



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 A 3
Doc ID	1089643

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4336	4350	Mississippi Perfs	



# COMPENSATED DENSITY DUAL SPACED NEUTRON LOG

OPEN HOLE

COMP. MTH PETROLEUM, INC.		ST. KANSAS	
WELL RUSSELL "A" #3		WELL RUSSELL "A" #3	
FIELD MAPLE GROVE		FIELD MAPLE GROVE	
COUNTY KINGMAN		COUNTY KINGMAN	
COMPANY	MTH PETROLEUM, INC.	STATE	KANSAS
WELL	RUSSELL "A" #3	APR NO.	15-095-21,7500
FIELD	MAPLE GROVE	LOCATION	C-SE-SW
COUNTY	KINGMAN	OTHER SERVICES	DIGL CAL FRAC-FINDER
SEC. 36	THP. 30S	RGE. 7 H	
PERMANENT DATUM	GROUND LEVEL	ELEV. 1592	ELEV. : K.B. 1600
LOG MEASURED FROM	KELLY BUSHING	FT. ABOVE PERM. DATUM	D.F. N/A
DRILLING MEASURED FROM	KELLY BUSHING		G.L. 1592
DATE	02/05/97		
RUN NO.	ONE		
DEPTH-DRILLER	4500		
DEPTH-LOGGER	4502		
BTM. LOG INTER.	4500		
TOP LOG INTER.	3636		
CASING-DRILLER	8 5/8 @ 226	@	@
CASING-LOGGER	225		
BIT SIZE	7.875		
TYPE FLUID IN HOLE	CHEMICAL DISP.		
DENS. : VISC.	9.3 : 42	:	:
PH : FLUID LOSS	10.5 : 16.0 ML	:	ML
SOURCE OF SAMPLE	MUD PIT		
RM @ MEAS. TEMP.	1.20 @ 56 F	@	F
RMF @ MEAS. TEMP.	0.90 @ 60 F	@	F
RMC @ MEAS. TEMP.	1.40 @ 61 F	@	F
SOURCE RMF RMC	MEAS : MEAS	:	:
RM @ BHT	0.58 @ 123 F	@	F
TIME CIRC. STOPPED	10:30P.M 1/4/97		
TIME ON BOTTOM	05:30A.M		
MAX. REC. TEMP.	123 Fe	Fe	Fe

