



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	L. D. Drilling, Inc.
Well Name	ANDREW WENDLAND 2
Doc ID	1075460

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
2859	2860		



TICKET NUMBER 27383
 LOCATION Ottawa KS
 FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/10/11	4979	Andrew Woodland #2	NE 4	13	13	WB
CUSTOMER K D Drilling Inc			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 7 SW 26th Ave			506	Fred	Safety	Mkg
CITY STATE ZIP CODE Great Bend KS 67530			495	Casay	CK	
			548	Derek	DM	
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
Surface	12 1/4	312	8 3/8			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
300'						
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING			
			10' ±			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
18 BBL			4 BPM			
REMARKS: Establish circulation. Pump 8 BALS Flush. Mix + Pump 170 sks Class A Cement 2% Gel 2% Calcium Chloride + 1/2 Flo Seal / sk. Displace 8 3/8" casing clean w/ 18 BBL Fresh Water. Shut in Casing - Circulated app. 10 BBL slurry to pit.						
K D Drilling Driller Supplied Water			Fred Mader			

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE Surface		775.00
5406	65 mi.	MILEAGE		260.00
5402	300'	Casing Footage		N/A
5407	583.91	Ton Miles		735.73
11045	170	Class A Cement	14.25	2422.50
1118B	300#	Premium Gel	64.00 .20	19200
1102	300#	Calcium Chloride		224.00
1107	85#	Flo Seal		188.20
NO # 239932				
			7.8%	SALES TAX
				ESTIMATED TOTAL
				4896.03

Revin 3737

AUTHORIZATION TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 30334

LOCATION Eureka KS

FOREMAN Rick Ledford

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-197-20288-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-25-11	4979	Andrew Wendland #2	4	13	13E	Wabasha
CUSTOMER <u>L.O. Drilling Inc.</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>7 SW 26th Ave</u>			<u>530</u>	<u>John</u>		
CITY <u>Great Bend</u>			<u>515</u>	<u>Allen B.</u>		
STATE <u>KS</u>			<u>437</u>	<u>Steve M. (Eldorado)</u>		
ZIP CODE <u>67530</u>						

JOB TYPE logstring 0 HOLE SIZE 7 7/8" HOLE DEPTH 2926' CASING SIZE & WEIGHT 5 1/2" 17"
 CASING DEPTH 2921' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6* SLURRY VOL 34 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 6.7 3/4 Bbl DISPLACEMENT PSI 700 MAX PSI 1100 Bump plug RATE 8 BPM displacement

REMARKS: Safety meeting - Rig up to 5 1/2" casing. Break circulation w/ 10 Bbl fresh water.
Pump 10 Bbl caustic soda pre-flush, 5 Bbl water spacer. Mixed 125 sks OWC cement
w/ 5" Rot-seal/sk @ 13.6* /gal. yield 1.53. Washout pump + lines, release 5 1/2" rubber plug.
Displace w/ 6.7 3/4 Bbl fresh water. Final pump pressure 700 PSI. Bump plug to 1100 PSI.
release pressure, float + plug held. Good circulation @ all times while cementing + displacement
of plug. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	6.5	MILEAGE	4.00	260.00
1126	125 sks	OWC cement	17.90	2237.50
110A	6.25*	5" Rot-seal/sk	.44	2.75.00
1103	100*	caustic soda pre-flush	1.52	152.00
5407A	6.5	tan mileage bulk trk	1.26	532.35
5502C	6 hrs	80 Bbl VAC. TRK	90.00	540.00
1123	3000 gals	city water	15.60/1000	46.80
4406	1	5 1/2" top rubber plug	70.00	70.00
			Subtotal	5088.65
			7.8%	SALES TAX
			ESTIMATED	216.95
			TOTAL	5305.60

Revin 8797

AUTHORIZATION

TITLE

840643

DATE

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

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

June 15, 2012

L. D. DAVIS
L. D. Drilling, Inc.
7 SW 26TH AVE
GREAT BEND, KS 67530-6525

Re: Plugging Application
API 15-197-20288-00-00
ANDREW WENDLAND 2
NE/4 Sec.04-13S-13E
Wabaunsee County, Kansas

Dear L. D. DAVIS:

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 December 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 3

(620) 432-2300