



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	RUSSELL 2
Doc ID	1089640

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4707	4708	Simpson OH	4410
4329	4335	Mississippi Perfs	

GREAT GUNS

R. A. Guard Log

FILE NO.	COMPANY RAINS & WILLIAMSON OIL COMPANY
	WELL RUSSELL NO. 2
	FIELD MAPLE GROVE POOL
	COUNTY KINGMAN STATE KANSAS
LOCATION: C NE SW	OTHER SERVICES SONIC CALIPER
SEC 36 TWP 30S RGE 7W	

Permanent Datum GROUND LEVEL Elev. 1592'	Elevations: KB 1596'
Log Measured from KELLY BUSHING 4 Ft. Above Permanent Datum	DE 1594'
Drilling Measured from KELLY BUSHING	GL 1592'

Date	GAMMA	NEUTRON	GUARD	CALIPER
8-23-65	ONE	ONE	ONE	ONE
Run No.	ONE	ONE	ONE	ONE
Depth—Driller	4707'	4707'	4707'	4707'
Depth—Logger	4708'	4708'	4708'	4708'
Bottom Logged Interval	4707'	4707'	4703'	4696'
Top Logged Interval	SURFACE	SURFACE	3000'	3000'
Casing — Driller	@	@	8-5/8 227'	@
Casing—Logger				
Bit Size			7-7/8	
Type Fluid in Hole			SALT GEL STARCH	
Density and Viscosity			10.1 49	
pH and Fluid Loss		cc	6 8 cc	cc
Source of Sample			FLO LINE	
Rm @ Meas. Temp.	@ °F	@ °F	.12 @ 80 °F	@ °F
Rmf @ Meas. Temp.	@ °F	@ °F	.06 @ 78 °F	@ °F
Rmc @ Meas. Temp.	@ °F	@ °F	.2 @ 78 °F	@ °F
Source of Rmf and Rmc			MEASURED	
Rm @ BHT	@ °F	@ °F	.056 @ 142 °F	@ °F
Time Since Circ.			TWO HOURS	
Max. Rec. Temp. Deg. F		°F	142 °F	°F
Equip. No. and Location			508 HAYS	
Recorded By			HOFFMAN	

MARKS

anges in Mud Type or Additional Samples	Scale Changes		Equipment Data	
	Type Log	Depth	Run No.	Tool Type
Sample No. 8-23-65 ONE				
pth-Driller 4707'				
pe Fluid in Hole SALT GEL				
ns. Visc. 10.1 49				
Fluid Loss 6 8 cc				
orce of Sample FLO LINE				
1 @ Meas. Temp. .12 @ 80 °F				
f @ Meas. Temp. .06 @ 78 °F				
nc @ Meas. Temp. .2 @ 78 °F				
urce Rmf Rmc MEASURED				
1 @ BHT .056 @ 142 °F				
of @ BHT .045 @ 142 °F				
nc @ BHT .13 @ 142 °F				

EQUIPMENT DATA		Gamma Ray		Neutron	
Run No.	Log Type	Run No.	Log Type	Run No.	Log Type
ONE	GCM56XU4A	ONE	NEU-NEU		
	3.5 IN.		GCM56XU4A		
	A.P.A.		Diameter 3.5 IN.		
	SCINTILLATION		Detector Model No. H.S.P.		
	3 IN.		Type PROPORTIONAL		
	107 IN.		Length 6 IN.		
	General		Source Model No.		
	508		Serial No.		
	508		Spacing 17 IN.		
	2007		Type R.A.-B.E.		
			Strength 300 MILLIGRAMS		

LOGGING DATA			
Gamma Ray		Neutron	
Speed T.C.	Sens. Settings	API G.R. Units per Log Div.	T.C. Sec.
20	2	10 P.D.	2
From 1707	To 3000	Div. L or R	6 I.
		Sens. Settings	1000
		per Log Div.	100 P.D.