CE TICKET NO.: 188191 API SERIAL NO.: 15-095-21.7500 FORM VERSION: H L S DLS HD

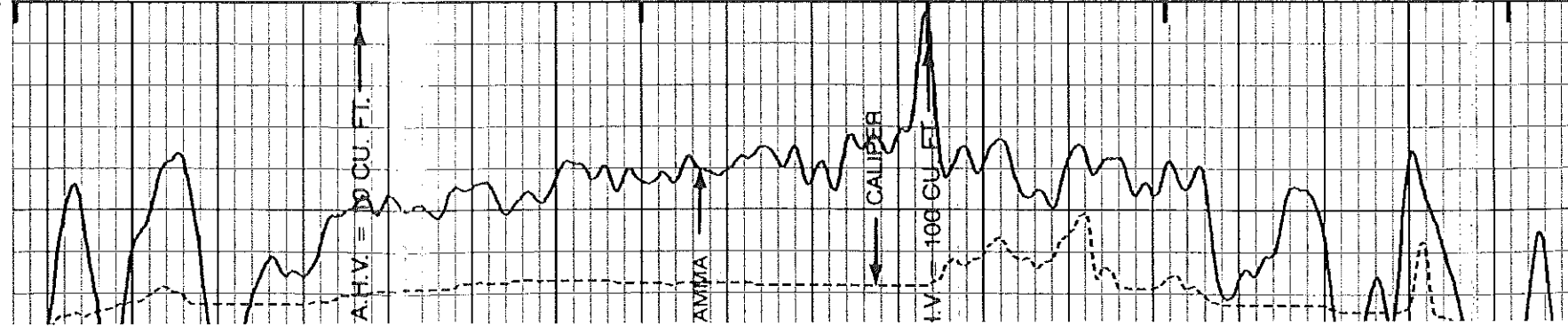
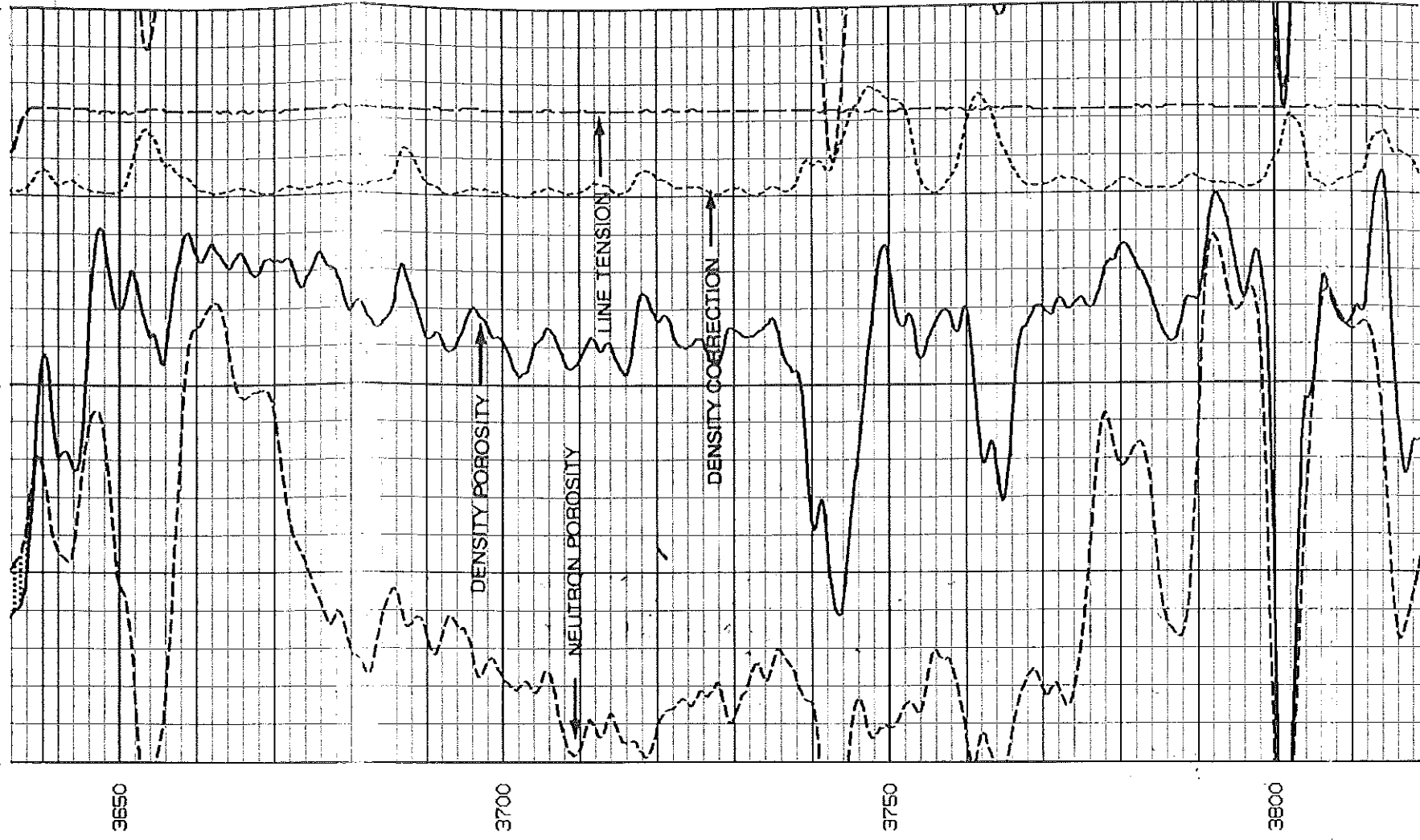
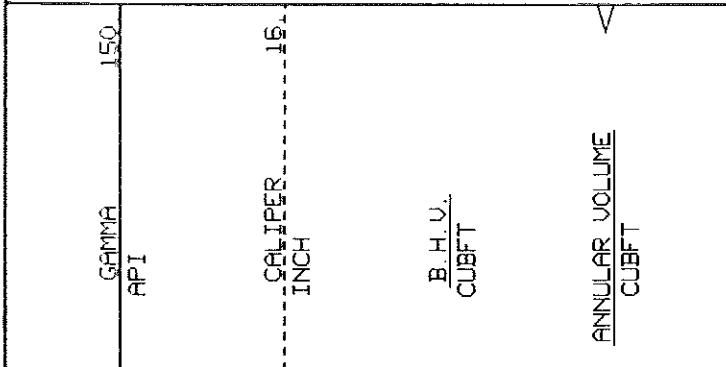
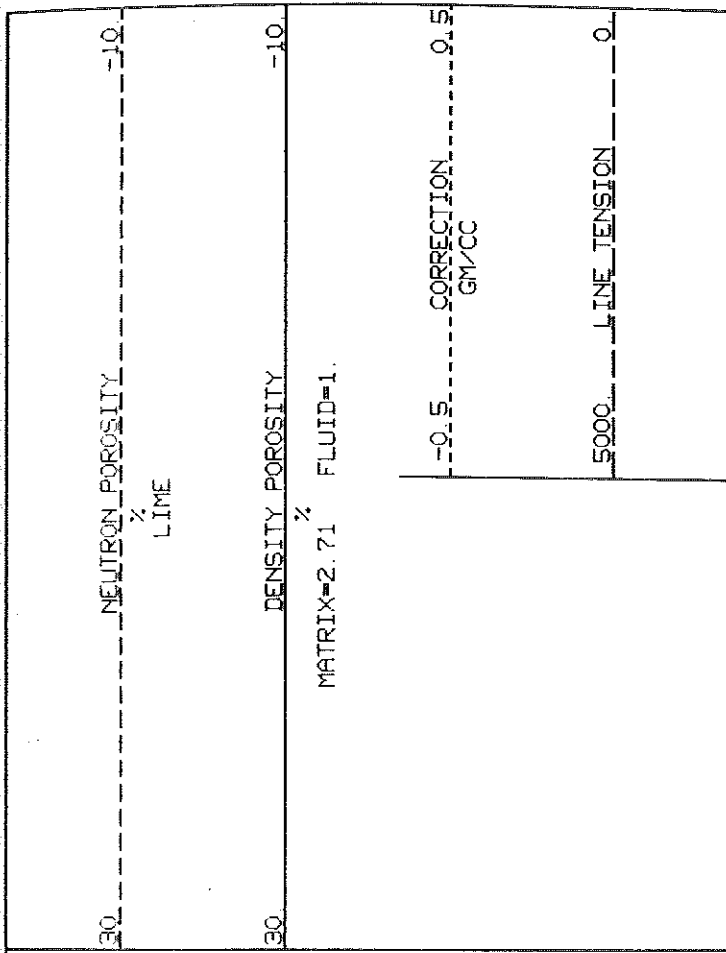
EQUIPMENT DATA				DENSITY				NEUTRON			
ACoustic		DENSITy		DENSITy		NEUTRON		DENSITy		NEUTRON	
Run No.	Serial No.	Run No.	Serial No.	Run No.	Serial No.	Run No.	Serial No.	Run No.	Serial No.	Run No.	Serial No.
ONE	102694	ONE	D72125	ONE	D72125	ONE	102694	ONE	102694	ONE	102694
MODEL NO.	265	MODEL NO.	127	MODEL NO.	127	MODEL NO.	265	DIAMETER	3 3/8	DIAMETER	3 3/8
NO. OF CENT.	3 3/8	LOG TYPE	GAMMA-GAMMA	LOG TYPE	GAMMA-GAMMA	LOG TYPE	DSN	SOURCE TYPE	AM-241BE	SOURCE TYPE	DSN
SPACING	102A	SOURCE TYPE	CS-137	SOURCE TYPE	CS-137	SOURCE TYPE	AM-241BE	STRENGTH	1.8 SCURIE	STRENGTH	1.8 SCURIE
SCINT	4 IN.	YES NO	NO	YES NO	NO	YES NO	NO				
LSA	FMDA	LOGGING DATA		LOGGING DATA		LOGGING DATA					

