



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

ALLIED OIL & GAS SERVICES, LLC 053566

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Russell
Great Bend

DATE <u>9-30-12</u>	SEC. <u>27</u>	TWP. <u>14S</u>	RANGE <u>16W</u>	CALLED OUT	ON LOCATION	JOB START <u>9:30</u>	JOB FINISH <u>10:10PM</u>
LEASE <u>Rohleder</u>	WELL # <u>27-1</u>	LOCATION <u>walker 3 1/2 S W 15</u>			COUNTY <u>Ellis</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)				E: <u>info</u>			

CONTRACTOR Royal Drilling Rpt #1 OWNER _____
 TYPE OF JOB Roddy Plug
 HOLE SIZE 12 1/4 T.D. _____
 CASING SIZE 6 7/8 DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH 3425
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. #17
 PERFS. _____
 DISPLACEMENT Freshwater
 EQUIPMENT _____

CEMENT			
AMOUNT ORDERED	<u>210 gals</u>	<u>60¢ class A</u>	
<u>40¢ p2</u>	<u>440 gal</u>	<u>14¢ p10</u>	
COMMON	<u>126</u>	@ <u>17.80</u>	<u>2255.40</u>
POZMIX	<u>84</u>	@ <u>9.35</u>	<u>785.40</u>
GEL	<u>7</u>	@ <u>19.40</u>	<u>135.80</u>
CHLORIDE		@	
ASC		@	
<u>FEO-SEAL</u>	<u>53#</u>	@ <u>2.97</u>	<u>157.41</u>
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>225.2</u>	@ <u>2.48</u>	<u>558.49</u>
MILEAGE	<u>9.4 x 25</u>	@ <u>2.60</u>	<u>611.00</u>
TOTAL			<u>4531.50</u>

PUMP TRUCK # 409 CEMENTER Dustin Chambers
 HELPER Kurt Krupp
 BULK TRUCK # 1161-000 DRIVER Tony Pfannenstiel
 BULK TRUCK # _____ DRIVER _____

REMARKS:
Fill Hole with Rpt mud
1 3425 - 25 gals
2 1220 - 80 gals
3 1120 - 90 gals
4 110 - 10 gals
5 RH - 30 gals
6 MH - 15 gals
plug form 10:15 pm

SERVICE			
DEPTH OF JOB	<u>3425'</u>		
PUMP TRUCK CHARGE		@	<u>2600.47</u>
EXTRA FOOTAGE		@	
MILEAGE		@	
MANIFOLD		@	
<u>HVM R/T</u>	<u>50</u>	@ <u>7.70</u>	<u>385.00</u>
<u>LVM R/T</u>	<u>50</u>	@ <u>4.40</u>	<u>220.00</u>
TOTAL			<u>3205.47</u>

CHARGE TO: Pfeifer Explorations
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT			
<u>Wood Plug</u>	@		<u>107.64</u>
	@		
	@		
	@		
TOTAL			<u>107.64</u>

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME X Doug Budig
 SIGNATURE X Doug Budig
Thank you!!

SALES TAX (If Any)	<u>494.21</u>	
TOTAL CHARGES	<u>\$ 7844.61</u>	
DISCOUNT	<u>1658.95</u>	IF PAID IN 30 DAYS
	<u>\$ 6185.66</u>	

New Customer
and credit gpp

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 17, 2012

Tom Weisner
Wiesner, Tom dba Tom's Oil
3108 E 13TH ST
HAYS, KS 67601-9356

Re: Plugging Application
API 15-051-26030-00-00
DECHANT 1
SE/4 Sec.06-15S-18W
Ellis County, Kansas

Dear Tom Weisner:

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 April 15, 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 4

(785) 625-0550