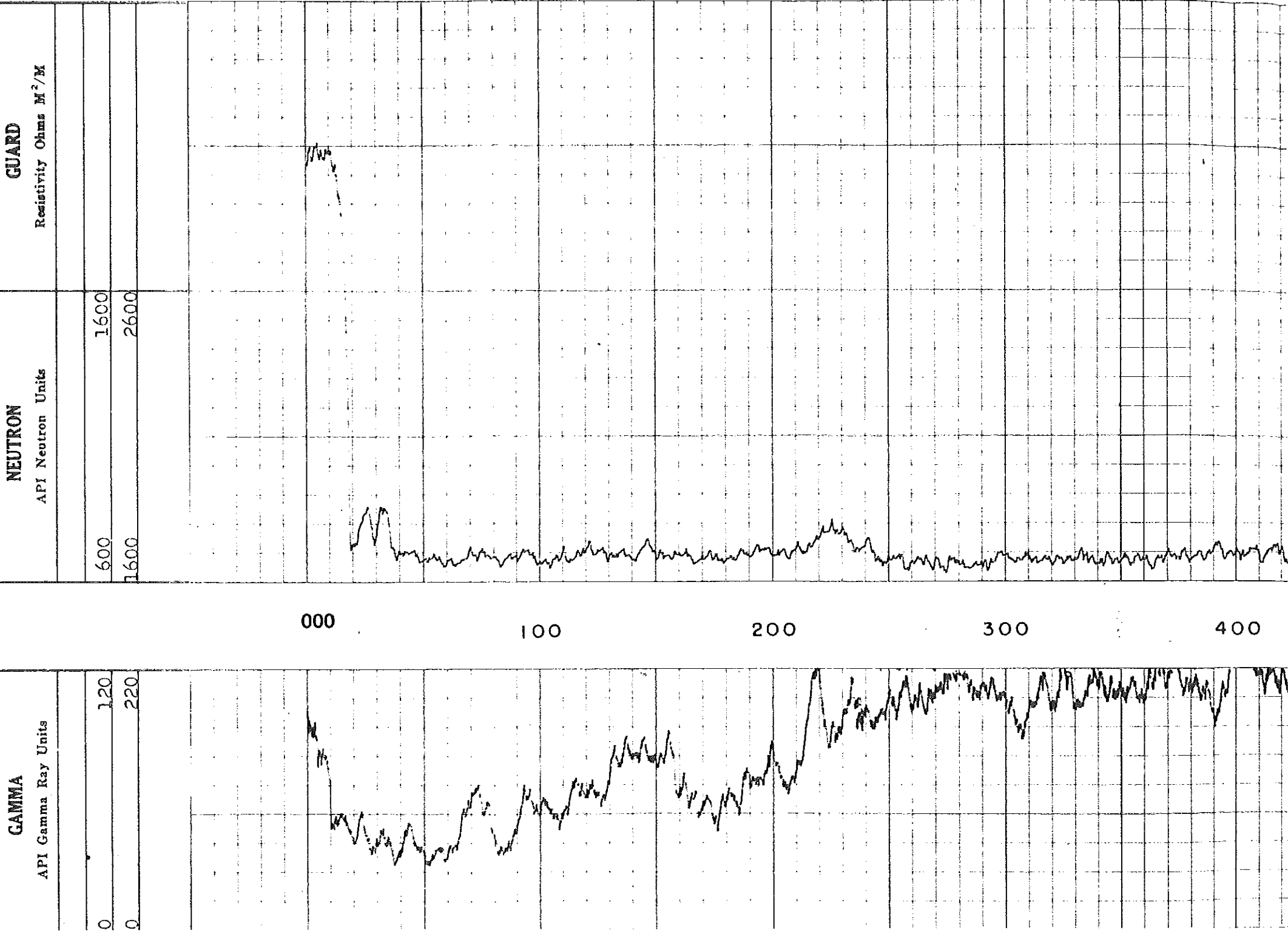
Instrument Truck No. 508
 Serial No. 2007

