



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	Apollo Energies, Inc.
Well Name	INEZ BEAN 1-4
Doc ID	1073299

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4595	5499	lansing	
4871	4872	lansing	
5122	5123	lansing	
5240	5320	mississippi	

4-325-19W
SE SW NE
033-21027 0000
COPY

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACQ-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 6528

Name: R. J. Patrick Operating Company

Address: P O Box 1157

City/State/Zip: Liberal, Kansas 67905-1157

Purchaser: Kansas Gas Supply

Operator Contact Person: R. J. Patrick

Phone: (316) 624-8483

Contractor: Name: Duke Drilling Co. Inc.

License: 5929

Wellsite Geologist: Marvey Harvey

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

09/10/99 09/23/99 10-05/99
Spud Date Date Reached TD Completion Date

API NO. 15- 033-21027 0000

County Comanche County, Kansas

SE/4 SW/4 NE/4 Sec. 4 Twp. 32 Rge. 19 E W

2310 Feet from S (circle one) Line of Section

1650 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 SE, NW or SW (circle one)

Lease Name Inez Bean Well # 1-4

Field Name Wildcat

Producing Formation Mississippian

Elevation: Ground 2115' Z122 KB 2123' Z130

Total Depth 5370' PBD 5359'

Amount of Surface Pipe Set and Cemented at 682 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 682
surface after

feet depth to 1" from 145' w/ 425 sx cmt.

Drilling Fluid Management Plan AH. 1, 4-13-00 use
(Data must be collected from the Reserve Pit)

Chloride content 7000 ppm Fluid volume 630 bbls

Dewatering method used settled water & hauled

Location of fluid disposal if hauled offsite: _____

Operator Name KBW Oil & Gas

Lease Name Harmon SWD License No. 5993

NW Quarter Sec. 11 Twp. 33S Rng. 20W E/W

County Comanche Docket No. 22304

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidential information in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached to this form. **TICKETS MUST BE ATTACHED.** Submit CP-4 form with all plugged wells. Submit CP-11 form with all temporary plugged wells.

K.G.S. LIBRARY

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature R.J. Patrick

Title Owner Date 3-27-2000

Subscribed and sworn to before me this 27th day of MARCH, 2000.

Notary Public Jayn Berry

04-04-2000

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify)

NOTARY PUBLIC
JAYN BERRY
NOTARY PUBLIC
STATE OF KANSAS
My Admt. Expires: 6-2-2000

Operator Name R. J. Patrick Operating Company Lease Name Inez Bean Well # 1-4
 Sec. 4 Twp. 32 Rge. 19 East West county Comanche County, Kansas

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner Shale	4364	-2234
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Toronto	4372	-2242
List All E. Logs Run: Dual Induction-Dual Compen. Porosity-Micro-Compensated Sonic and Geological Log.		Lansing	4565	-2435
		Marmaton	5026	-2896
		Pawnee	5110	-2980
		Ft. Scott	5142	-3012
		Cherokee Shale	5153	-3023
		Mississippi	5232	-3102

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Conductor	17-1/2"	13-3/8"	54#	285'	Lite Common	100 200	3% CC
Surface	12-1/4"	8-5/8"	24#	685'	65/35 Poz class A	225 200	3%CC 2%Ge1
Production	7-7/8"	4-1/2"	10.5#	5370'	50/50 Poz	310.	18% salt

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	
		Amount	Depth
2	5314 to 5320 - 5290 to 94+5240 to 46'	1500 gals MCA	5240-5320
2	5122 to 26	1000 gals MCA	5122-26
4	4871 to 72	250 gals MCA	4871-72
4	4595 to 99	500 gals MCA	4595 to 99

TUBING RECORD		Size 2 3/8	Set At 5260	Packer At 5264	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First, Resumed Production, SWD or Inj. 10/27/99		Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)						
Estimated Production Per 24 Hours	Oil 0	Bbls.	Gas 1219	Mcf	Water 0	Bbls. 0	Gas-Oil Ratio	Gravity / GAS 604

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Duelly Comp. Commingled Other (Specify) _____

Production Interval _____



CEMENT BOND LOG

FILE COMPANY R. J. PATRICK OPER. CO.
WELL BEAN #1-4
FIELD WILDCAT
COUNTY COMANCHE
STATE KANSAS

LOCATION: SE-SW-NE

OTHER SERVICES:

SEC. 4 TWP. 32S RGE. 19M
PERM. DATUM: GROUND LEVEL ELEV. 2122
LOG MEASURED FROM K.B. 8 FT. ABOVE PERM. DATUM ELEV. : K.B. 2130
D.RILLING MEASURED FROM K.B. DATE: 9-28-99
G.L. 2122

DEPTH DRILLER ONE
DEPTH LOGGER 5370
BTM. LOG INTERVAL 5359
TOP. LOG INTERVAL 3950
OPEN HOLE SIZE 7 7/8
TYPE FLUID WATER
DENS. 1 VISC.
MAX. REC. TEMP. 4080
EST. CEMENT TOP 11:30
TIME WELL READY 12:10
EQUIP. NO. 680
LIBERAL
LOCATION D. BURNS
RECORDED BY MR. PATRICK
WITNESSED BY

BOREHOLE RECORD
RUN NO. BIT FROM TO SIZE WGT. TUBING RECORD FROM TO
CASING RECORD
SURFACE STRING SIZE WT/FT GRADE TYPE JOINT TOP BOTTOM
PROD. STRING
LINER

