



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

Form	CP1 - Well Plugging Application
Operator	Phoenix PetroCorp, Inc.
Well Name	BERRYMAN RICHFIELD UNIT 21-1A
Doc ID	1101158

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
5038	5041	MORROW	
5051	5053	MORROW	

PHOENIX PETROCORP, INC.

PHOENIX PETROCORP, INC.

not to scale

WELL SKETCH

API: 15-129-20012

WELL NAME: BRU 21-1-A

LOCATION: 80' W, C NW SE of Sec 9, Twp 33S, Rge 41W

COUNTY: Morton

STATE: Kansas

ELEVATION

KB:

GROUND: 3426

ZERO PT: ft. AGL

Spud Date: 11/18/1967
Compl Date: 6/6/1968

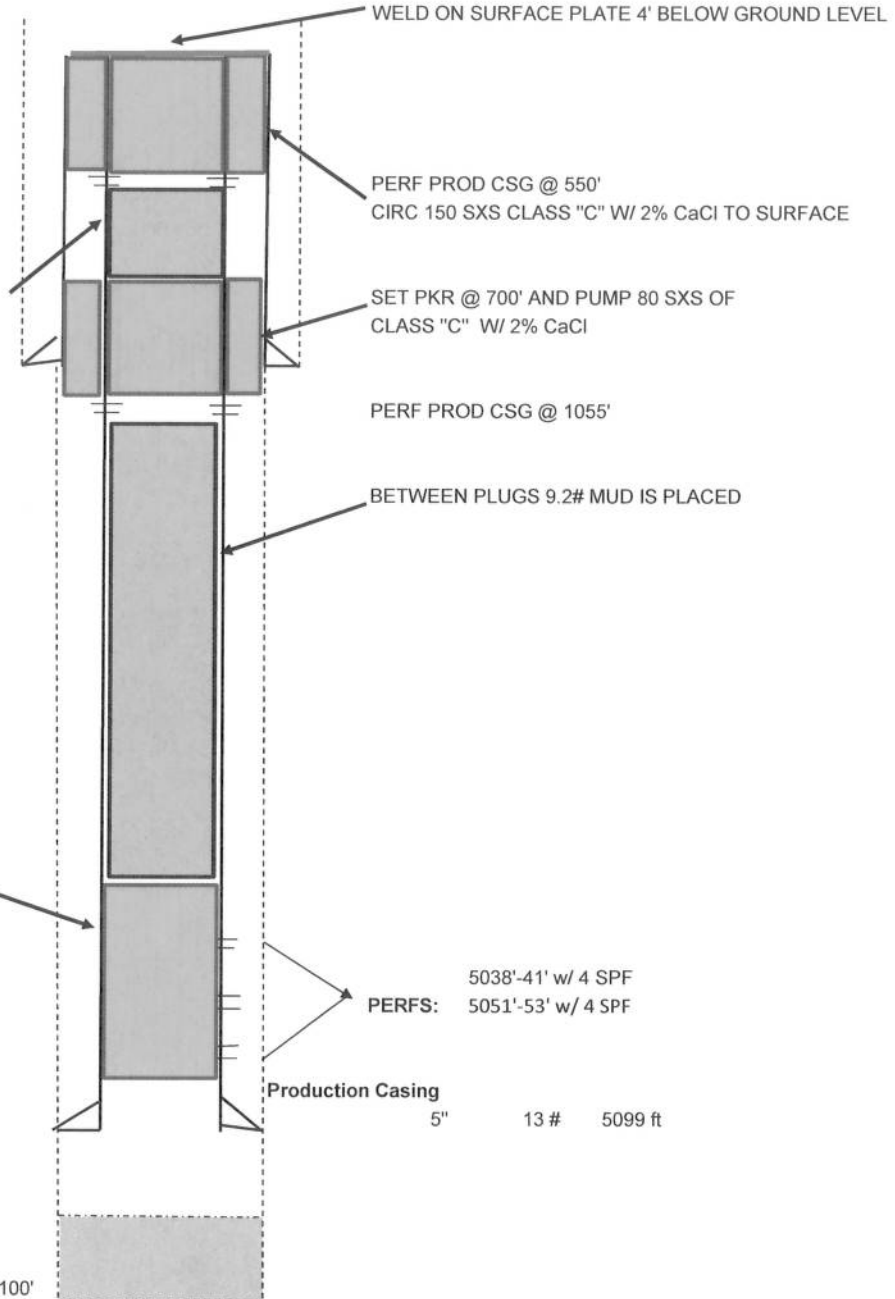
SURFACE CSG:
8-5/8" 24# 1005'
500 SXS

BETWEEN PLUGS 9.2# MUD IS PLACED

SET PACKER @ 4950' AND SQZ PERFS
WITH 50-75 SXS OF CLASS "C"
W/ COTTON SEED HULLS

PBTD:

TD: 5100'



WELD ON SURFACE PLATE 4' BELOW GROUND LEVEL

PERF PROD CSG @ 550'
CIRC 150 SXS CLASS "C" W/ 2% CaCl TO SURFACE

SET PKR @ 700' AND PUMP 80 SXS OF
CLASS "C" W/ 2% CaCl

PERF PROD CSG @ 1055'

BETWEEN PLUGS 9.2# MUD IS PLACED

PERFS: 5038'-41' w/ 4 SPF
5051'-53' w/ 4 SPF

Production Casing
5" 13 # 5099 ft

SCHLUMBERGER

GAMMA RAY - NEUTRON

COUNTY MORTON FIELD or LOCATION SEC. 9-33S-41W WELL GOVERNMENT NO. A-1 COMPANY R.E. MASSENGILL	COMPANY	R. E. MASSENGILL	
	WELL	GOVERNMENT NO. A-1	21-1A
	FIELD	BERRYMAN	
	COUNTY	MORTON	STATE KANSAS
	Location:	NW/4 SE/4	Other Services:
	Sec. 9 Twp. 33S Rge. 41W	NONE	

Permanent Datum: G.L. _____; Elev.: 3426	Elev.: K.B. -----
Log Measured From G.L. _____, 0 Ft. Above Perm. Datum	D.F. -----
Drilling Measured From G.L. _____	G.L. 3426

Date	12-4-67
Run No.	ONE
Type Log	SCINT.
Depth—Driller	5100
Depth—Logger	5083
Bottom logged interval	5082
Top logged interval	4000
Type fluid in hole	WATER
Salinity, PPM Cl.	-----
Density	-----
Level	3500
Max rec. temp., deg F.	-----
Operating rig time	1 1/2 HOURS
Recorded by	CANNON
Witnessed by	MASSENGILL

RUN No.	BORE-HOLE RECORD				CASING RECORD			
	Bit	From	To	Size	Wgt.	From	To	
1	7 7/8	-----	5140	4 1/2		0	5140	

EQUIPMENT DATA

Gamma Ray				Neutron			
Run No.	Tool Model No.	Diameter	Det'r Model No.	Run No.	Log Type	Tool Model No.	Det'r Model No.
ONE	GNT-J	1 11/16"	SGD-H	ONE	N-G	GNT-J	1 11/16"
Length	SCINT.	-----	Type	Type	-----	-----	-----
Dist. to N. Source	108"		Length	Source Model No.	NSL-M		
General				General			
Hoist Truck No.	3868			Serial No.	102		
Inst. Truck No.	3868			Spacing	15.5"		
Tool Serial No.	X-1			Type	PU BE		
Location	PAMPA			Strength	5 CURIE		

LOGGING DATA

Run No.	General		Speed Ft./Min.	T.C. Sec.	Sens. Settings	Gamma Ray		API G.R. Units per Log Div.	T.C. Sec.	Sens. Settings	Neutron	
	From	To				Zero Div. L or R	Zero Div. L or R				API N. Units per Log Div.	
1	4000		35	2	300	0		12	2	300	16L	60

