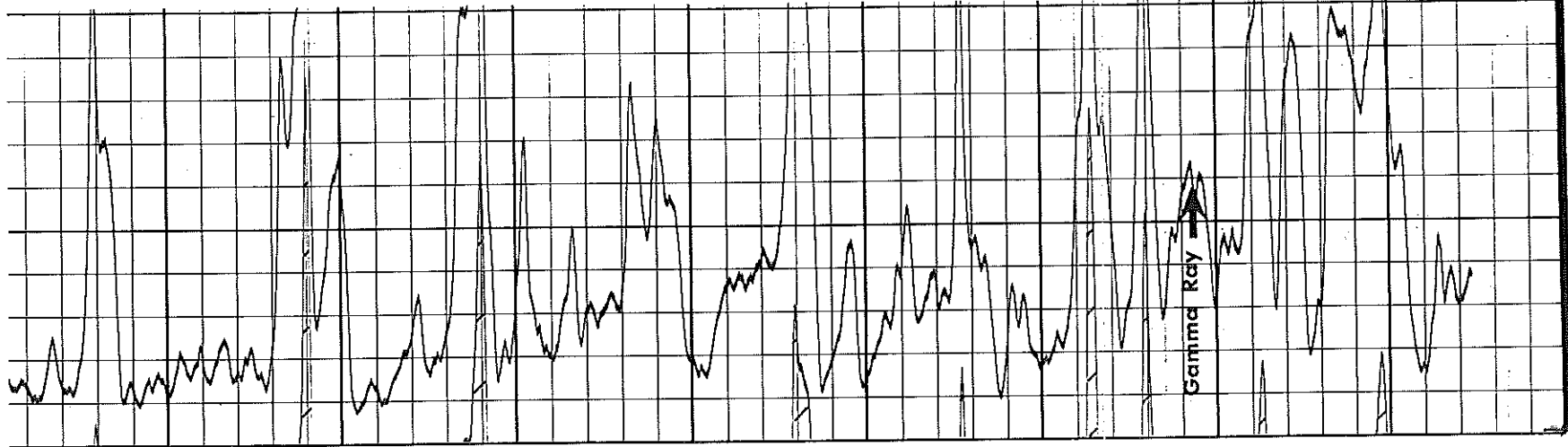
4800

4900

5000

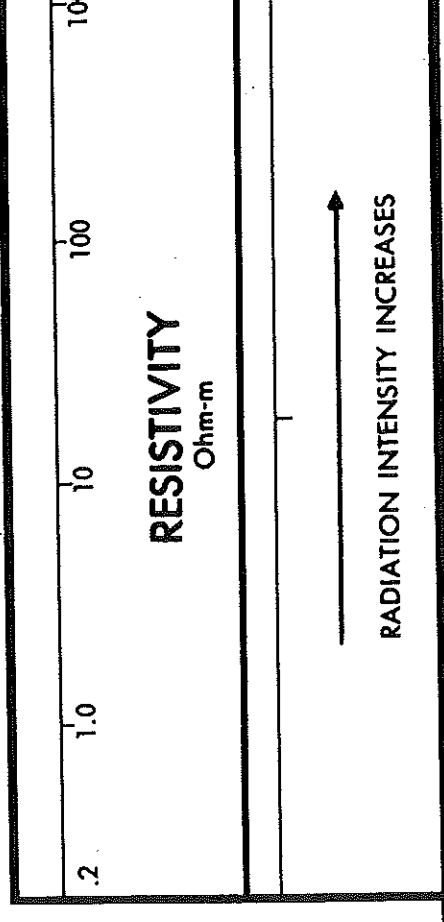
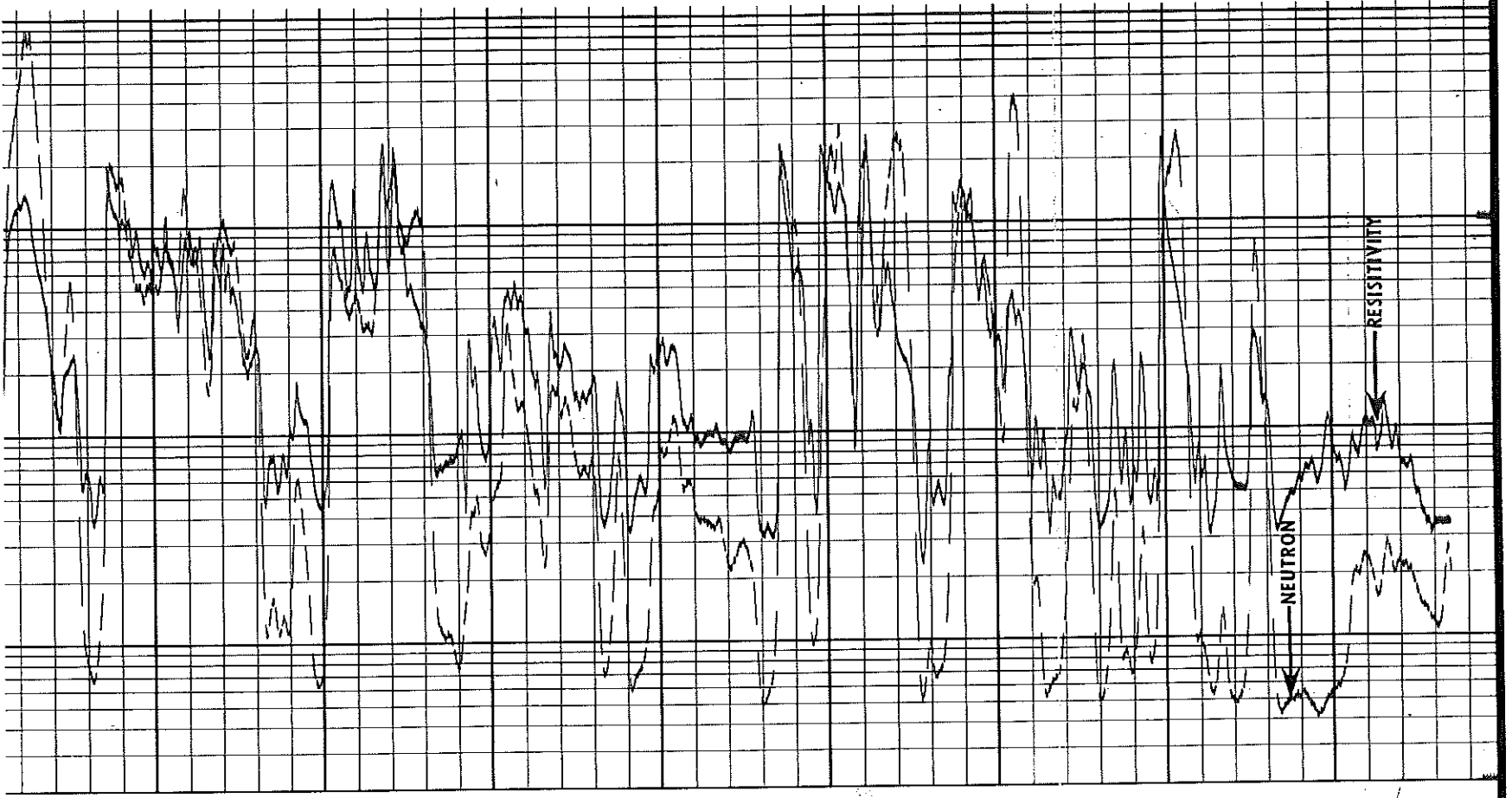


Gamma Ray ↑



GAMMA RAY
API UNITS

Company THE MAURICE L. BROWN COMPANY Drillers T.D. 5093



NEUTRON
API UNITS

Company THE MAURICE L. BROWN COMPANY Drillers T.D. 5093

4700

4800

4900

5000

10
110

2
1.0
10
100
1000

DEPTH

0
40

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

November 03, 2011

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

Re: Plugging Application
API 15-097-20498-00-00
UNRUH CURTIS 1
SW/4 Sec.23-30S-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 May 01, 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 1

(620) 225-8888