K. G. S. LIBRARY

FOLD HERE

STRING	SURFACE		PRIMARY CEMENTING DATA		PROTECTION		PRODUCTION	LINER
VOL. OF CEMENT								
TYPE OF CEMENT								
ADDITIVE								
ADDITIVE BY %								
RETARDER								
RETARDER BY %								
WT. OF SLURRY								
WATER LOSS								
MUD TYPE								
MUD WT.								
BORE HOLE RECORD			CASING RECORD					
BIT SIZE	FROM	TO	CSG. SIZE	WT.	FROM	TO	CENTRALIZED INTERVAL:	
12 1/4	SURF.	687	8 5/8		SURF.	687		
7 7/8	687	5370	4 1/2		SURF.	T.D.	SCRATCHED INTERVAL:	
OPEN PERFORATIONS: NONE								
SERVICE TICKET NO. 50035			REMARKS: GOOD BOND CUTOFF IS 10MV. RESET +4' TO O.H. LOG. THANKS FOR CALLING ROSEAL					

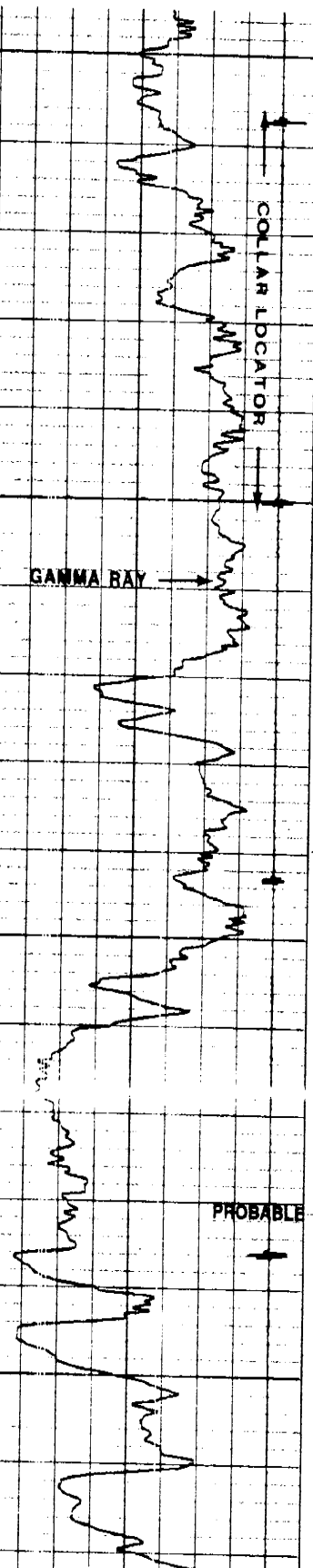
0 GAMMA RAY 150
150 X 2 300

DEPTHS

AMPLITUDE
& TRANSIT TIME

0 — AMPLITUDE (mv) — 100
0 — — AMPLIFIED AMP.(mv) — — 20
700 — — — TRANSIT TIME — — — 200

200 MICROSECONDS 1200



4000

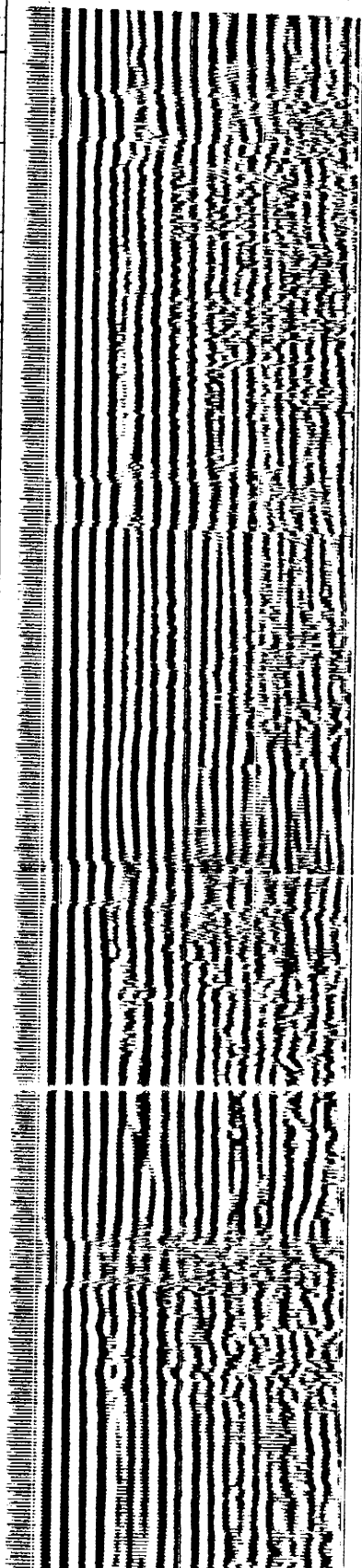
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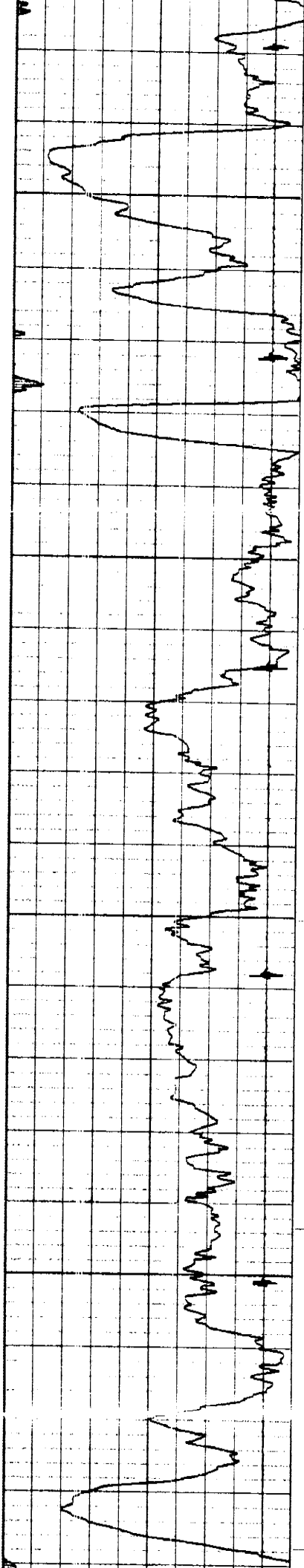
TRANSIT TIME →

