



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.

Submitted Electronically

Form	CP1 - Well Plugging Application
Operator	EOG Resources, Inc.
Well Name	MCQUILLEN TRUST 19 #1
Doc ID	1102061

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
6201	6237	Chester	



Cement Bond Log

Company EOG Resources, Inc.
 Well McQuillen Trust 19 # 1
 Field Boss Hogg
 County Seward
 State Kansas

Company EOG Resources, Inc.
 Well McQuillen Trust 19 # 1
 Field Boss Hogg
 County Seward State Kansas

Location: API #: _____
 1,320' FSL & 1,320' FWL
 SEC 19 TWP 34S RGE 33W
 Permanent Datum Ground Level Elevation 2,884'
 Log Measured From K.B. = 12' AGL
 Drilling Measured From Kelly Bushing
 Elevation K.B. 2,896'
 D.F. 2,894'
 G.L. 2,884'

Date September 26, 2006

Run Number	6,800'
Depth Driller	6,503'
Depth Logger	6,490'
Bottom Logged Interval	5,640'
Top Log Interval	7,875"
Open Hole Size	Water
Type Fluid	
Density / Viscosity	
Max. Recorded Temp.	
Estimated Cement Top	5,916'
Time Well Ready	8:30
Time Logger on Bottom	9:00
Equipment Number	003
Location	Woodward, Oklahoma
Recorded By	Sergio Gamez
Witnessed By	Mr. Lusk

Run Number	Borehole Record		Tubing Record				
	Bit	From	To	Size	Weight	From	To

Casing Record	Size	Wgt/Ft	Top	Bottom
Surface String	8.625"	24#	Surface	1,696'
Prot. String				
Production String	4.50"	10.50#	Surface	T.D.
Liner				

<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments



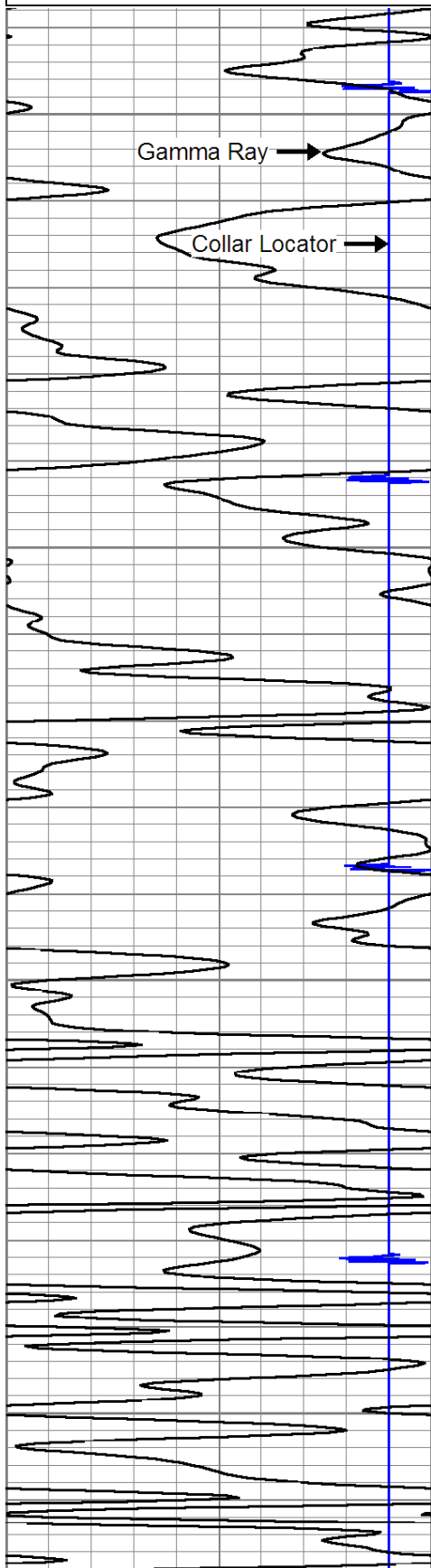
Main Section

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 Presentation Format: scbl_dr
 Dataset Creation: Tue Sep 26 09:19:57 2006 by Log Warrior 7.0 STD Cas
 Charted by: Depth in Feet scaled 1:240