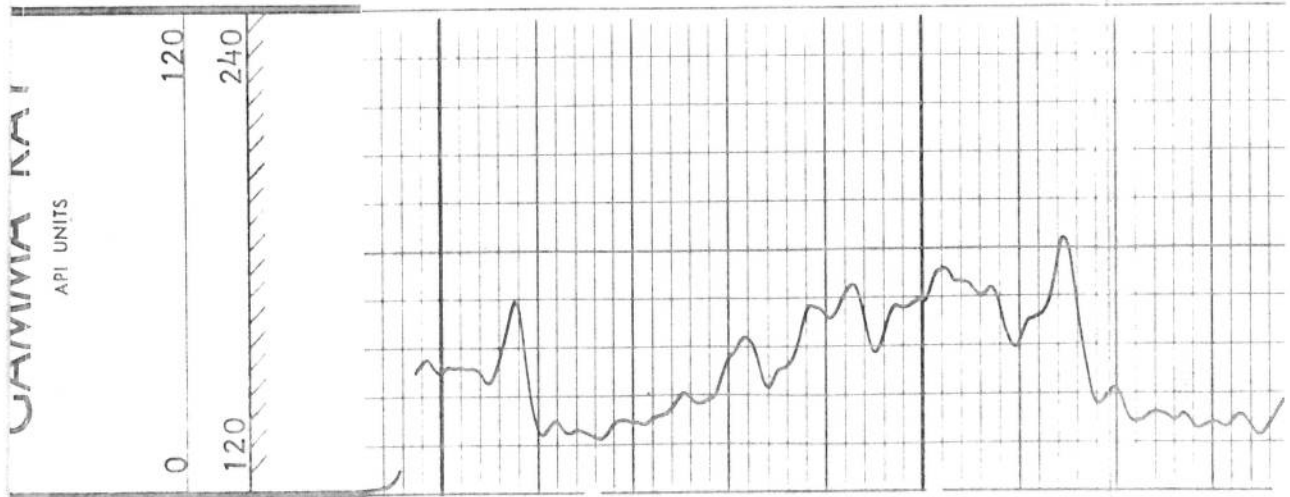
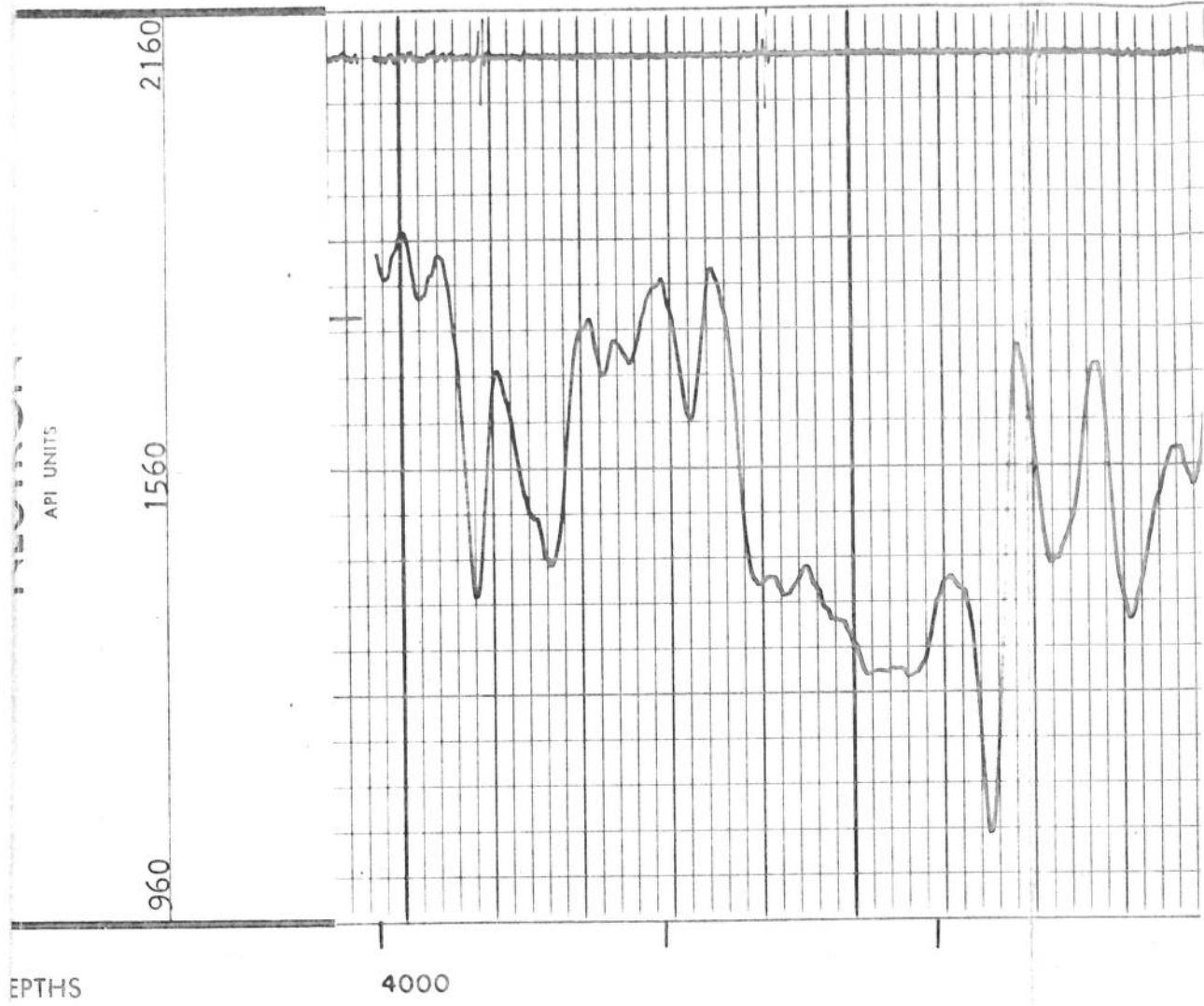
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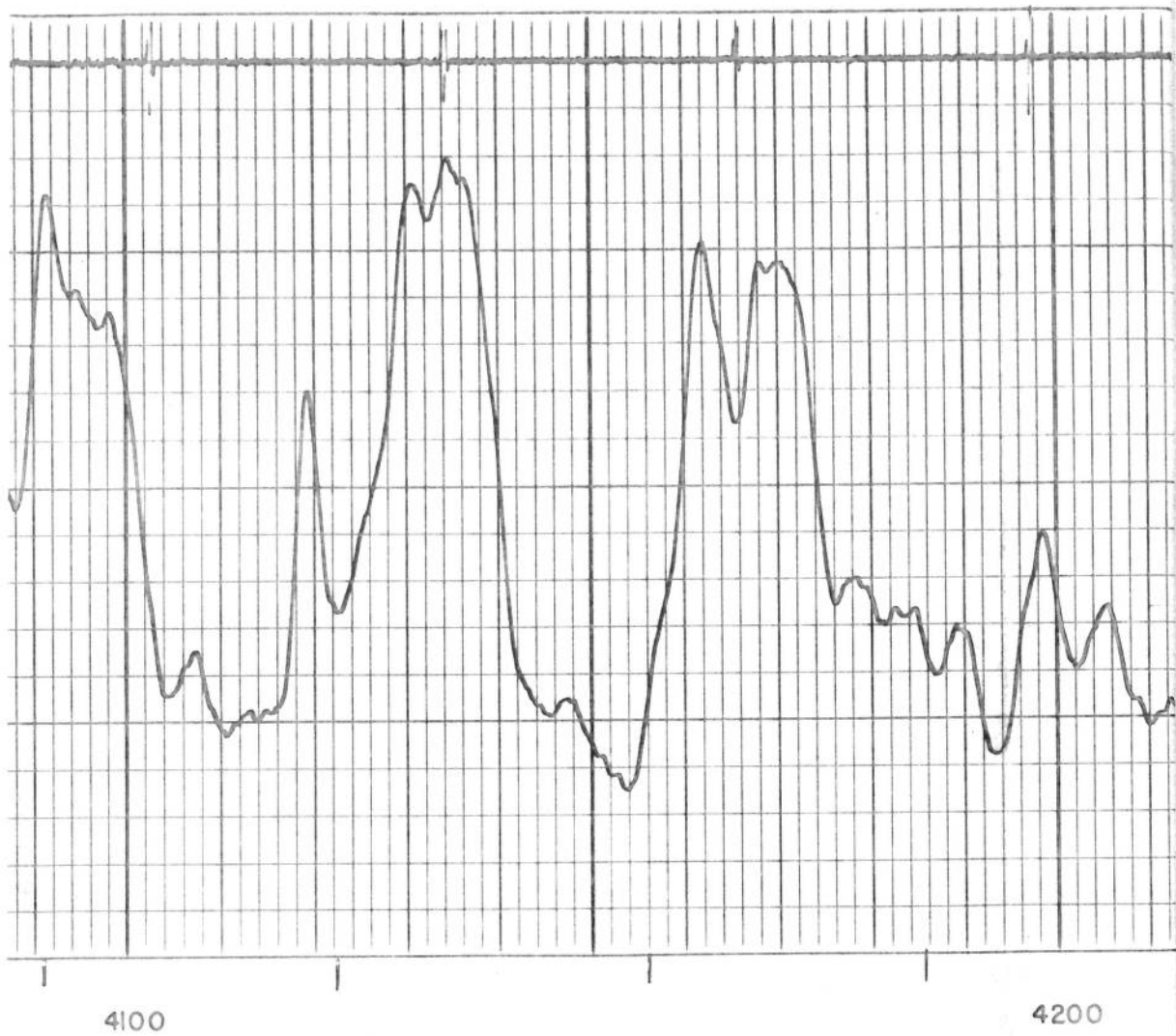
Remarks:

GAMMA RAY

0

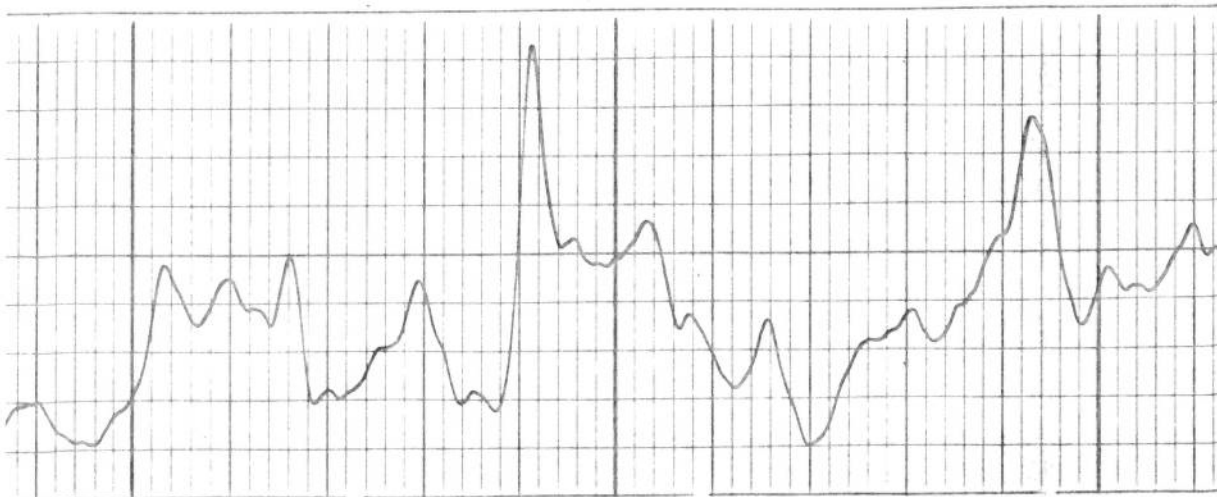
NEUTRON

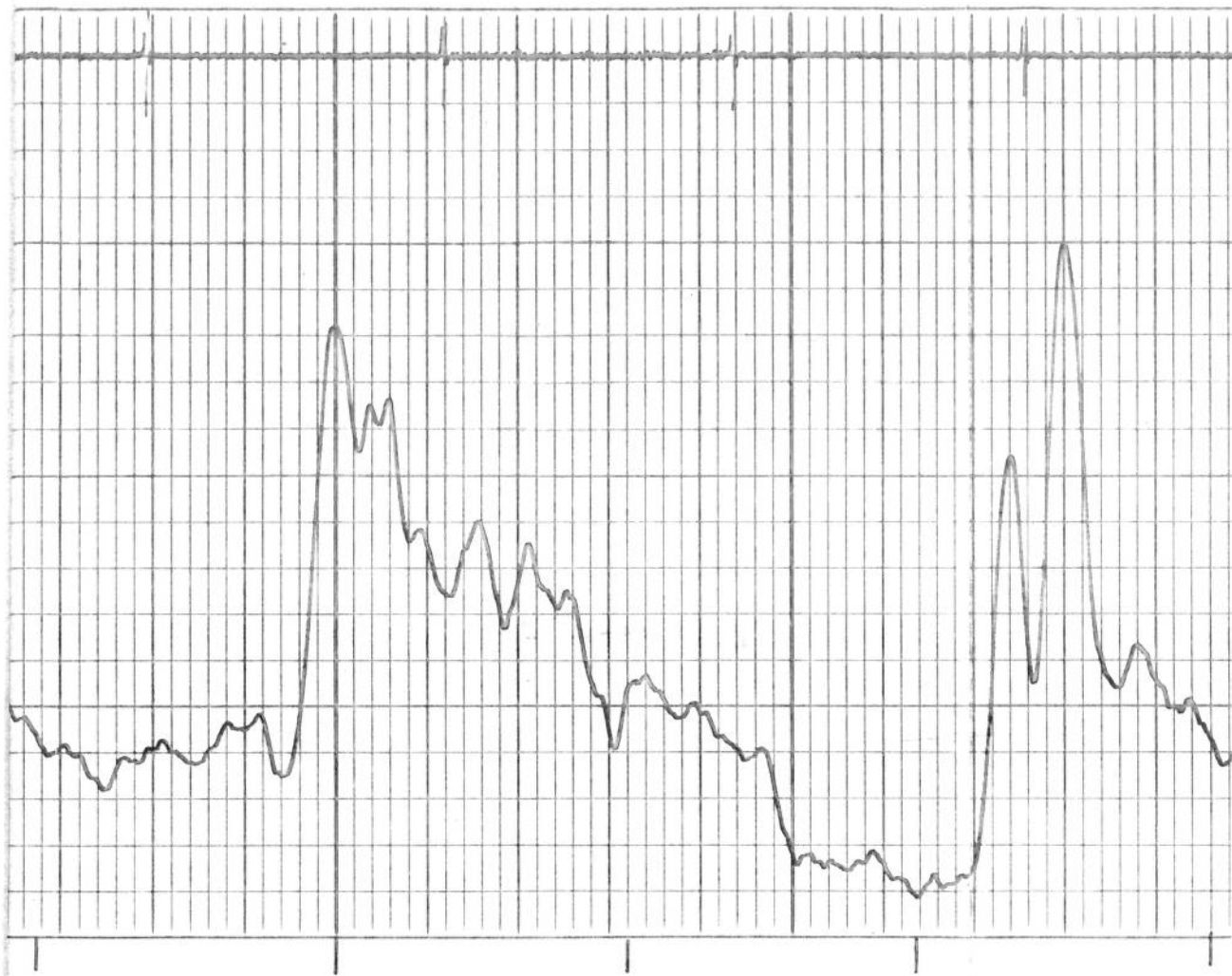




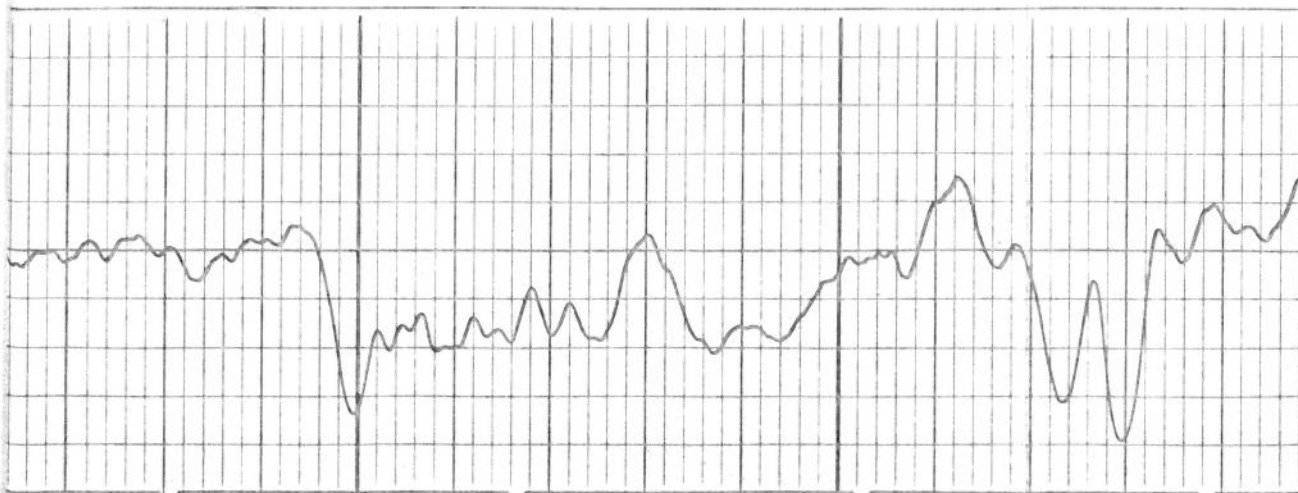
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