

Kansas Corporation Commission Oil & Gas Conservation Division

1067683

Form CP-1
March 2010
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 #:	API No. 1	API No. 15											
Name:			If pre 1967, supply original completion date:										
Address 1:	Spot Des	Spot Description:											
Address 2: City: State: Zip: + Contact Person:			SecTwp S. R EastWest Feet from North / South Line of Section Feet from East / West Line of Section										
								Phone: ()		Footages	Calculated from Neares		ier:
								Filone. ()		_			
			ame:										
		Loade No		von m.									
Check One: Oil Well Gas Well OG	D&A Cat	thodic Wate	r Supply Well Ot	ther:									
SWD Permit #:	ENHR Permit #:		Gas Storage	Permit #:									
Conductor Casing Size:	Set at:		Cemented with:		Sacks								
Surface Casing Size:	_ Set at:		Cemented with:										
Production Casing Size:	_ Set at:		Cemented with: Sacks										
Elevation: (G.L. / K.B.) T.D.: Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if addit Is Well Log attached to this application? Yes No	Casing Leak at:tional space is needed):			tone Corral Formation)									
Plugging of this Well will be done in accordance with K. Company Representative authorized to supervise plugging													
Address:	(City:	State:	Zip:	_+								
Phone: ()													
Plugging Contractor License #:		Name:											
Address 1:	A	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



Kansas Corporation Commission Oil & Gas Conservation Division

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Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 (C	Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License #	Well Location:				
Name:	SecTwpS. R East West				
Address 1:	County:				
Address 2:	Lease Name: Well #:				
City:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of				
Contact Person:	the lease below:				
Phone: () Fax: ()					
Email Address:					
Surface Owner Information:					
Name:	When filing a Form T-1 involving multiple surface owners, attach an additional				
Address 1:	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				
Address 2:	county, and in the real estate property tax records of the county treasurer.				
City: State: Zip:+					
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and a batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.				
☐ I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be loced. CP-1 that I am filing in connection with this form; 2) if the form to form; and 3) my operator name, address, phone number, fax, and ☐ I have not provided this information to the surface owner(s). I as KCC will be required to send this information to the surface owner(s).	cknowledge that, because I have not provided this information, the vner(s). To mitigate the additional cost of the KCC performing this				
task, I acknowledge that I am being charged a \$30.00 handling If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	fee with this form. If the fee is not received with this form, the KSONA-1				
Submitted Electronically					

ALLIED CEMENTING CO., LLC. 038318 Federal Tax I.D.# 20-5975804 REMITTO P.O. BOX 31 SERVICE POINT: RUSSELL, KANSAS 67665 Hussell TWP. RANGE SEC. JOB START JOB FINISH 200 AM 2:30 Am CALLED OUT ON LOCATION 180 LEASERIDLER WELLES" COUNTY STATE LOCATION H ANSAS N. TO RUR. #.2 OLD OR NEW (Circle one) CONTRACTOR AMERICAN Engle Right OWNER TYPE OF JOB COMPUCTOR HOLE SIZE 17 1/4 CASING SIZE 13 3/8 T.D. CEMENT AMOUNT ORDERED 225 Sx Com DEPTH TUBING SIZE 54 50# 55 G 3% cc DEPTH DRILL PIPE DEPTH 22 G26 FOOL LANDING JT 85/8 DEPTH C PRES. MAX MINIMUM COMMON @ 16.25-3656.25 MEAS. LINE SHOE JOINT POZMIX CEMENT LEFT IN CSG. @ <u>21.</u> 25 **GEL** @ 58,20-465,60 PERFS. CHLORIDE DISPLACEMENT ASC **EQUIPMENT PUMP TRUCK** CEMENTER GleNA ര HELPER Woody 412 0 **BULK TRUCK** @ DRIVER MARK 328 @ **BULK TRUCK** @ DRIVER @ 2.25 HANDLING, 886.38 TOTAL 5626,4F ROH 5 NEW JT'S OF SY # 135/8 08G/ Pecieved Circulation SERVICE Se+@ 220 Coment ul 285 8x Com. 370cc 28gel Disoloce 312 BAL HZO, & ShuT IN @ DEPTH OF JOB 1125,00 DID CIRCULATE PUMPTRUCK CHARGE 350# Cement **EXTRA FOOTAGE** TO SURFACE 0 @ <u>7,00</u> 238,00 MILEAGE @ MANIFOLD. 0 34 /36, ai @ 4/4 CHARGE TO: TOTAL 1499. W STREET CITY. STATE ZIP PLUG & FLOAT EQUIPMENT @ To Allied Cementing Co., LLC. @ You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was TOTAL done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL SALES TAX (If Any)

PRINTED NAME SIGNATURE Buseffuellenhu

TERMS AND CONDITIONS" listed on the reverse side.

7125144

DISCOUNT .

TOTAL CHARGES

IF PAID IN 30 DAYS

No.5303 F. 112

ALLIED CEMENTING CO., LLC. 038350

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665

SERVICE POINT:

DATE/0/29/// SEC	/ TWP//	RANGE 18W	CALLED OUT	ON LOCATION	JOB START	JOB FINISH	
LEASE PILLER G WE	LL# 2	LOCATION RIVER	Road		COUNTY	STATE	
OLD OR NEW (Circle		of the			~~~	A5_	
CONTRACTOR A	1	agle Rig#3	OWNER		_j		
TYPE OF JOB PT	7	2486	CIETA ESTA PER	'.			
2.01.0			_ CEMENT _ AMOUNT ORD		0 40 4	7 6-1	
CASING SIZE DEPTH TUBING SIZE DEPTH			AMOUNT ORI	PERED 1	790	18 6347	
DRILL PIPE 4/2 DEPTH			ZZ 7/4	4 3000			
TOOL		PTH					
PRES. MAX MINIMUM			COMMON		_@		
MEAS. LINE SHOE JOINT			POZMIX		@		
CEMENT LEFT IN CSC	3. ·		GEL	1.1	@		
PERFS.			CHLORIDE_	-	@		
DISPLACEMENT			ASC		@		
	EQUIPMENT	Γ			.@		
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PUMP TRUCK CEM	ENTER		-		_@		
	PER				_@^		
BULK TRUCK	1,01				_@		
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CHARGE TO: Vea	ture Re	T PSAUSTES					
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To Allied Cementing	Co., LLC	•			_@	. ——	
You are hereby reques	sted to rent ce	menting equipment		······································	@ _@		
and furnish cementer	and helper(s)	to assist owner or					
contractor to do work	as is listed. T	The above work was					
done to satisfaction as	nd supervision	of owner agent or			TOTAL	· 	
contractor. I have rea	d and underst	and the "GENERAL	041F0F44				
TERMS AND COND	ITIONS" liste	ed on the reverse side	SALES TAX (II	Any)			
			TOTAL CHARG	GES			
DOINTED NAME		•	DISCOUNT		IL DAI	D IN 30 DAVS	
PRINTED NAME	· · · · · · · · · · · · · · · · · · ·		DJSCOUNT		IF FAI	E INCOUNTS	
SIGNATURE A	11 1			-			
SIGNATURE KINDS	<u> </u>	916 Cd					

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/

Sam Brownback, Governor

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

November 14, 2011

Greg Mackey Venture Resources, Inc. 2255 S WADSWORTH, STE 205 LAKEWOOD, CO 80227

Re: Plugging Application API 15-051-26183-00-00 Ridler G SWD #2 SW/4 Sec.01-11S-18W Ellis County, Kansas

Dear Greg Mackey:

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 12, 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 4

(785) 625-0550