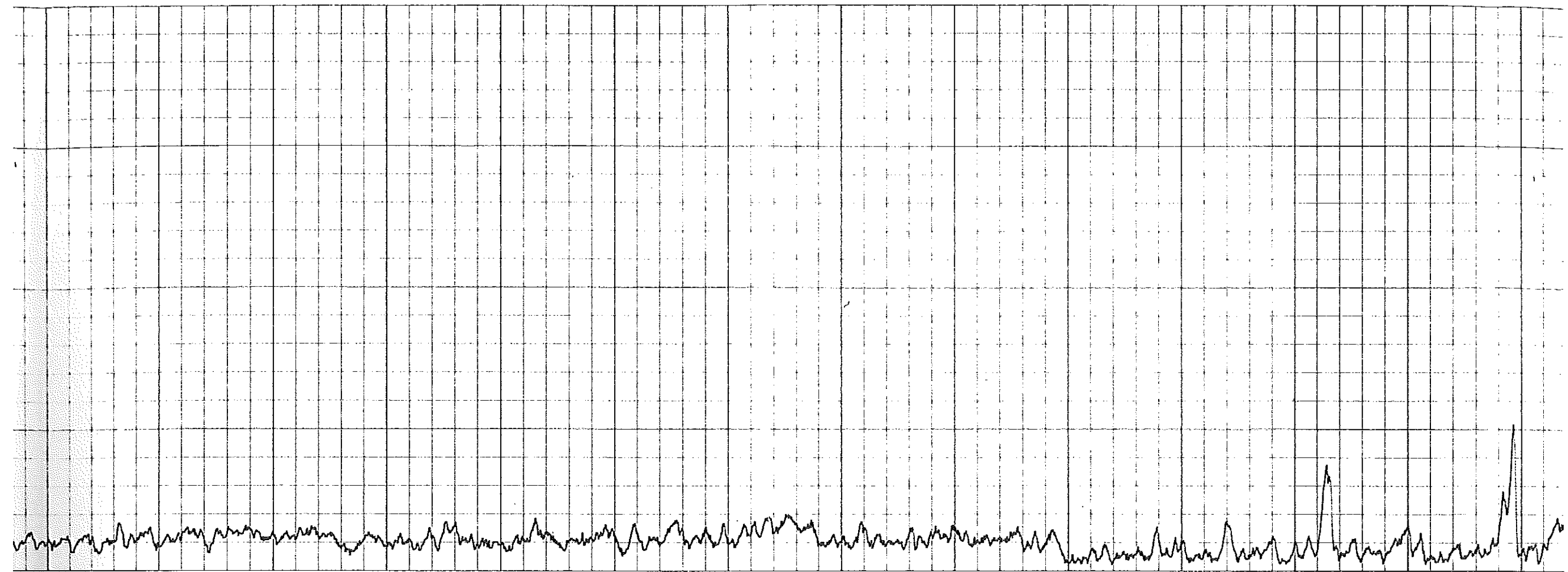
Type
 Strength

R.A.-B.E.
 300 MILLIGRAMS

LOGGING DATA

General		Gamma Ray			Neutron					
From	To	Speed Ft./Min.	T. C. Sec.	Sens. Settings	Zero Div. L or R	API G.R. Units per Log Div.	T. C. Sec.	Sens. Settings	Zero Div. L or R	API N. Units per Log Div.
4707'	3000'	20	2	100	2 L	10 P.D.	2	1000	6 L	100 P.D.
3000'	000'	50	2	100	2 L	10 P.D.	2	1000	6 L	100 P.D.