AMPLIFIED AMP →

PROBABLE CEMENT TOP

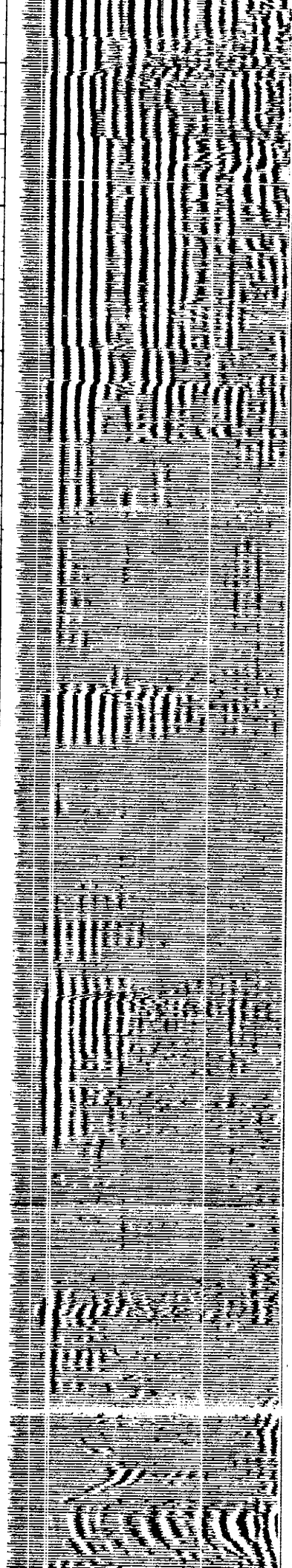
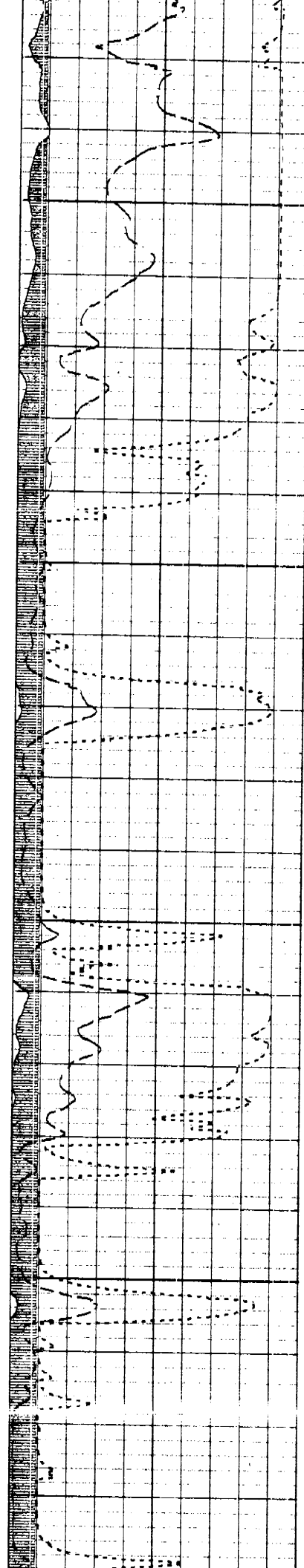
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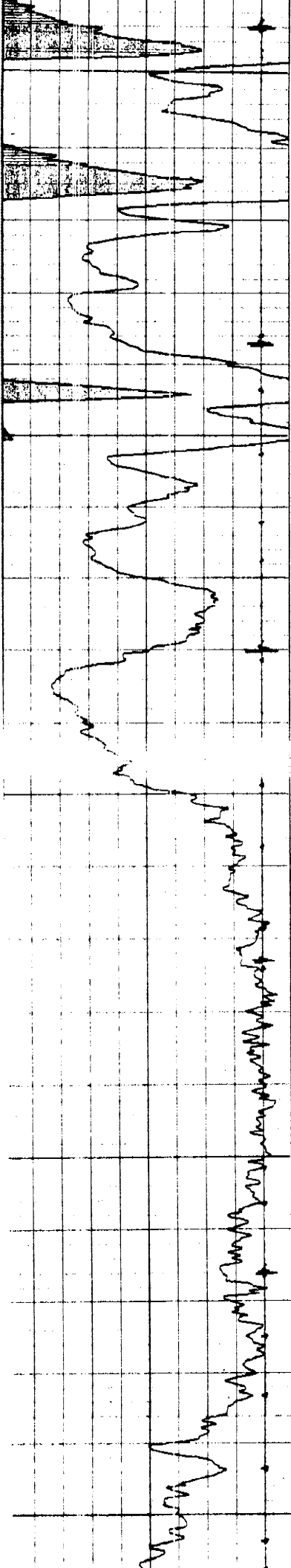