4200





4300

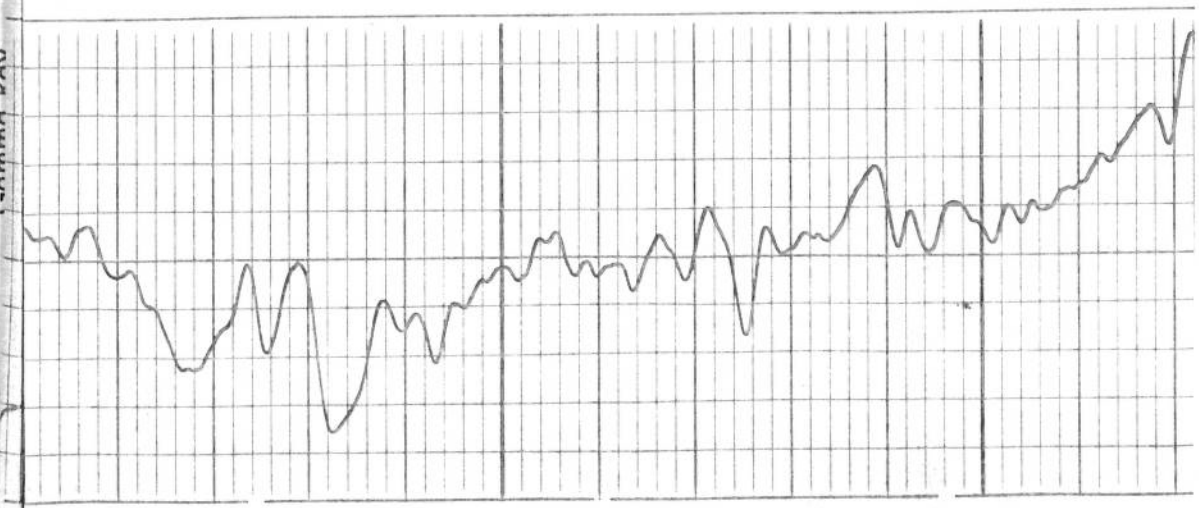


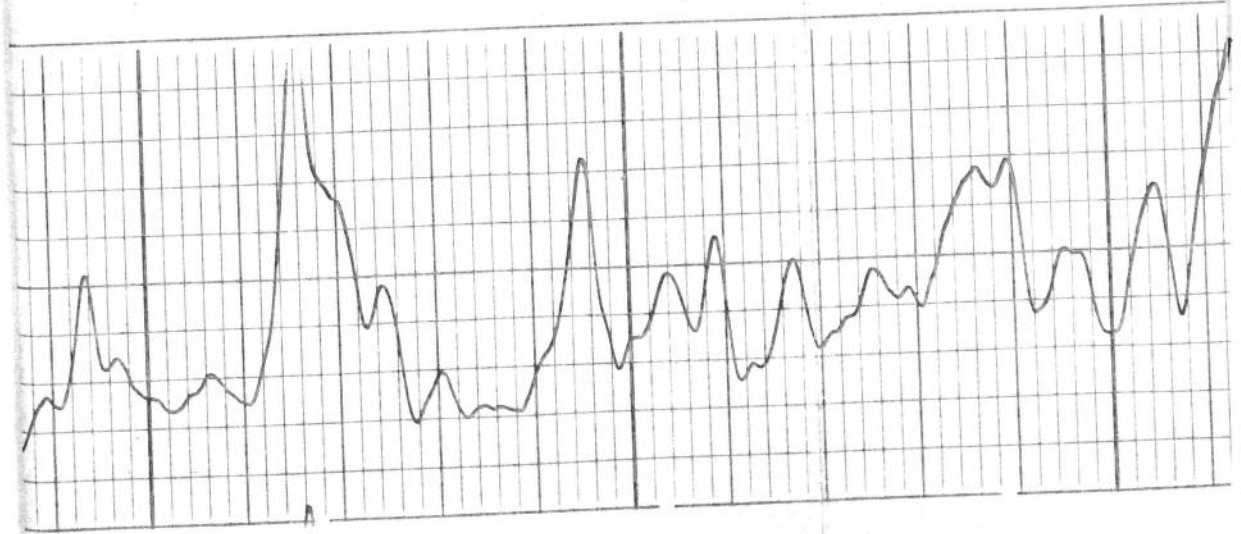
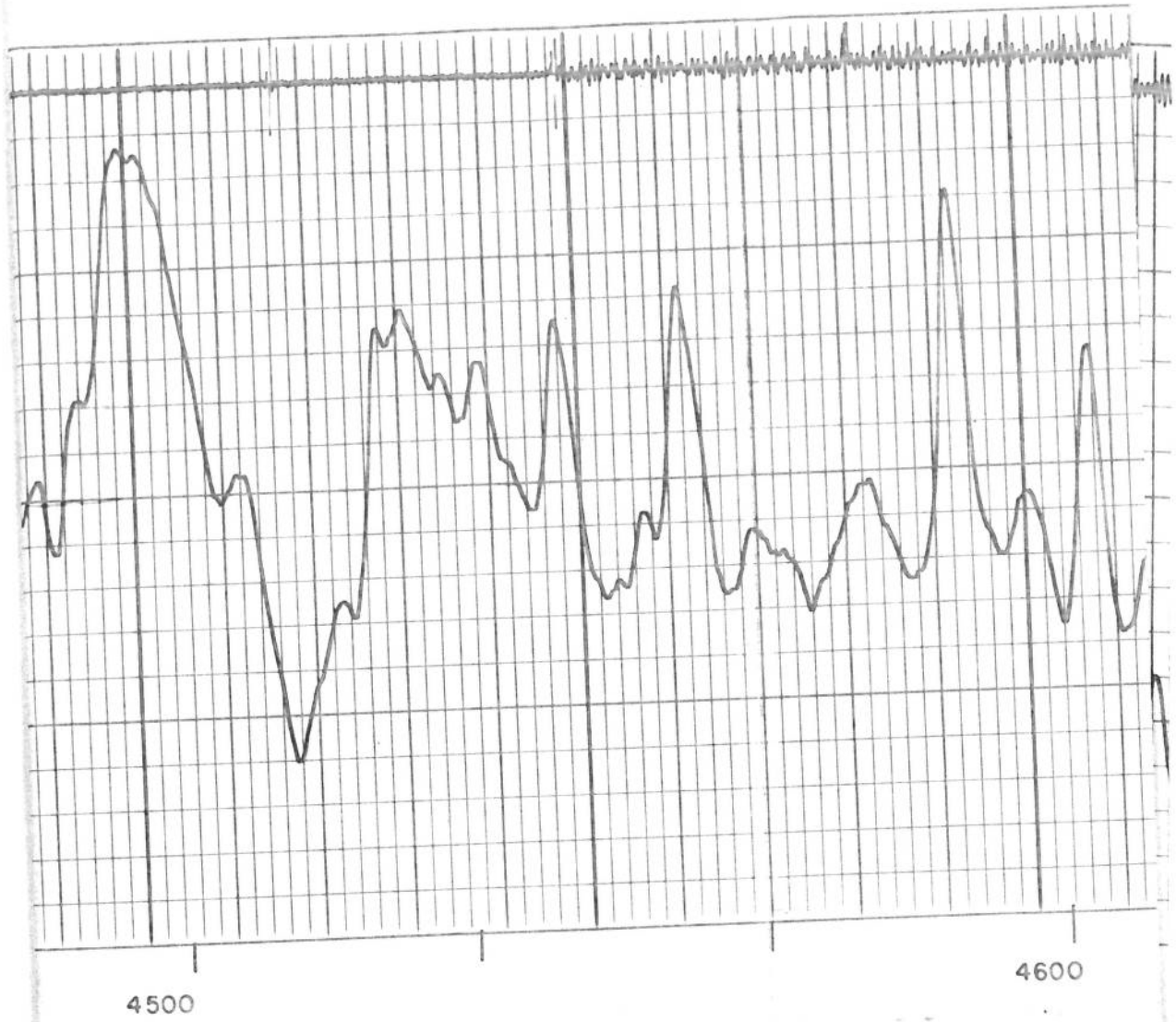
EQUIPMENT DATA