400

500

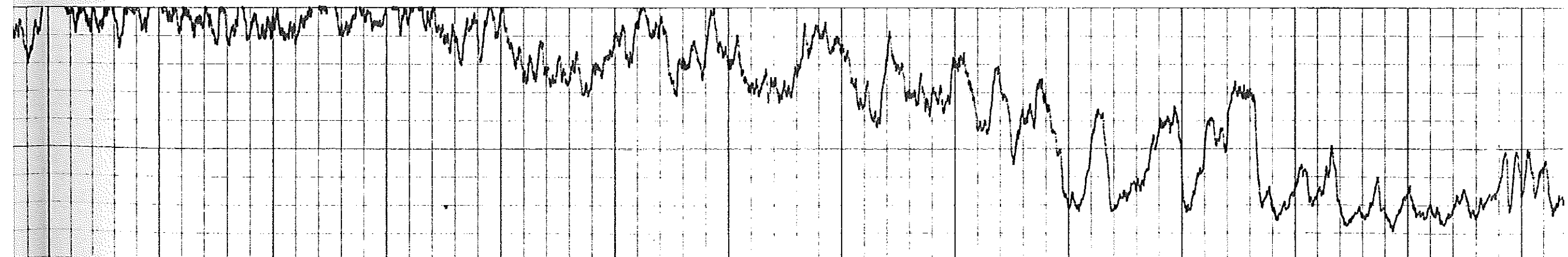
600

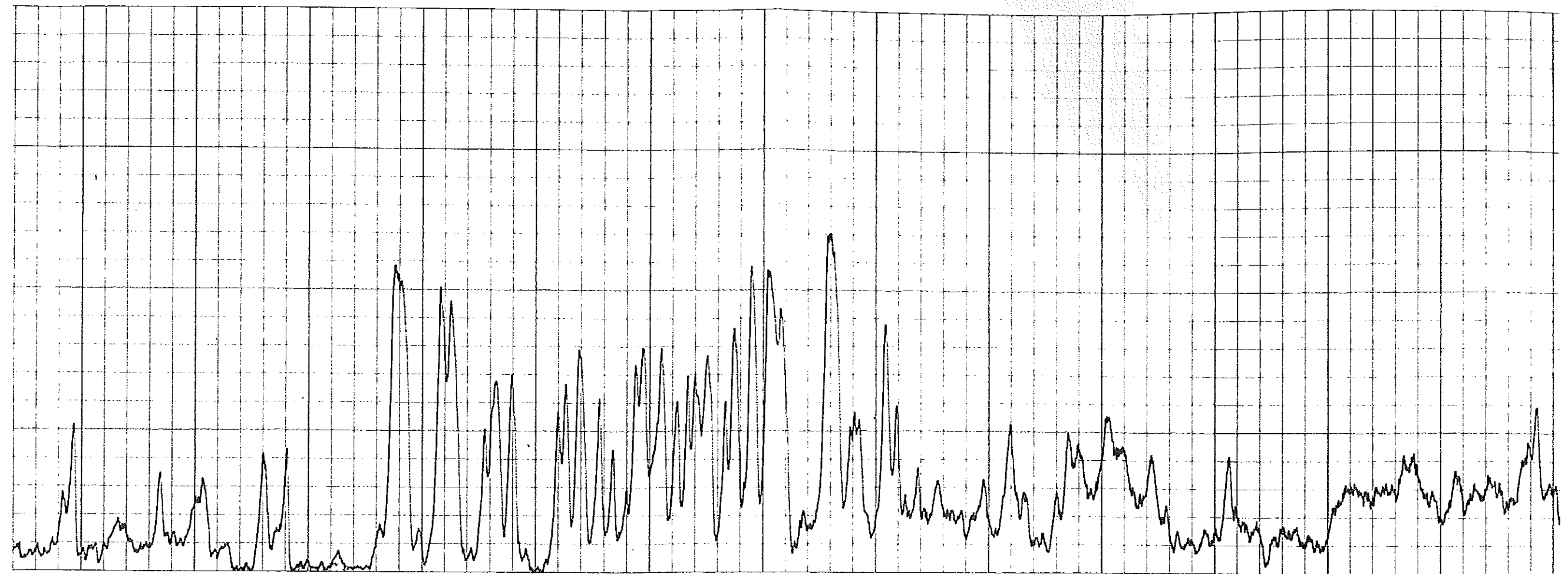
700

800

900

1000





1100

1200

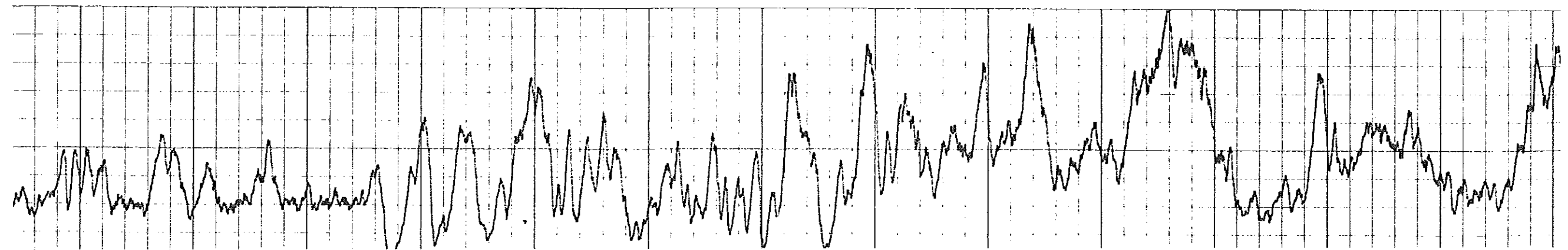
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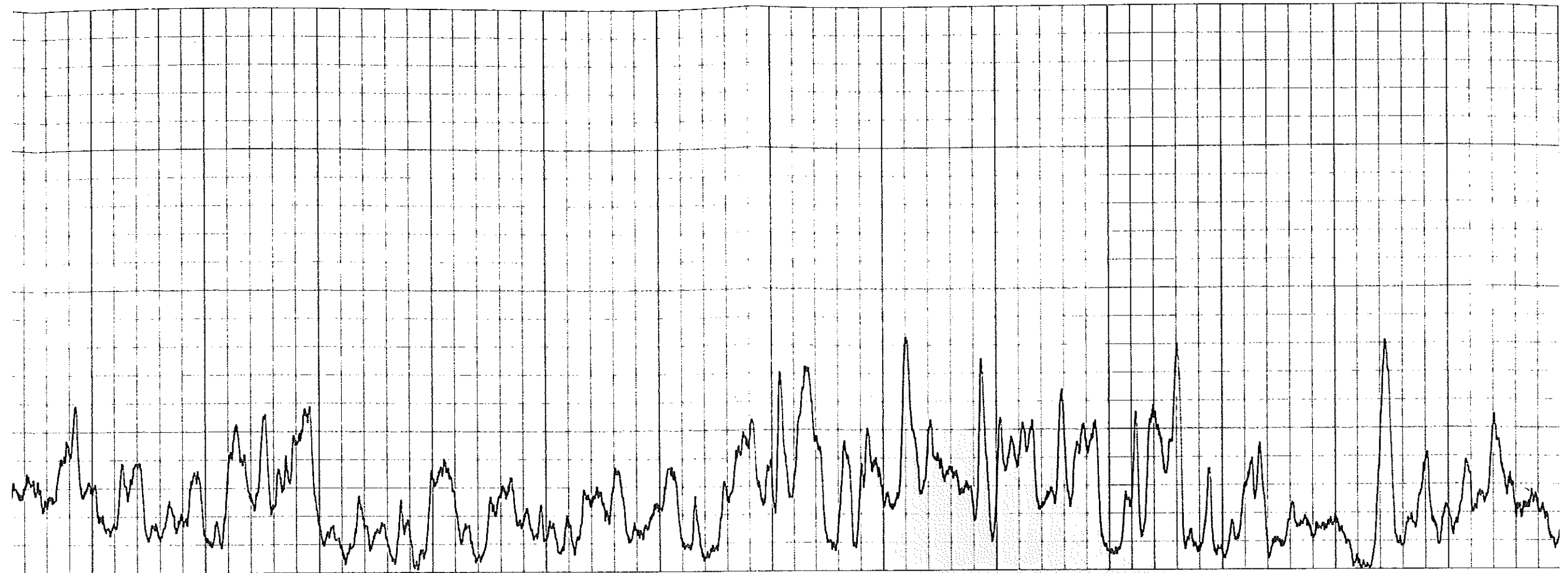
1400