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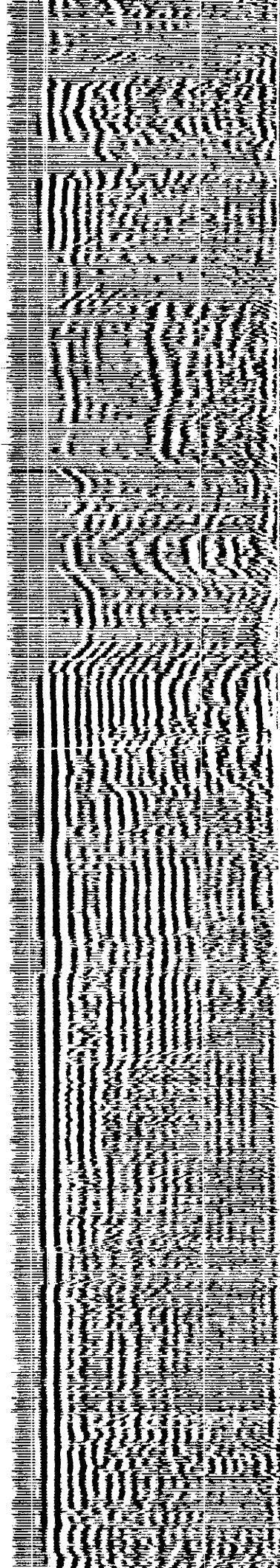
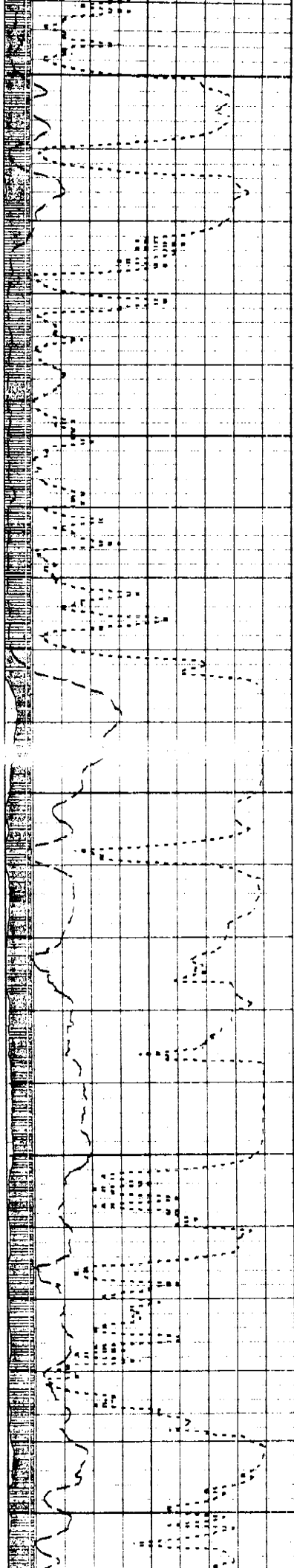
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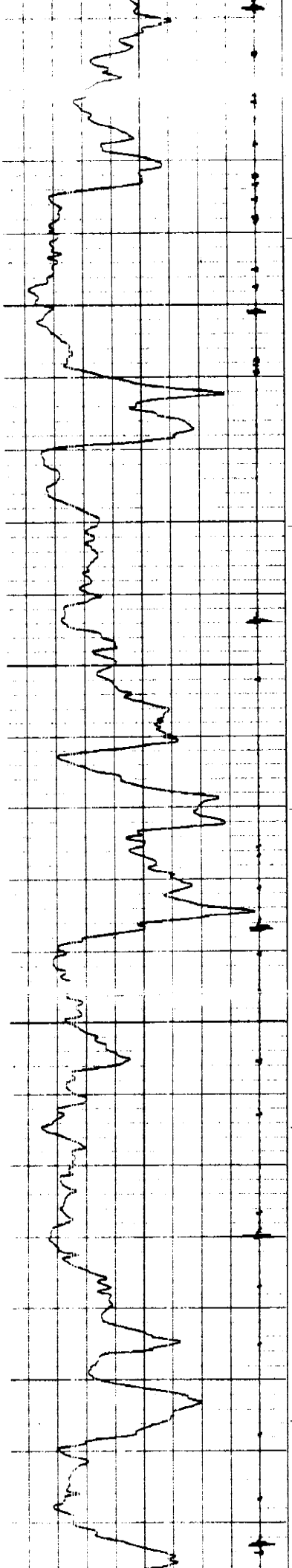




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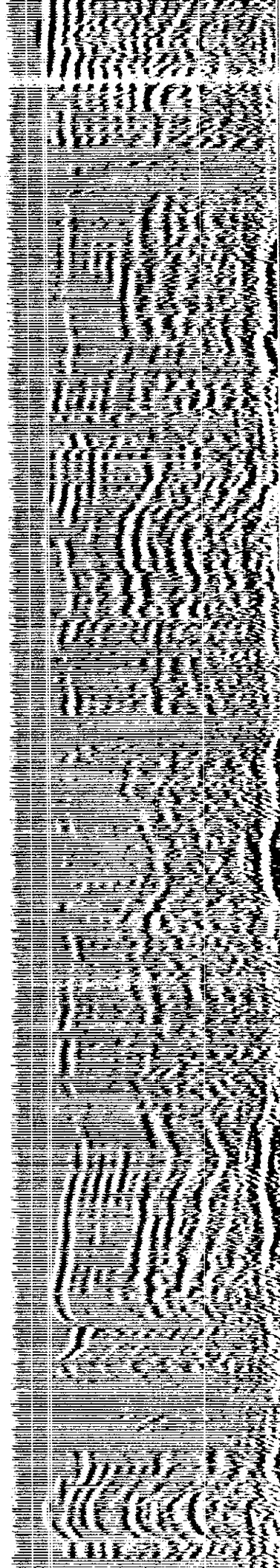
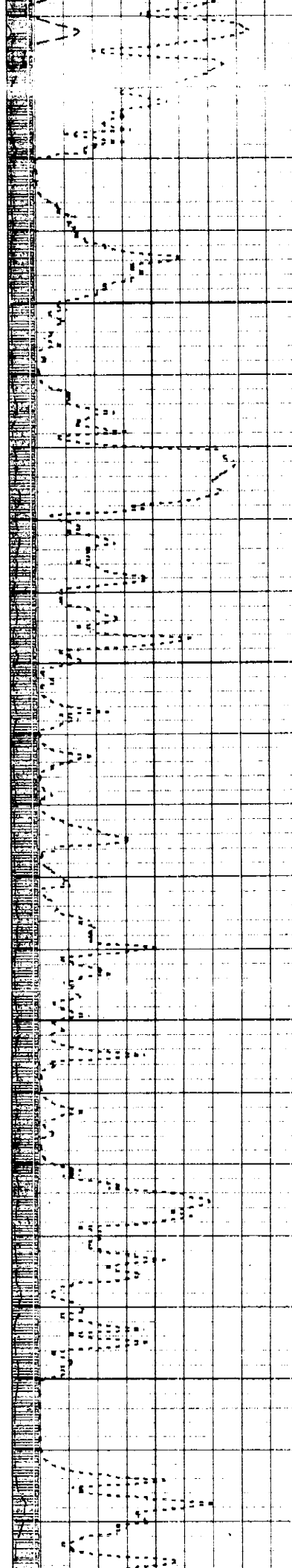
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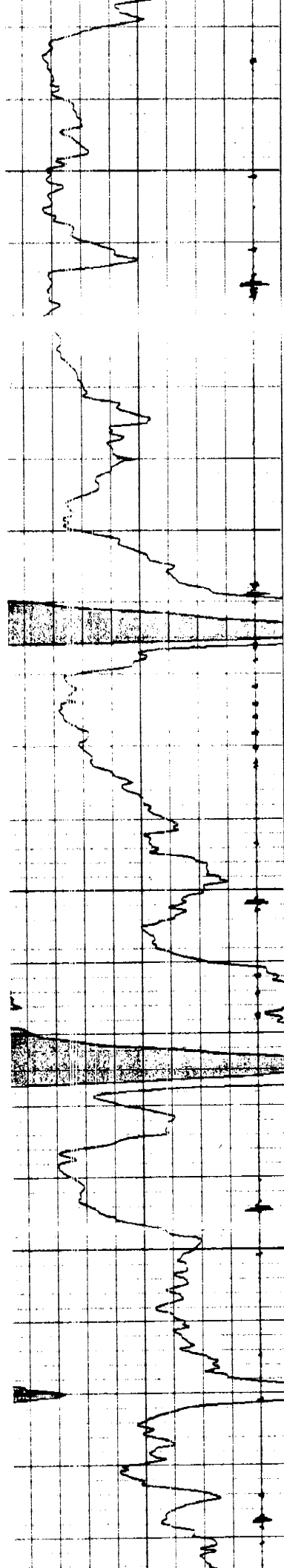