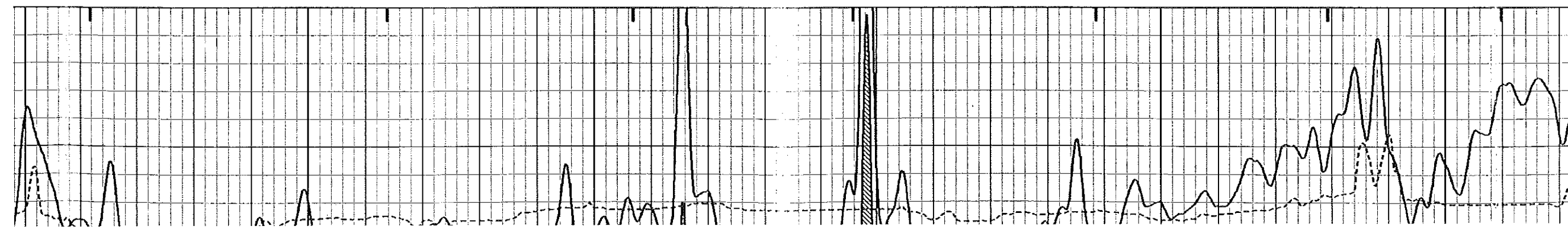
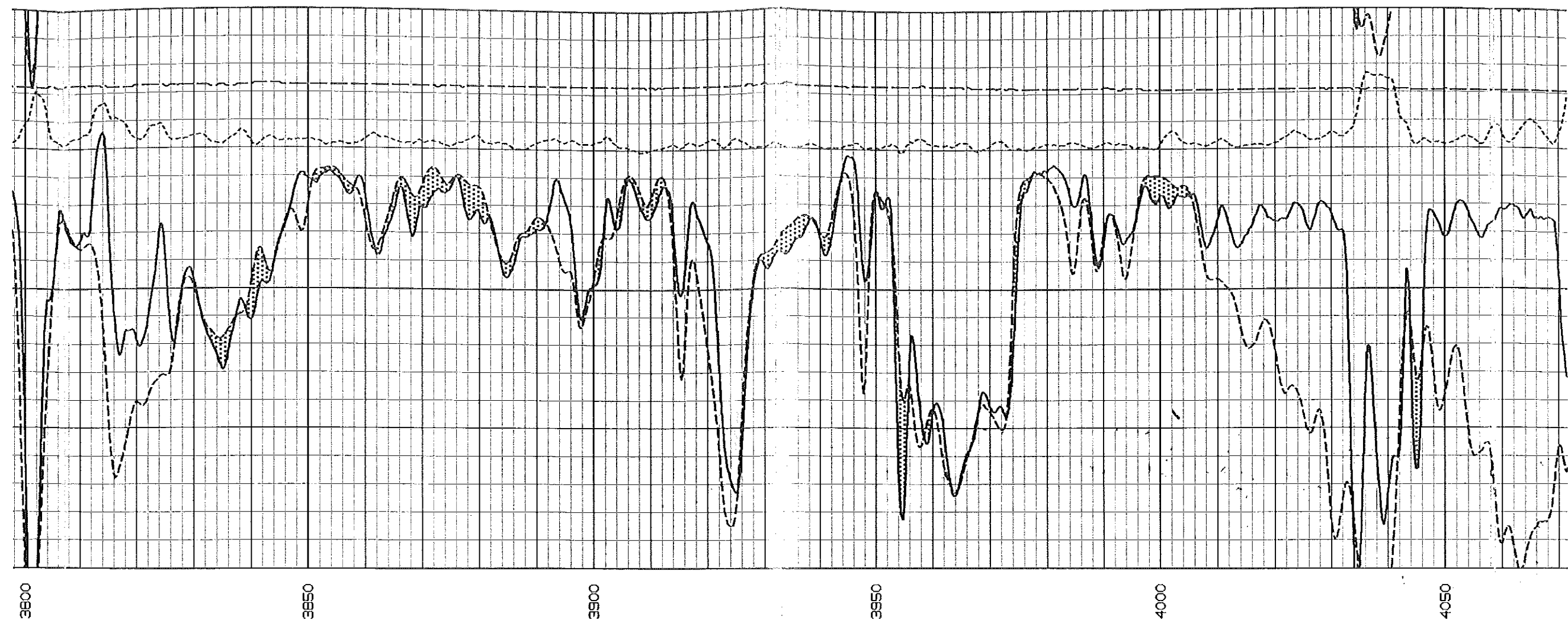
GENERAL DEPTHS FROM 4502 TO 3636