1500

1600

1700





1700

1800

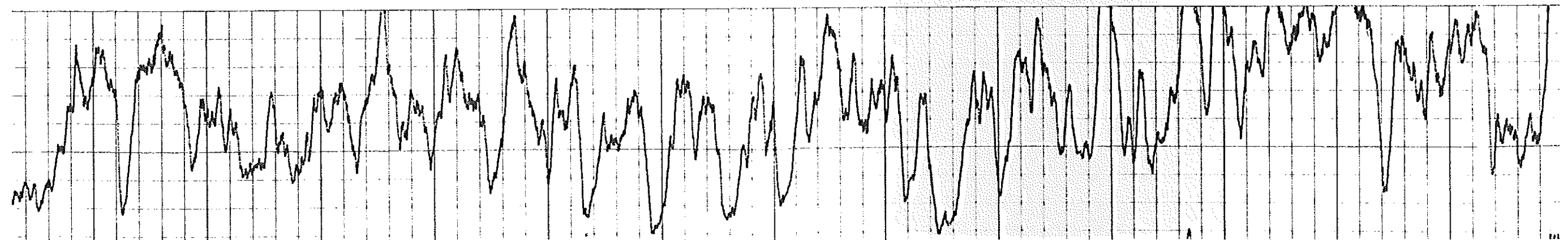
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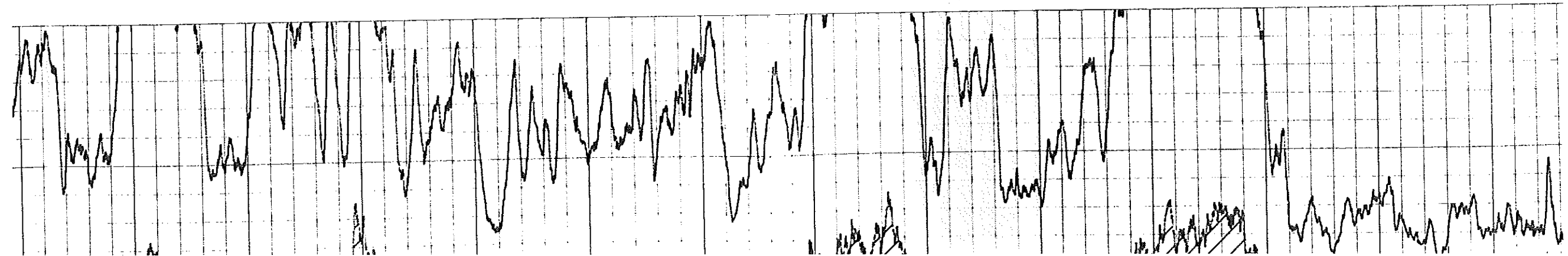
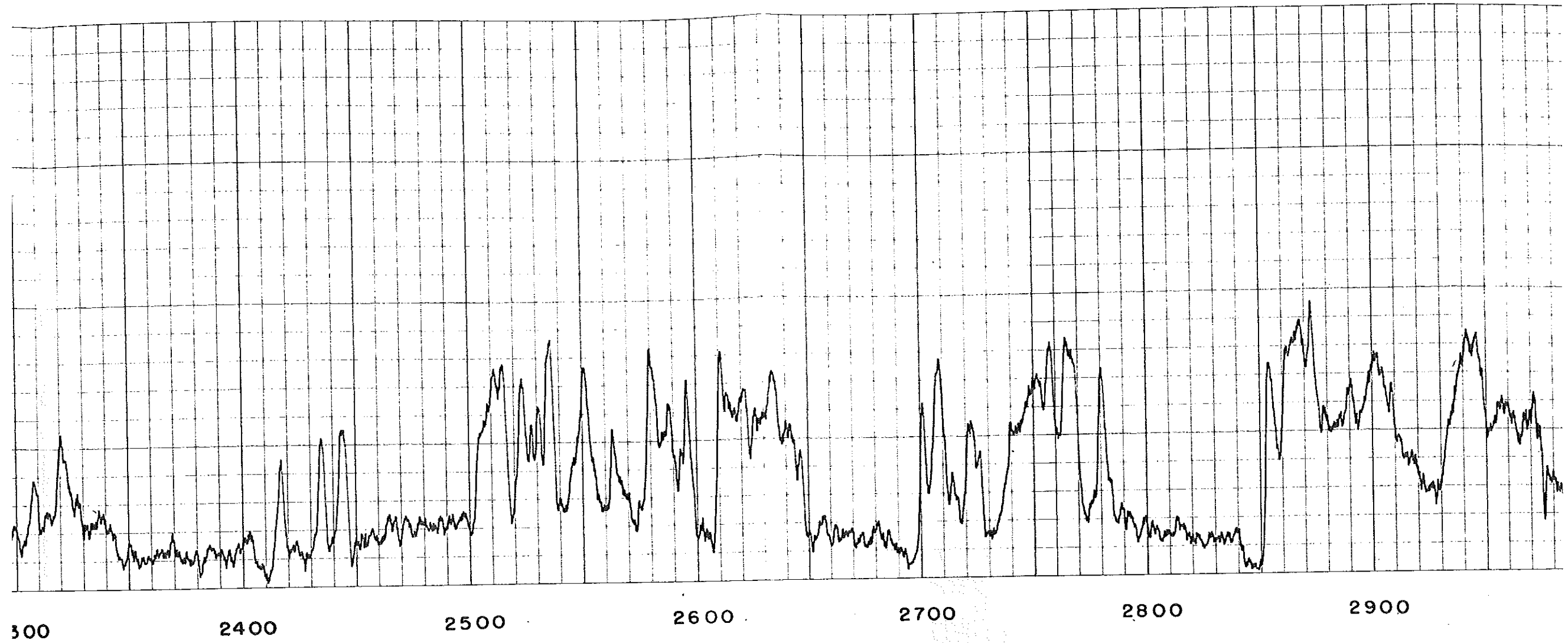
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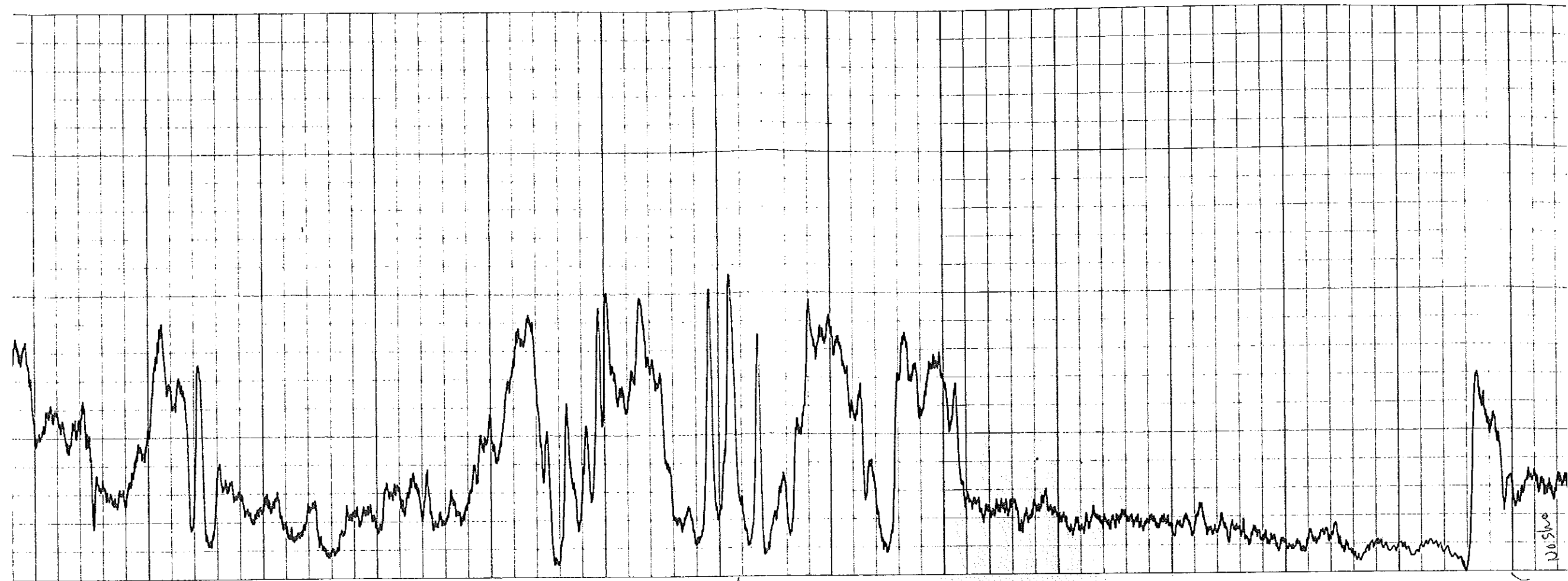
2100