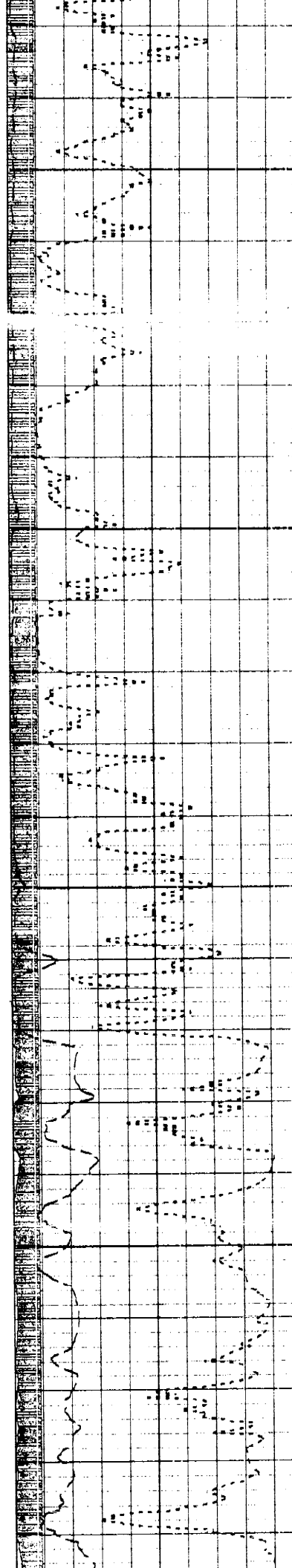
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4700