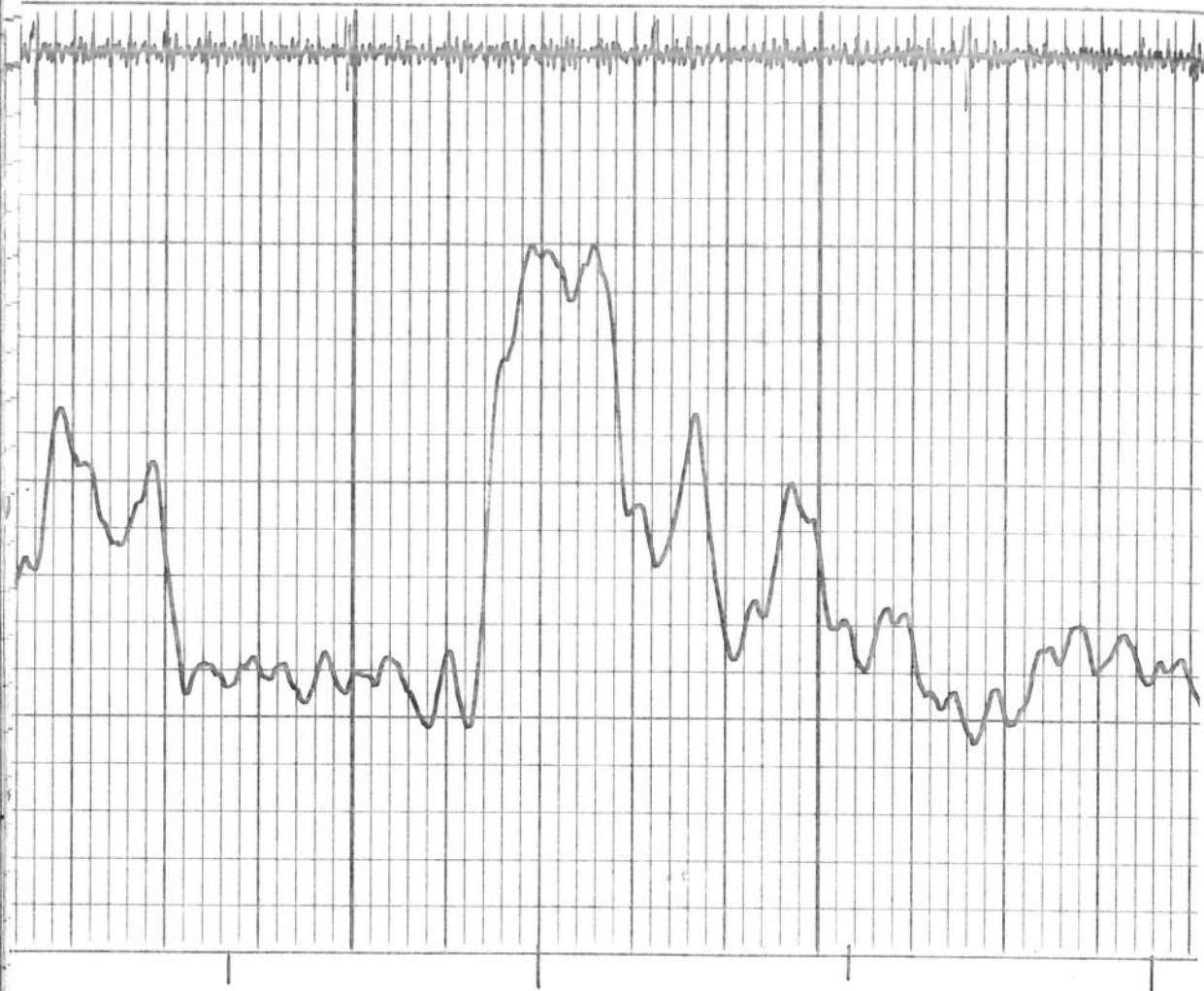
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Gamma Ray