2200

2300







3000

3100

3200

974

3300

3400

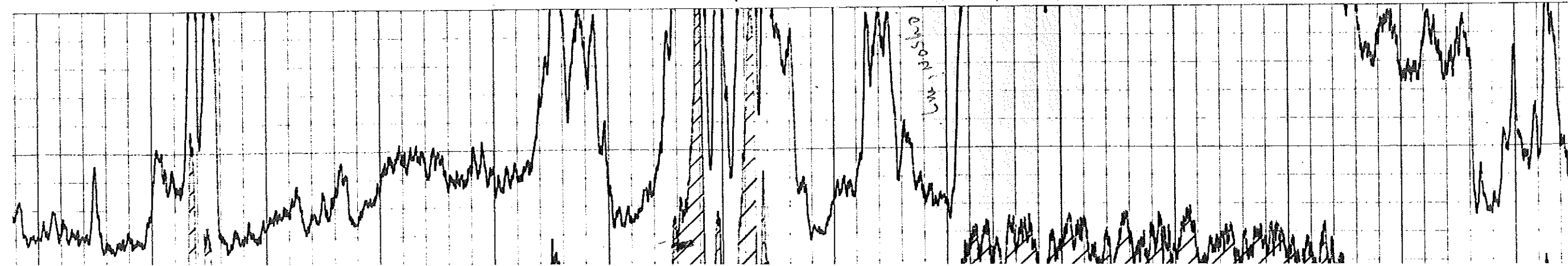
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3550