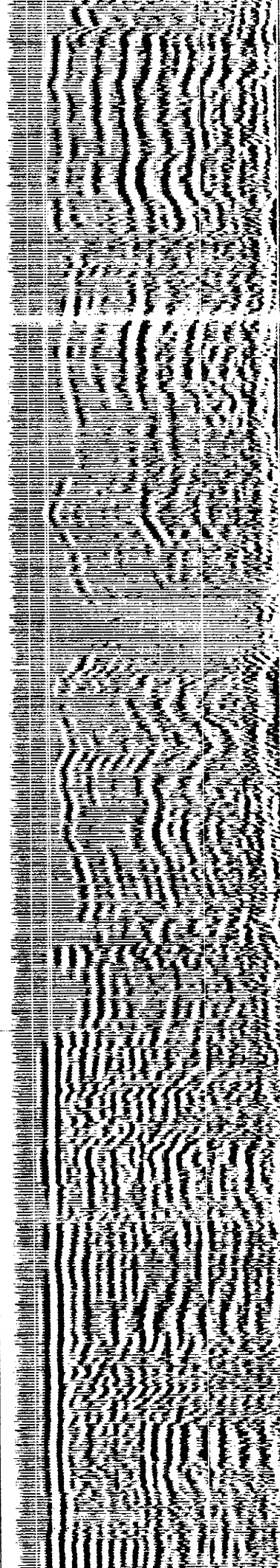


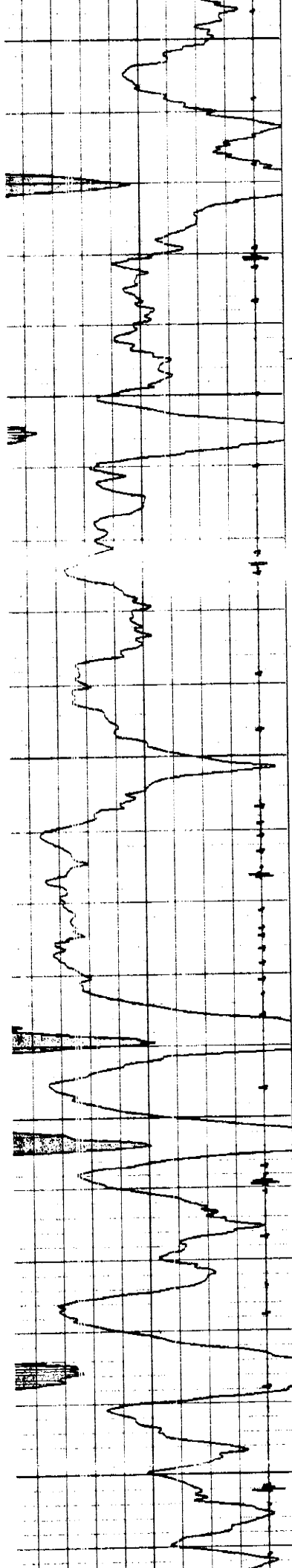


4800



4900

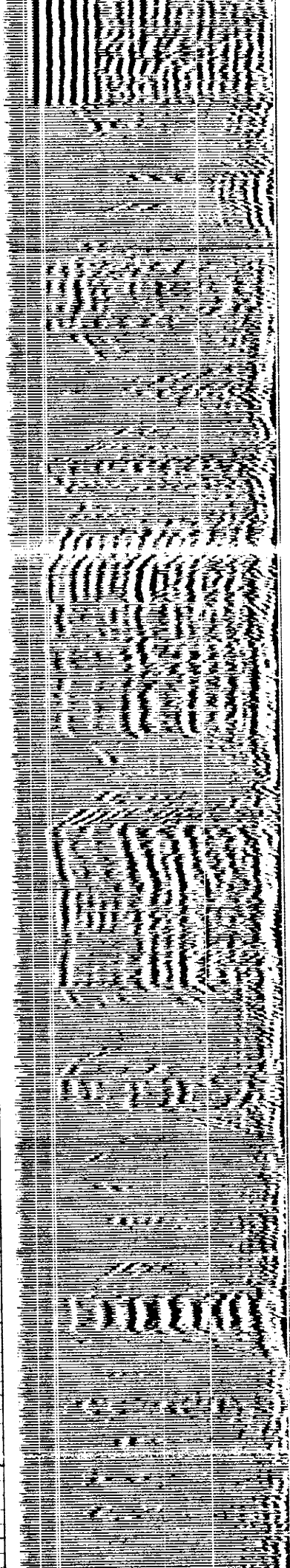
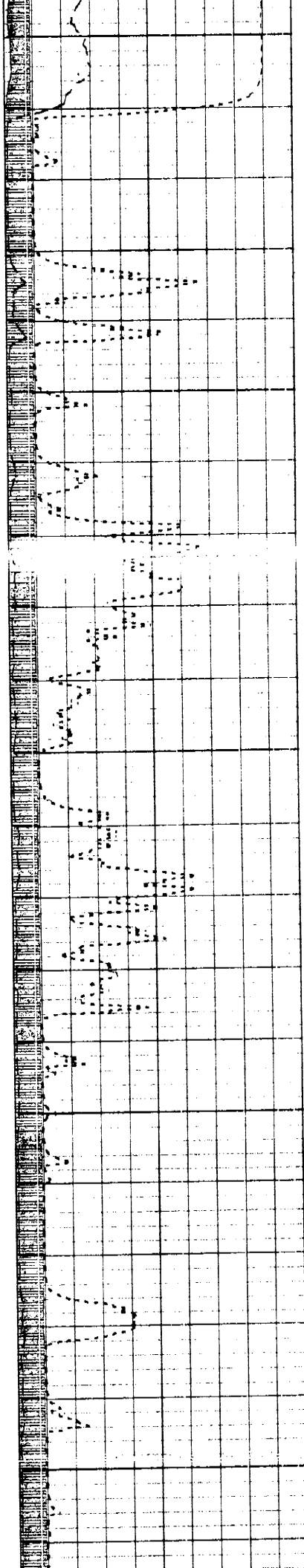