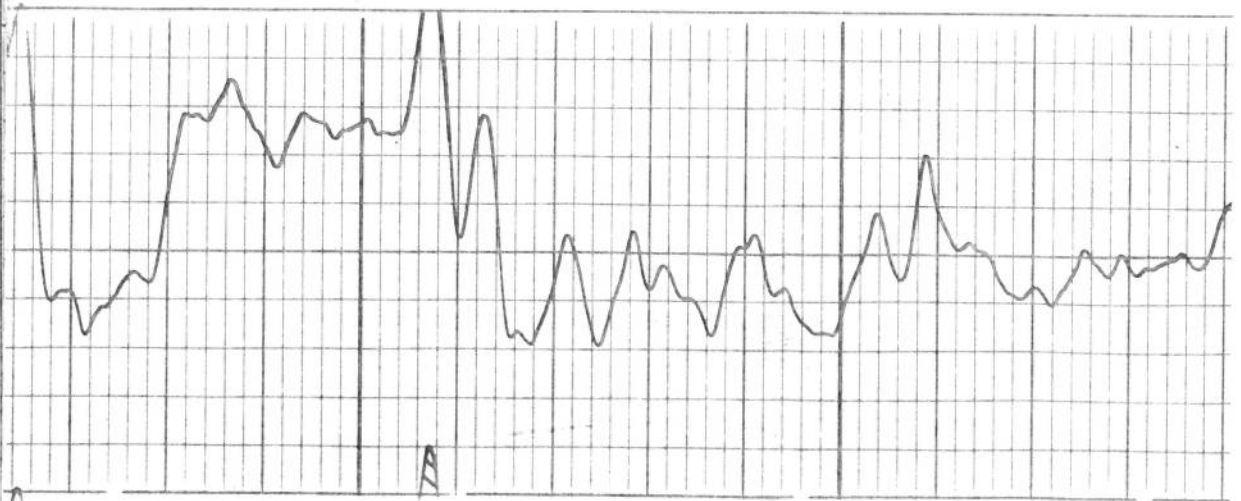


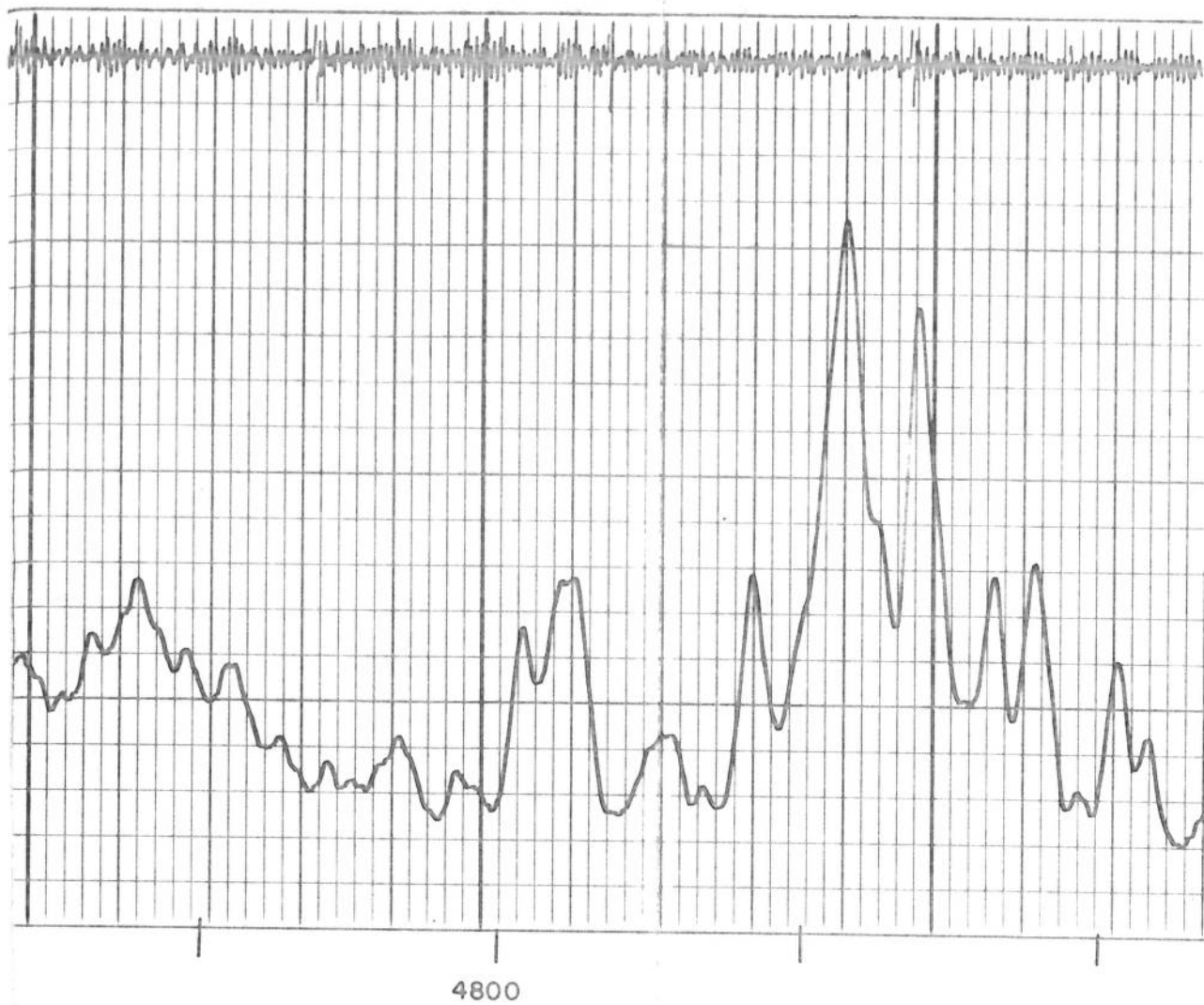


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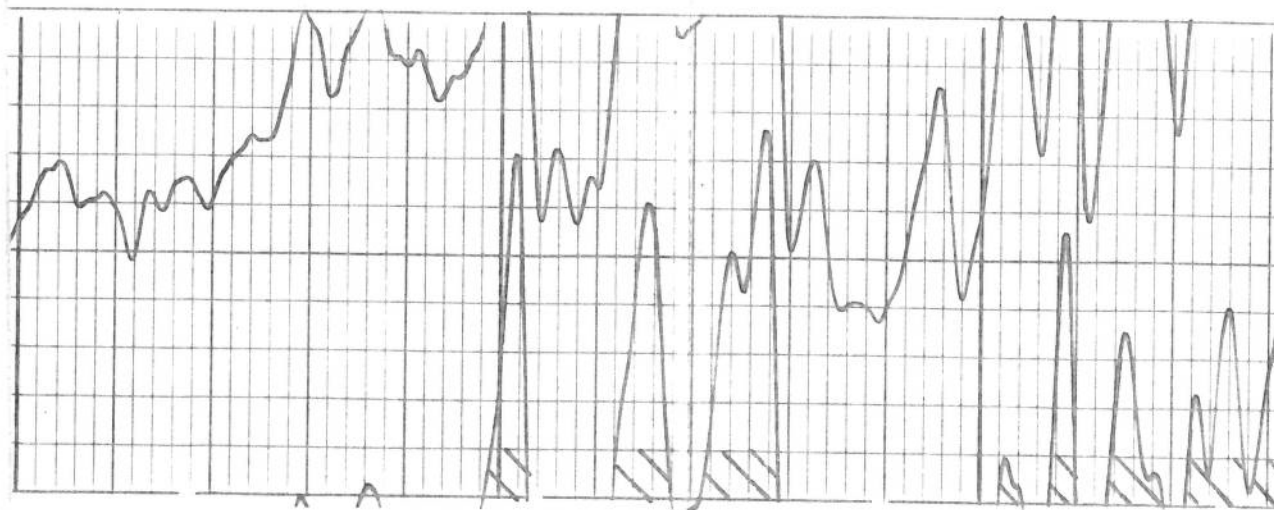