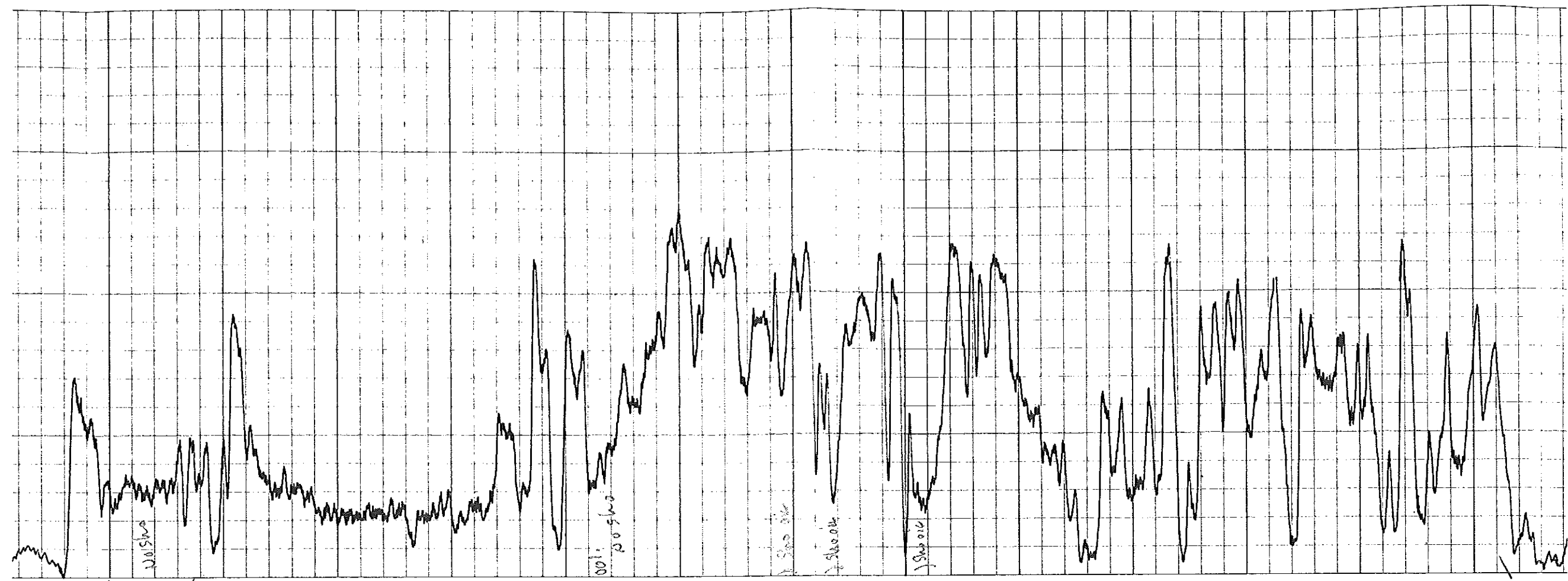
3600

NaSHo

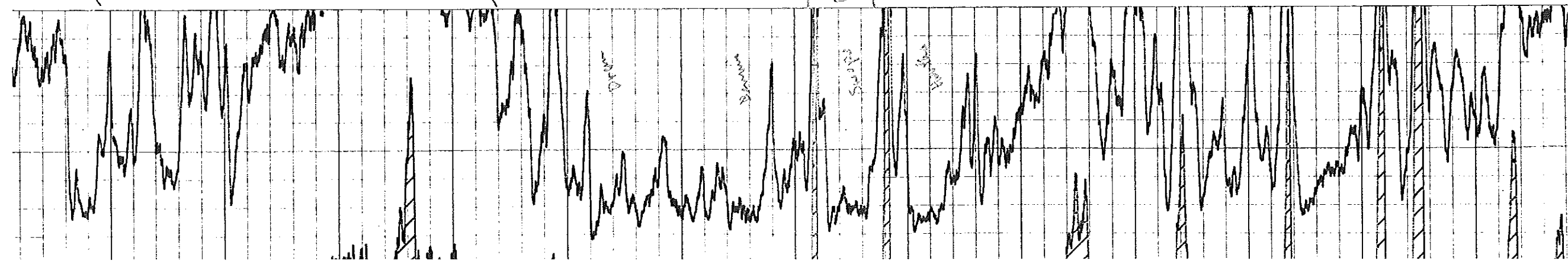
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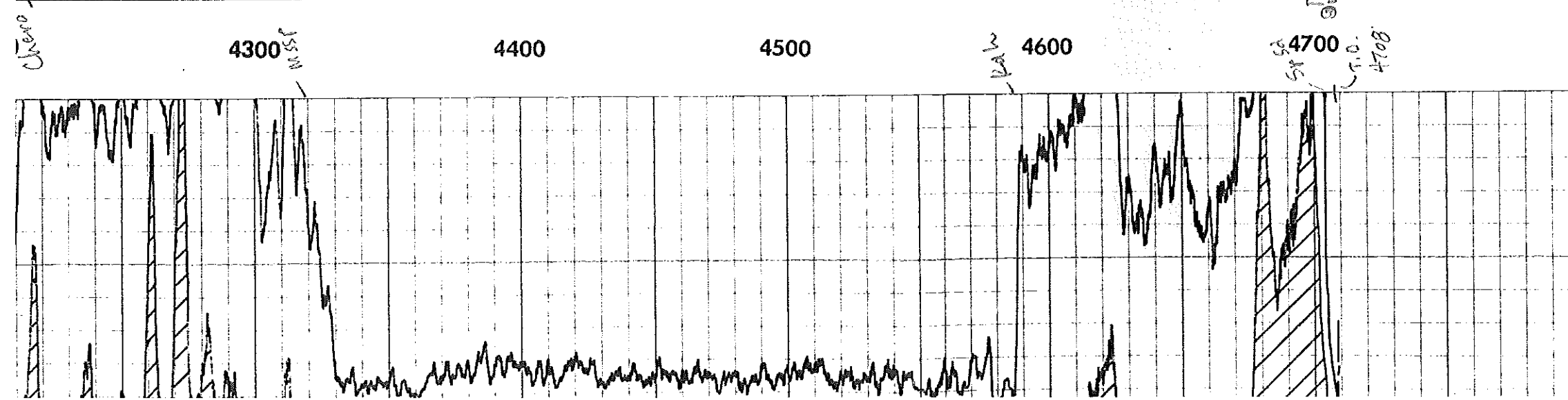
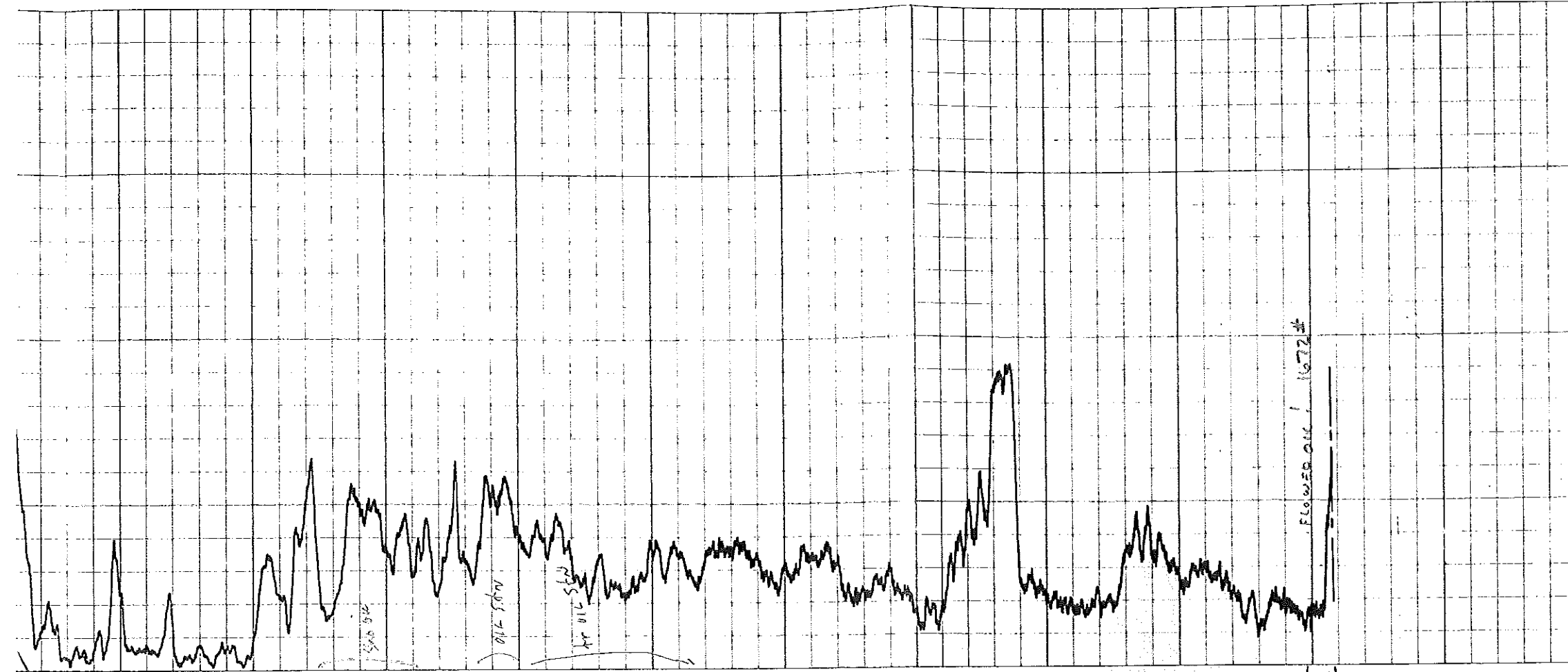


NaSHo



3600 3700 3800 3900 4000 4100 4200





GAMMA RAY API Gamma Ray Units	NEUTRON API Neutron Units	GUARD Resistivity Ohm M ² /M
20	600	50
20	1600	500
	2600	6"
	16"	CALIPER

August 06, 2012

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

Re: Plugging Application
API 15-095-30249-00-00
RUSSELL 2
SW/4 Sec.36-30S-07W
Kingman 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 February 02, 2013. 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