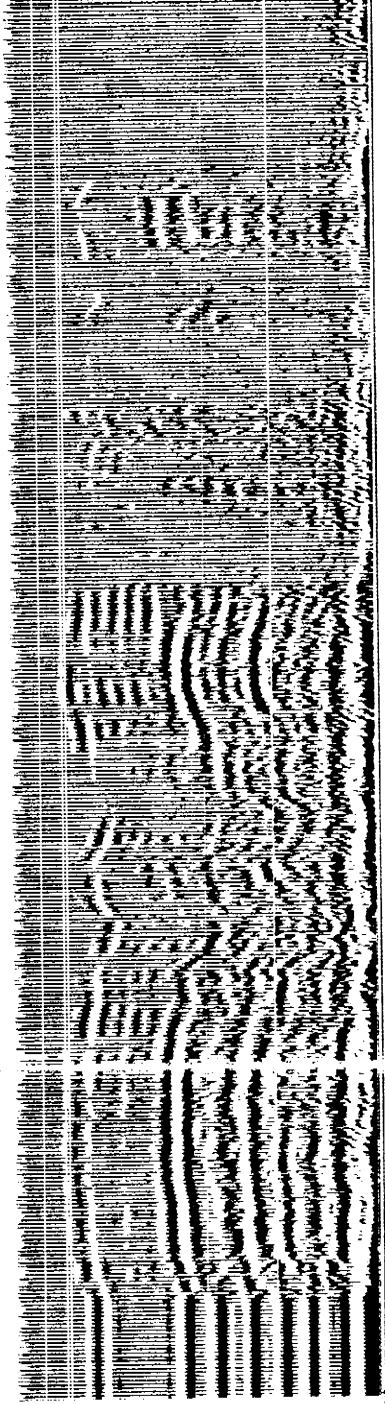
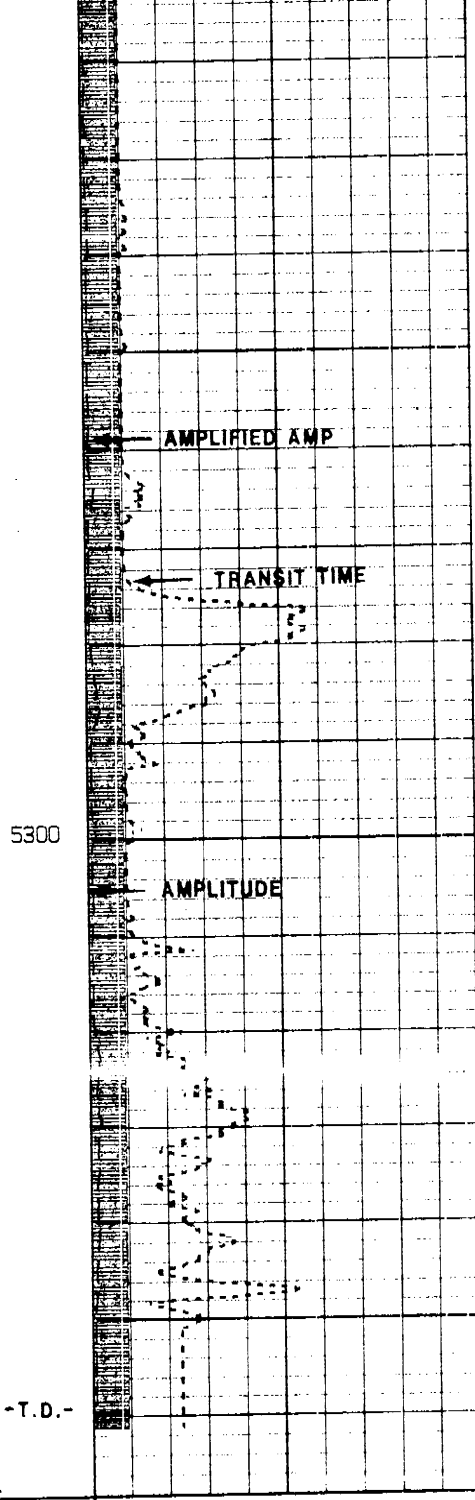
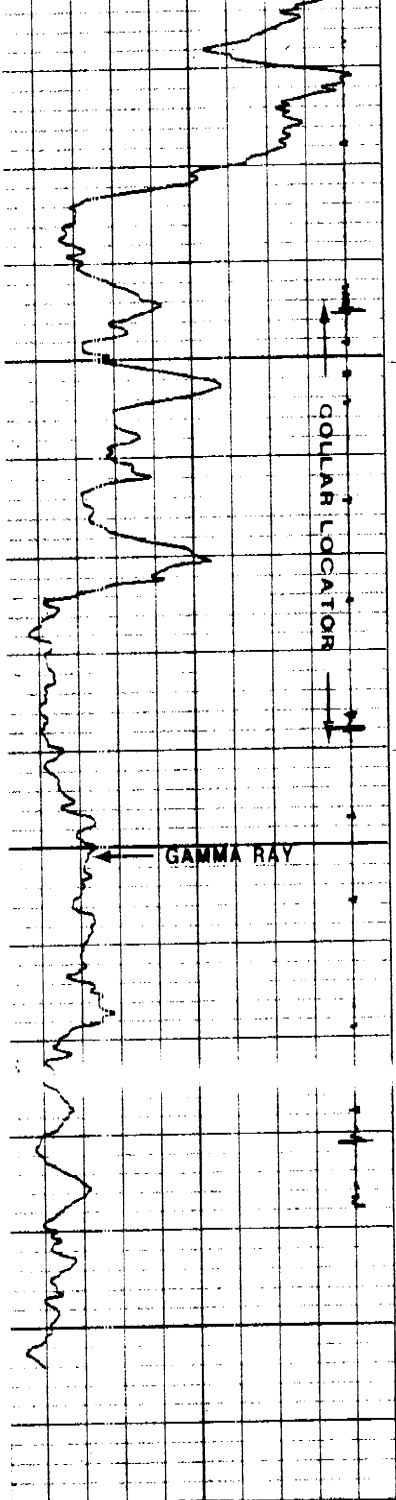


5000

5100

5200





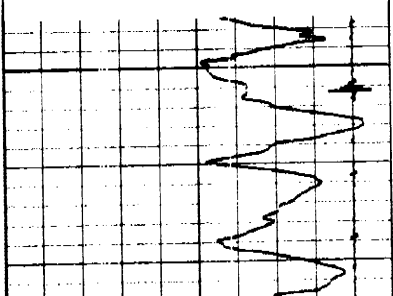
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 150 X 2 300