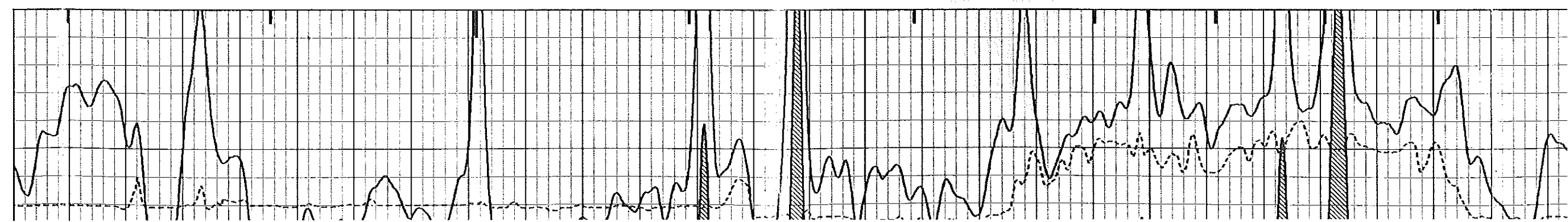
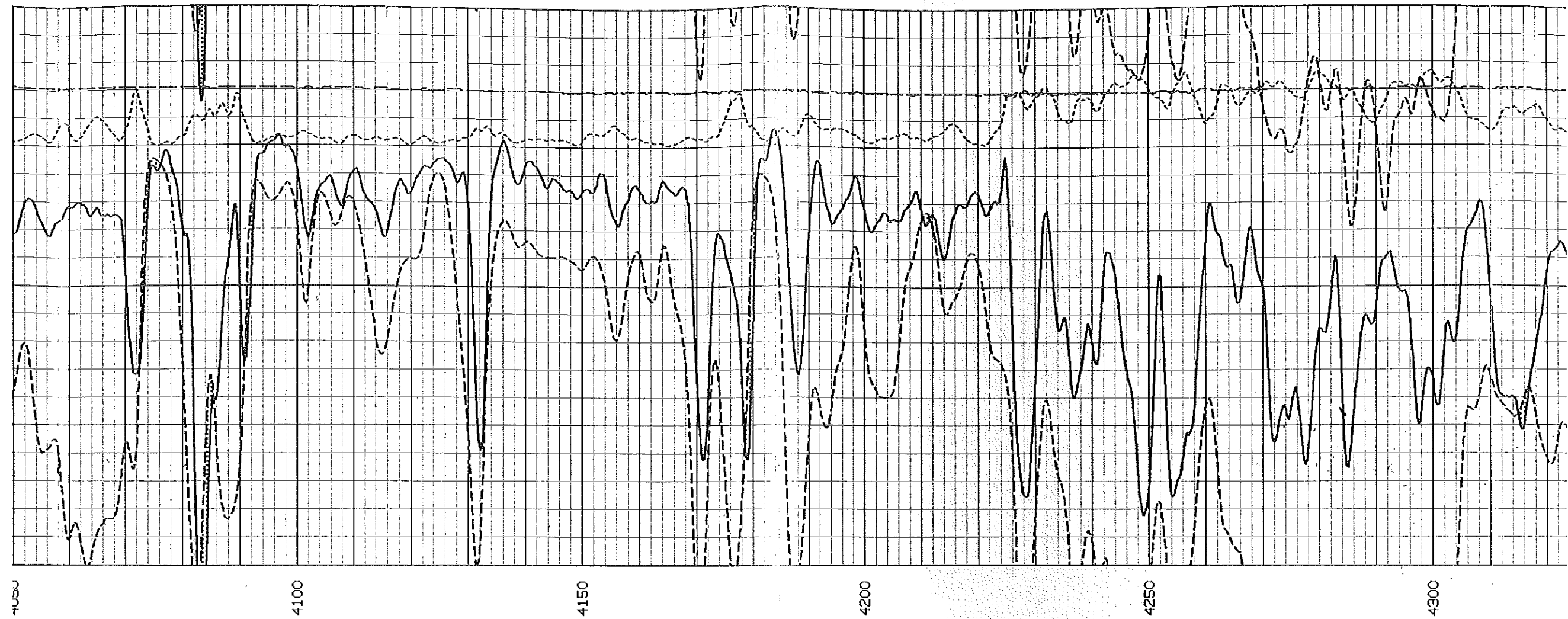
DEPTH	SPEED	SCALE	L	R	MATRIX	L	R	MATRIX	L	R
4502	3636	0	120	30	-10	30	-10	30	-10	30