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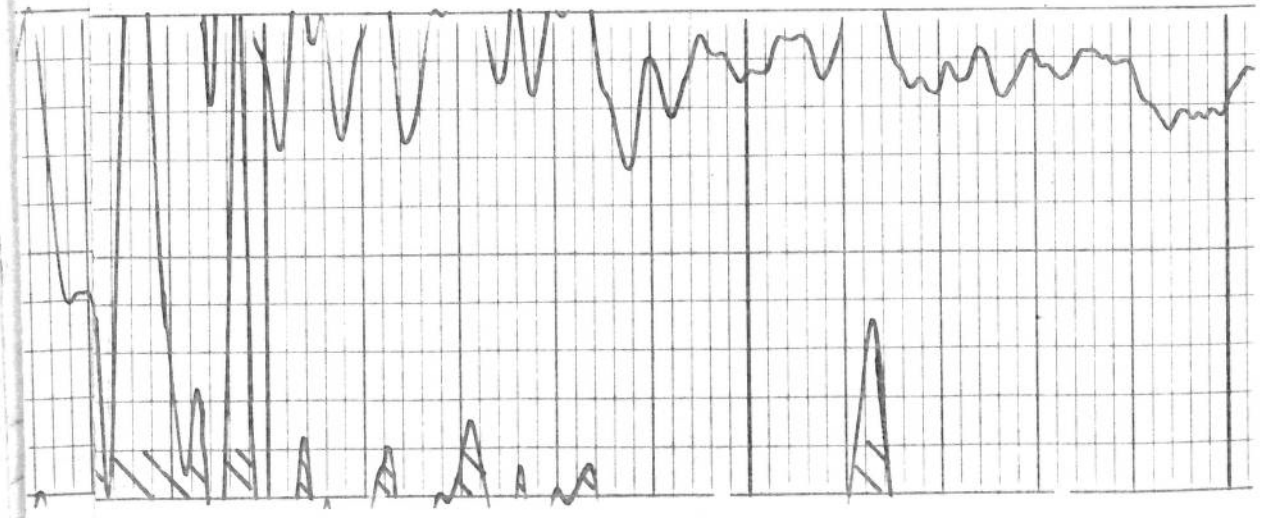
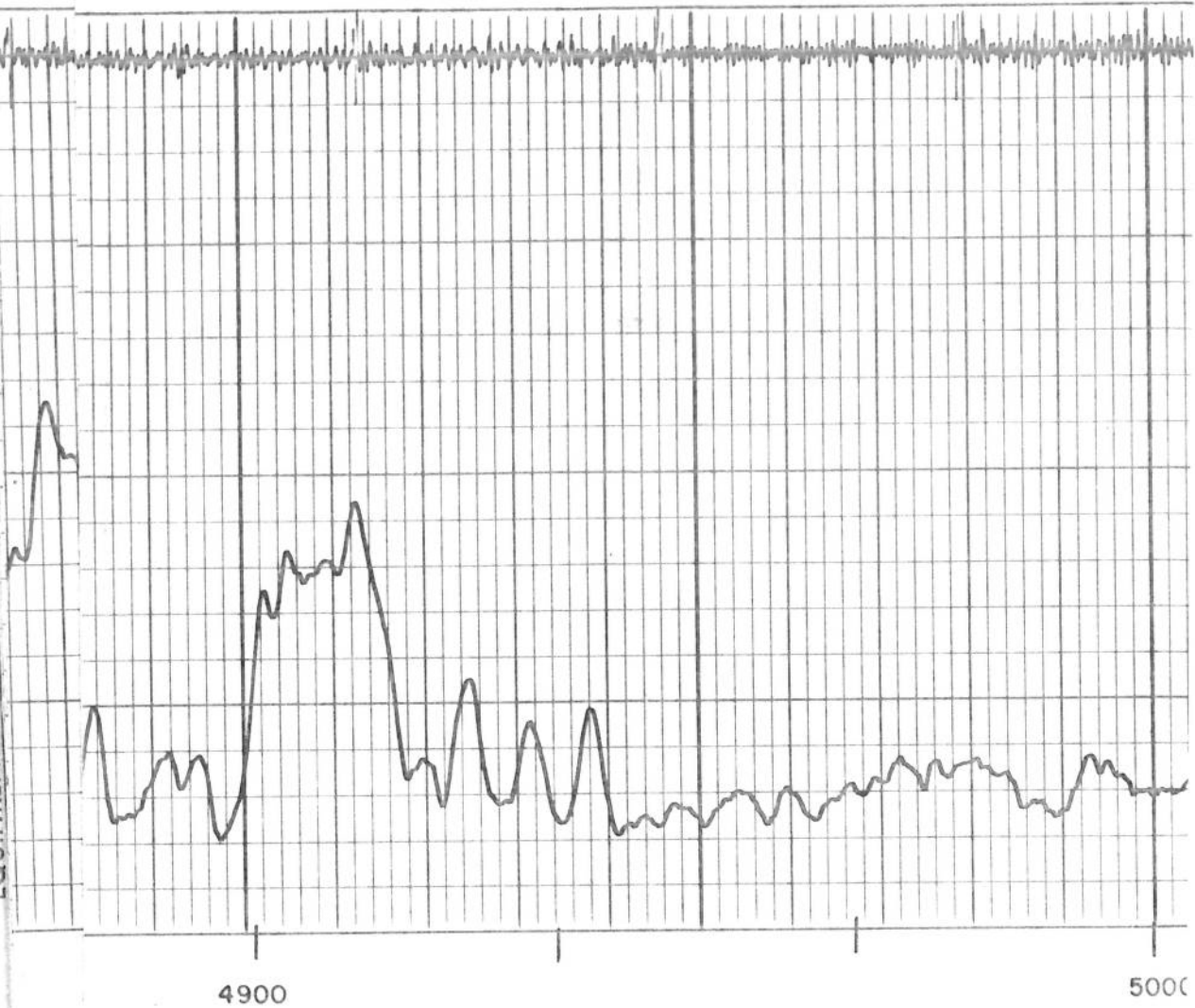


