

Kansas Corporation Commission Oil & Gas Conservation Division

1083151

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				
		If pre 196					
Address 1:			Spot Description:				
Address 2:		_	Sec Tw	p S. R	East West		
City: +		_	Feet from North / South Line of Section				
Contact Person:			Feet from East / West Line of Section				
Phone: ()		Footages	Calculated from Neares		n Corner:		
		County:					
		1 1	me:				
Check One: Oil Well Gas Well OG	B D&A Catt	nodic Water	Supply Well C	Other:			
SWD Permit #:				Permit #:			
Conductor Casing Size:	Set at:	(
Surface Casing Size:	Set at:		Cemented with:		Sacks		
Production Casing Size:	Set at:	(Cemented with:		Sacks		
List (ALL) Perforations and Bridge Plug Sets:							
Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if add)	e Casing Leak at:itional space is needed):	(Interval)	- -	Stone Corral Formatio	"		
Is Well Log attached to this application? Yes No	o Is ACO-1 filed?	∕es No					
If ACO-1 not filed, explain why:) 13 AOO-1 IIIGU: 1	163 140					
ii Aoo-i not iieu, explain why.							
Plugging of this Well will be done in accordance with K	S.A. 55-101 et. seg. and the	Rules and Regula	tions of the State Corr	ooration Commis	ssion		
Company Representative authorized to supervise plugging							
Address:	C	ity:	State:	Zip:	+		
Phone: ()							
Plugging Contractor License #:	N	lame:					
Address 1:	A	ddress 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

1083151

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)		
OPERATOR: License #	Well Location:		
Name:	SecTwpS. R		
Address 1:	County:		
Address 2:	Lease Name: Well #:		
City: State: Zip:+	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 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 Adowner(s) of the land upon which the subject well is or will be lo CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, are	ct (House Bill 2032), I have provided the following to the surface potential: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. 1) cknowledge that, because I have not provided this information, the		
KCC will be required to send this information to the surface ow	ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.		
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-1	fee with this form. If the fee is not received with this form, the KSONA-1 1 will be returned.		
Submitted Electronically			

Form	CP1 - Well Plugging Application
Operator	Petroleum Property Services, Inc.
Well Name	FLOYD BOSCH 2
Doc ID	1083151

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
2784		HUNTON, SQUEEZED	
3093	3136	ARBUCKLE, OPEN HOLE	

DAUE 11028

CASING MECHANICAL INTEGRITY TEST	DOCKET # $D-17340$
Disposal Enhanced Recovery:	SE NE NE, Sec 24, T 16 S, R 7 E/S
Repressuring Flood Tertiary	Feet from South Section Line Feet from East Section Line
Date injection started 3-/5-74 API #15	Lease Bosch A Well # 2 County morris
Operator: <u>Mear Petroleum Co.</u> Name &	
Address 125 N. Market, Ste 10	75 Contact Person Bill Hammack
Wichita, Ks 67202	
Size Set at Conductor Surface 85/8 / 155	production Injection below production Production Liner Tubing $\frac{5}{2}$ Size $\frac{27}{8}$ $\frac{3090}{}$ Set at $\frac{3053}{}$
" Bottom /55	Type duw-limed 3090 TD (and plug back) 3162 Size $2\frac{7}{8} \times 5\frac{7}{2}$ Set at 3053 oft. 3162 Perf. or open hole
Zone of injection 3090 (Arb)ft. t	
Type Mit: Pressure Radioac	tive Tracer Survey Temperature Survey
F Time: Start 10 Min. 20 Mi	n. 30 Min.
I E Pressures: /25 # /25 #	125 Set up 1 System Pres. during test Vac
D	Set up 2 Annular Pres. during test/25#
D	Set up 3 Fluid loss during testbbls.
A T Tested: Casing or Casing A	g - Tubing Annulus
The bottom of the tested zone is	shut in with Packer
Test Date 12-23-9/ Using	Williams Jank Serv. Company's Equipment
The operator hereby certifies that	t the zone between feet and _3053 feet
was the zone tested Ring Si	ammack, Production Duper. ignature Title
The results were Satisfactory X	, Marginal, Not Satisfactory
2 Date	Title Eur. Heol. Witness: Yes X No
	nulus. Newly installed packer.
	masses : way of sometime process :
Orgin. Conservation Div.;	KDHE/T; Dist. Office;
Computer Update	KCC Form U-7 6/84
. ce: BILL	

SCOTT'S WELL SERVICE, INC.

WC., K TICKET NO. 8643

P.O. BOX 36, ROXBURY, KANSAS 67476

DESCRIPTION OF WORK TICKET (Continued)

Date 12-18-91 hrs. 4 Dean to lander & right for take	
Date 12-19-91 hrs. 112 fulled next of Tubing + public, Unly tubing off trailer, Tallyed + ran Bohn stradel parkers + tall in well. Let plug at 2866 + parker at 2721' Tested plug to sheld. Tested parker at 1500 PSI, + help, +1500 PSI banking + fild.	1500 P
Date 12-20-91 hrs. I Cerculated and off plug letrained of plug & perhaps and of well. Ran new boken perhaps frints 22" due lined toling in well. Let parker & used thurbs to m. J. T well, my J. T. tested ax. Well was toke water fine.	took
Date 12-21-91 hrs. 2 Reged down to used eat to get mound off beatin.	
Datehrs	7
Datehrs	

WELL LOG

Operator Brandt 011 Ge	Lease Reach Well No.			
CompCompft. Toft.	County Marita State			
AcidizedGal	Casing Record			
Prod. Formation	Size Ft. Pulled Remarks			
Elevation	8 5/9 155 Comented 4/ 1/0 as			
	section, the state of the state			

FIGURES INDICATE BOTTOM OF FORMATION

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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

June 18, 2012

CYNDE WOLF Petroleum Property Services, Inc. 125 N MARKET SUITE 1251 WICHITA, KS 67202-1719

Re: Plugging Application API 15-127-20031-00-02 FLOYD BOSCH 2 NE/4 Sec.24-16S-07E Morris County, Kansas

Dear CYNDE WOLF:

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 15, 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 2

(316) 630-4000