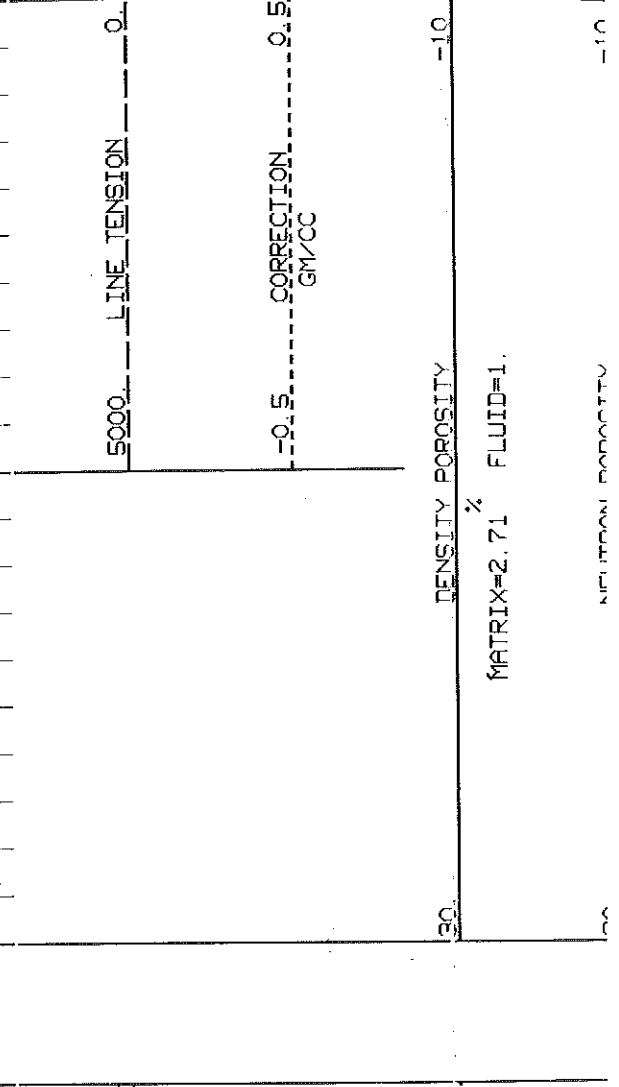
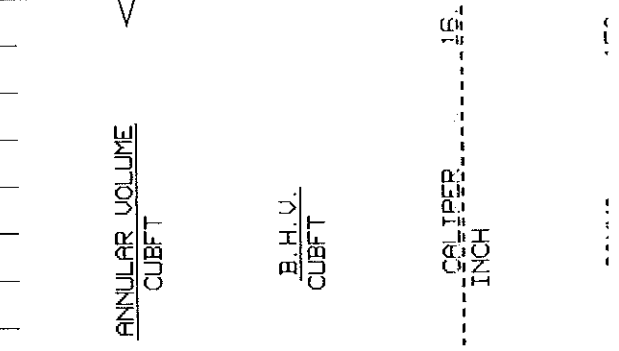
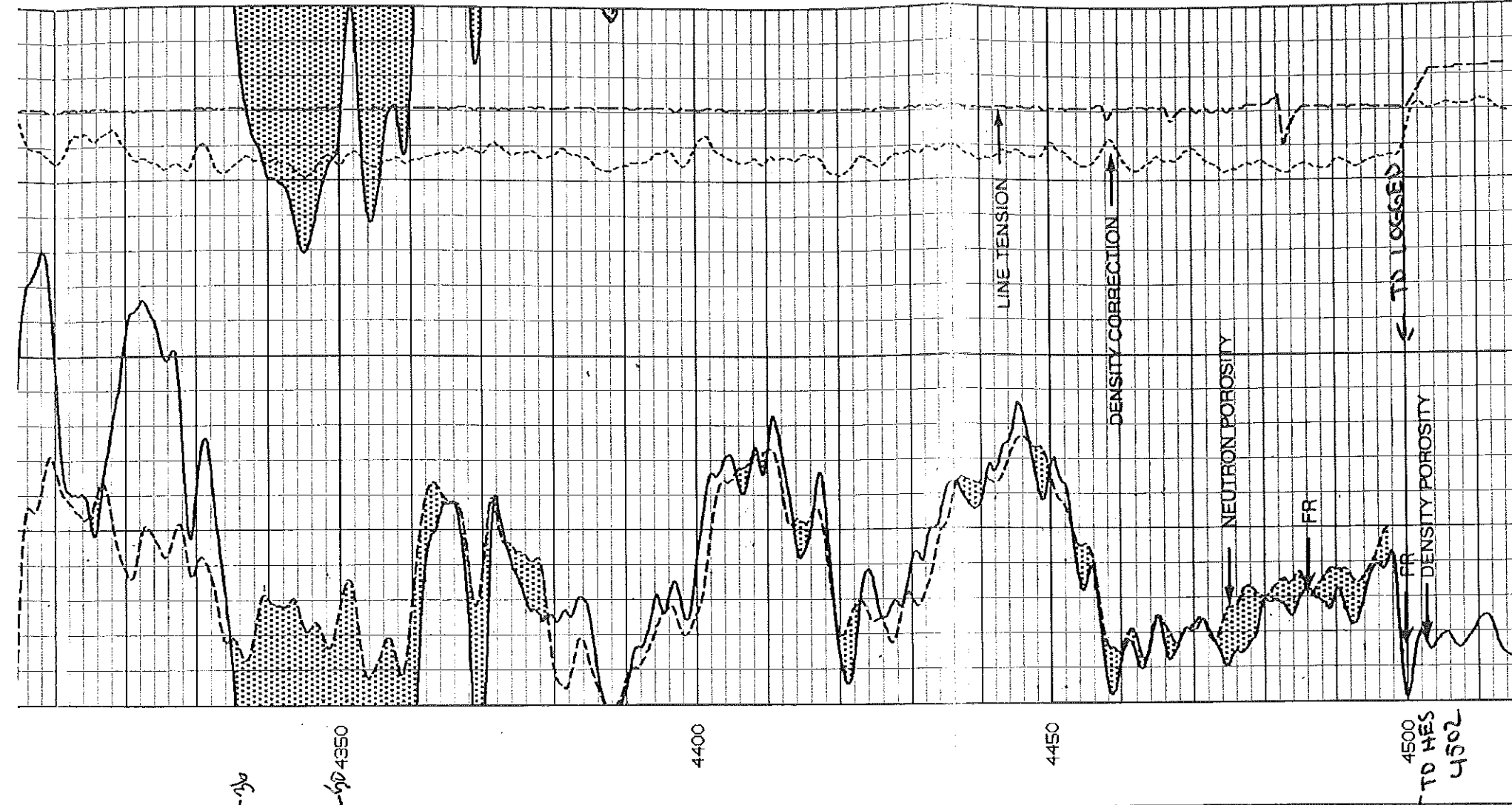
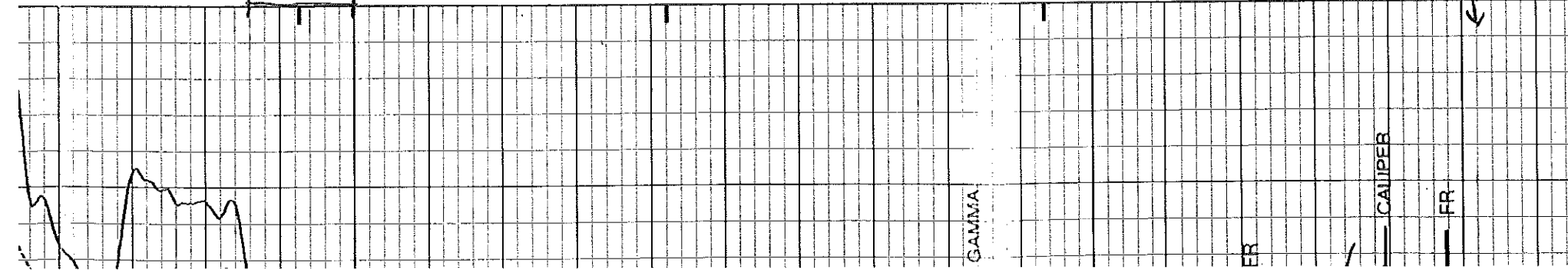
THANK YOU FOR USING HALLIBURTON ENERGY SERVICES.

HALLIBURTON LOGGING SERVICES, INC. DOES NOT GUARANTEE THE ACCURACY OF ANY INTERPRETATION OF LOG DATA. CONVERSION OF LOG DATA TO LOCAL ROCK PARAMETERS OR RECOMMENDATIONS WHICH MAY BE GIVEN BY HIS PERSONNEL OF WHICH MAY APPEAR ON THE LOG OR IN ANY OTHER USE OF SUCH DATA, INTERPRETATIONS, CONVERSIONS OR RECOMMENDATIONS AGREES THAT HLLS IS NOT RESPONSIBLE, EXCEPT WHERE TO CORRECT NEGLIGENCE OF WILLFUL MISCONDUCT FOR ANY LOSS, DAMAGES OR EXPENSES RESULTING FROM THE USE THEREOF.









MATRIX=2.71 FLUID=1.

DENSITY POROSITY  
-10

ANNULAR VOLUME  
CUBFT

B.H.V.  
CUBFT

CALIPER  
INCH



August 06, 2012

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

Re: Plugging Application  
API 15-095-21715-00-00  
RUSSELL A 3  
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