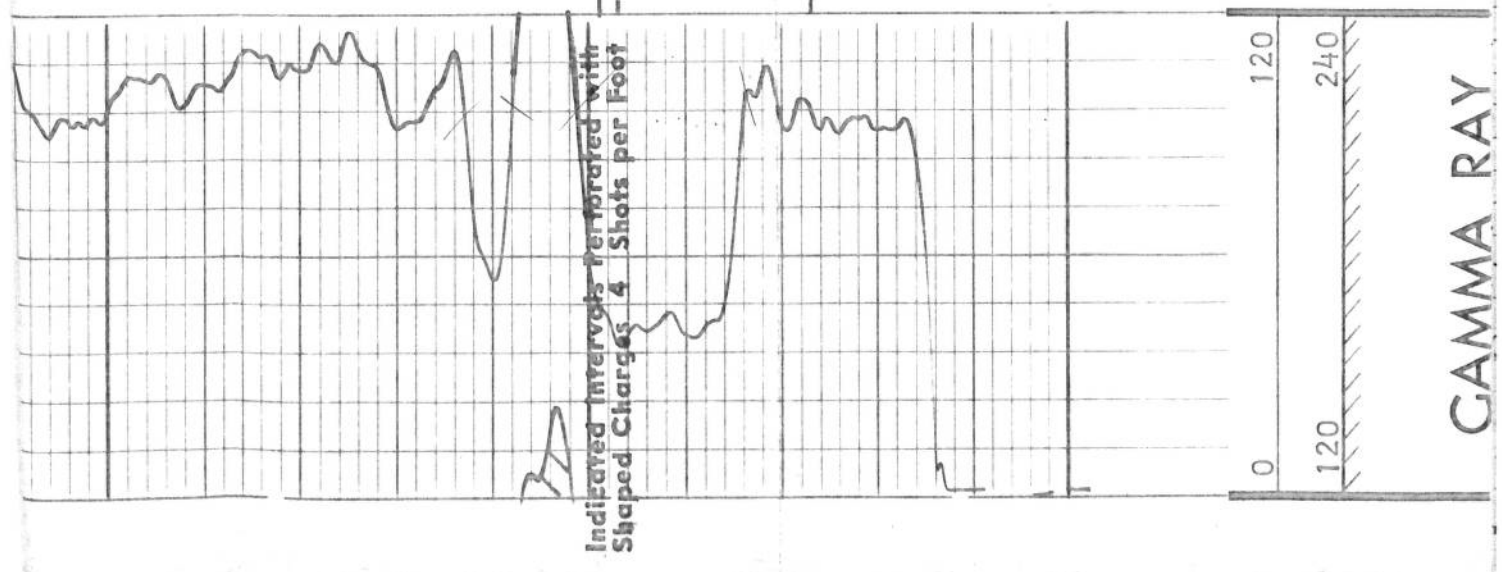
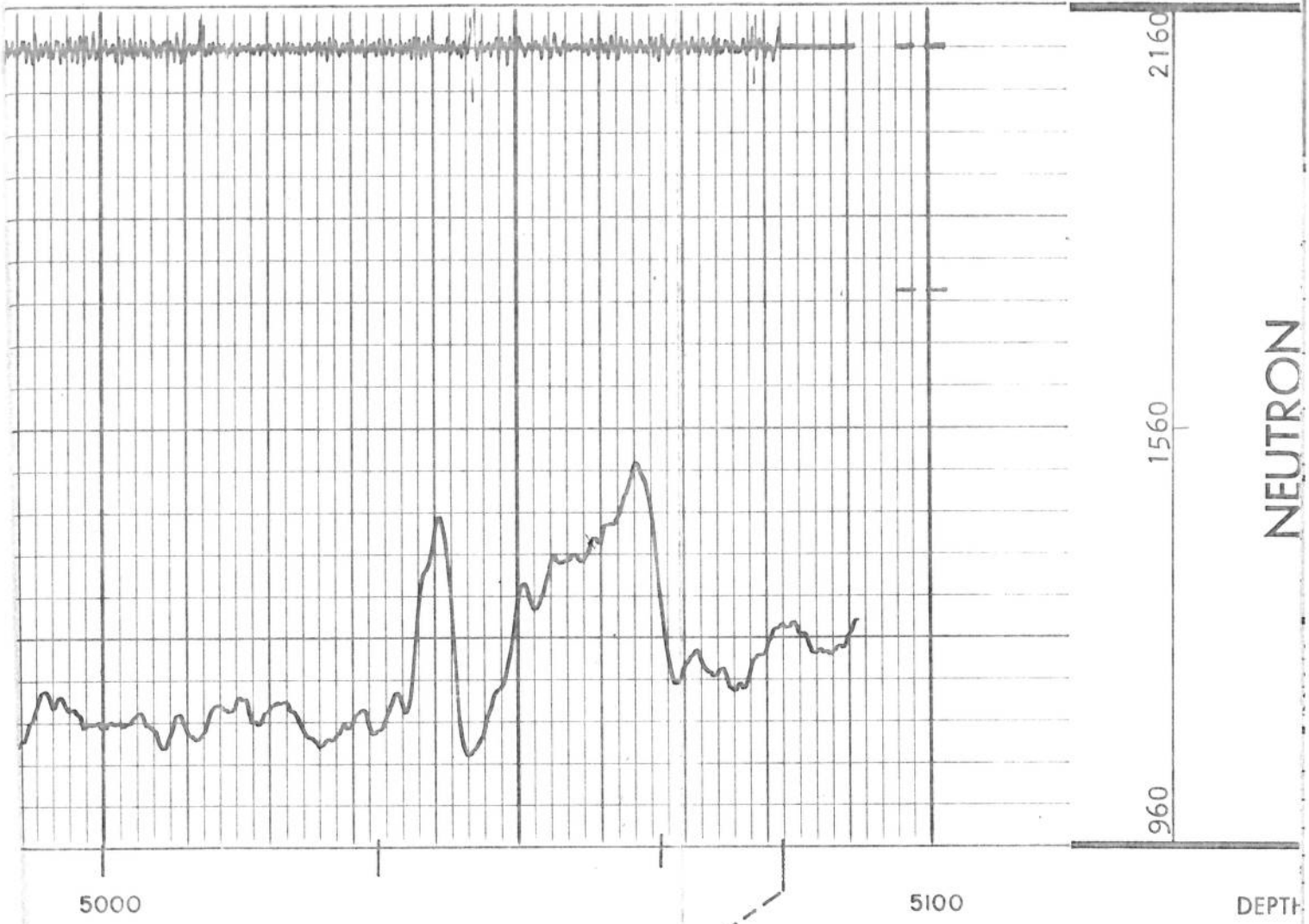


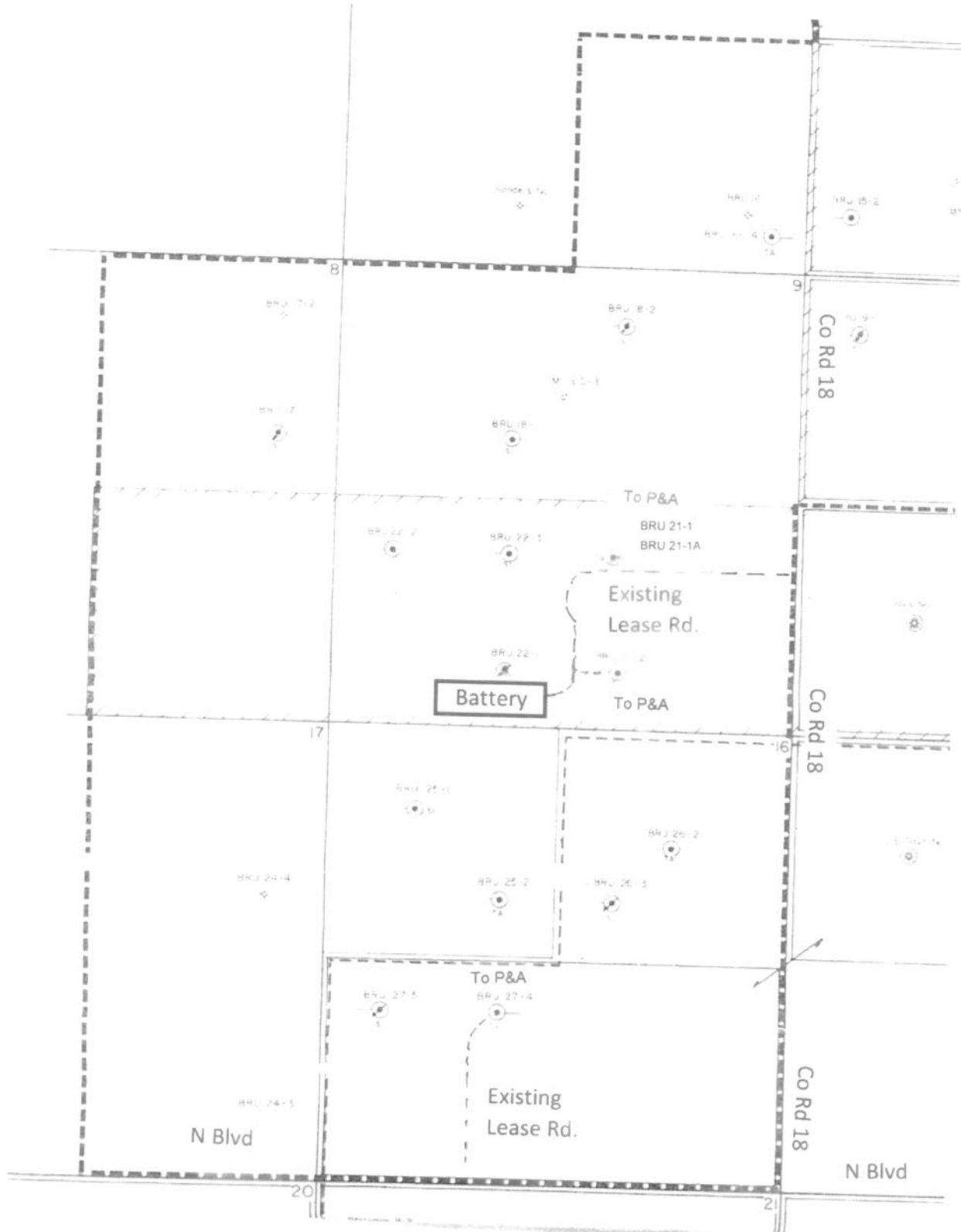
4800



EQUIPMENT DATA







**Berryman Richfield Unit
Morton County, Kansas**

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

November 15, 2012

CHARLES WILLIAMS
Phoenix PetroCorp, Inc.
6401 S CUSTER RD, STE 130
MCKINNEY, TX 75070

Re: Plugging Application
API 15-129-20012-00-00
BERRYMAN RICHFIELD UNIT 21-1A
SE/4 Sec.09-33S-41W
Morton County, Kansas

Dear CHARLES WILLIAMS:

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 May 14, 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 1

(620) 225-8888