DEPTHS

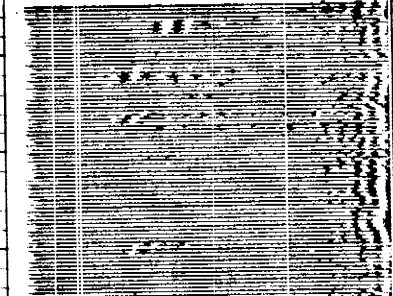
AMPLITUDE
& TRANSIT TIME

0 ——— AMPLITUDE (mv) ——— 100
 0 - - - AMPLIFIED AMP.(mv) - - - 20
 700 - - - TRANSIT TIME - - - 200

200 MICROSECONDS 1200



5200
 REPEAT

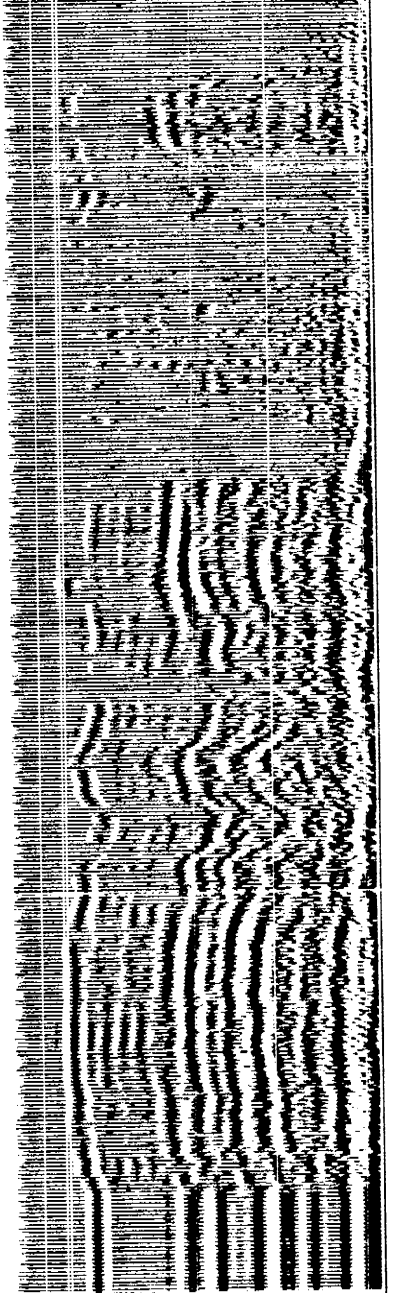
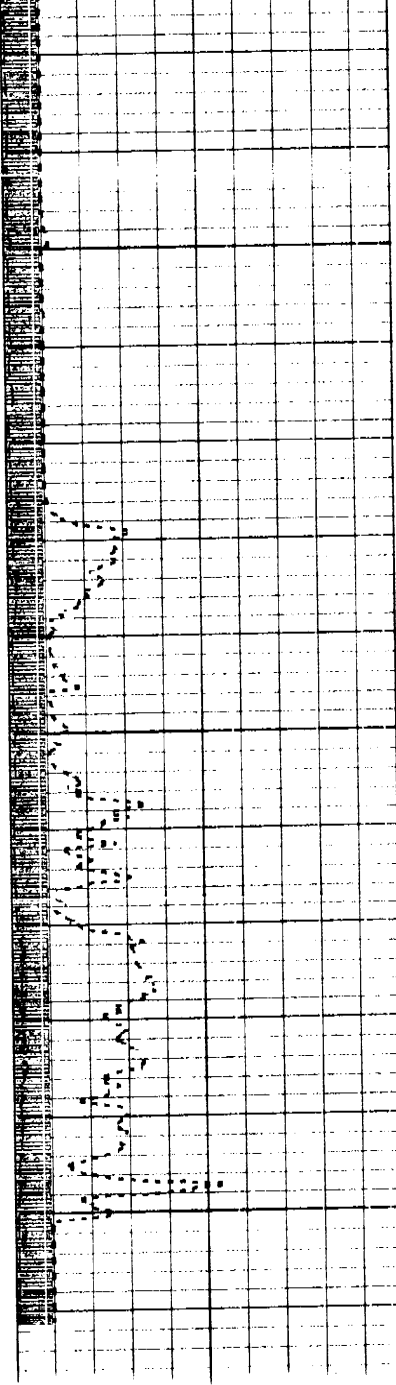
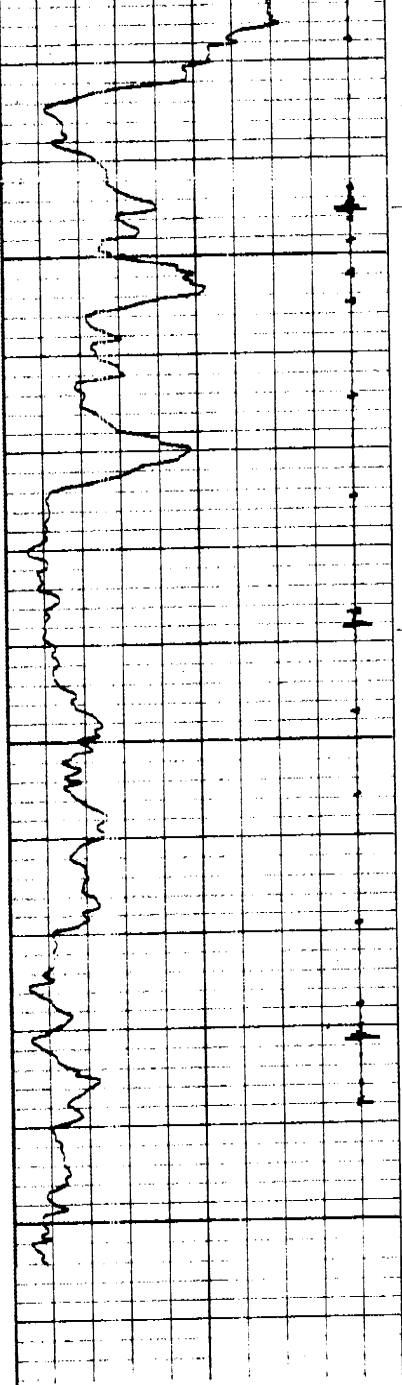


SECTION

5300

REPEAT SECTION

- T. D. -



0	GAMMA RAY	150
150	X 2	300

DEPTHS

AMPLITUDE

& TRANSIT TIME

0 ——— AMPLITUDE (mv) ——— 100

0 - - - AMPLIFIED AMP.(mv) - - - 20

700 - - - TRANSIT TIME - - - 200

200

MICROSECONDS

1200

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

February 01, 2012

Jim Byers or Kevin Fischer
Apollo Energies, Inc.
10378 N 281 HWY
PRATT, KS 67124-7920

Re: Plugging Application
API 15-033-21027-00-02
INEZ BEAN 1-4
NE/4 Sec.04-32S-19W
Comanche County, Kansas

Dear Jim Byers or Kevin Fischer:

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 July 30, 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