9	Collar Locator	-1
0	Gamma Ray (GAPI)	150

0	Amplified Amplitude (mV)	10
0	Amplitude (mV)	100
1200	Travel Time (usec)	200

200 Variable Density 1200



5650

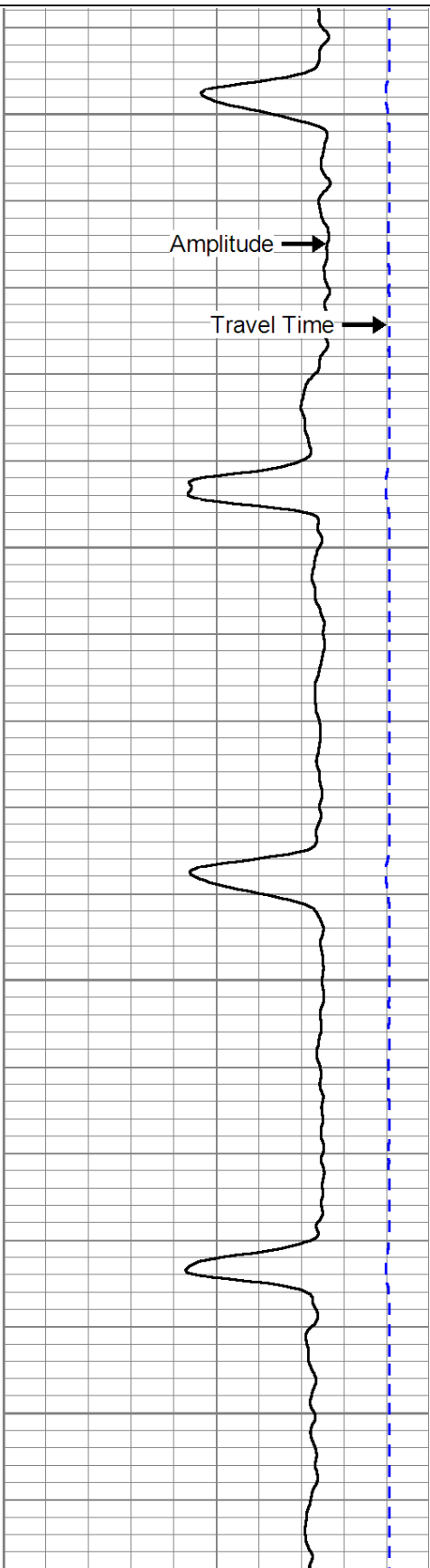
Gamma Ray →

Collar Locator →

5700

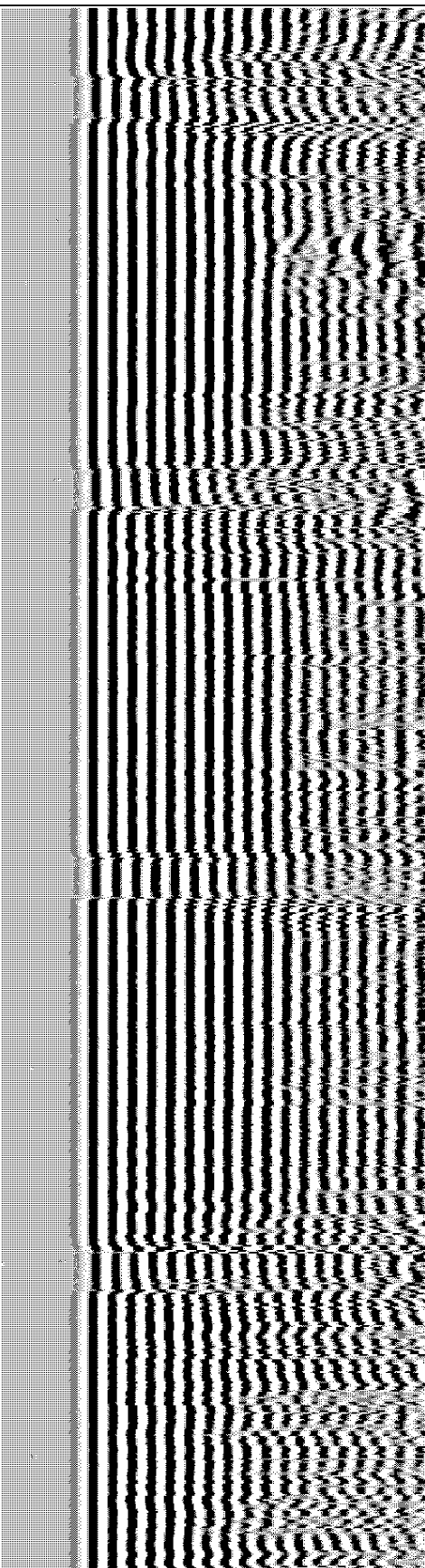
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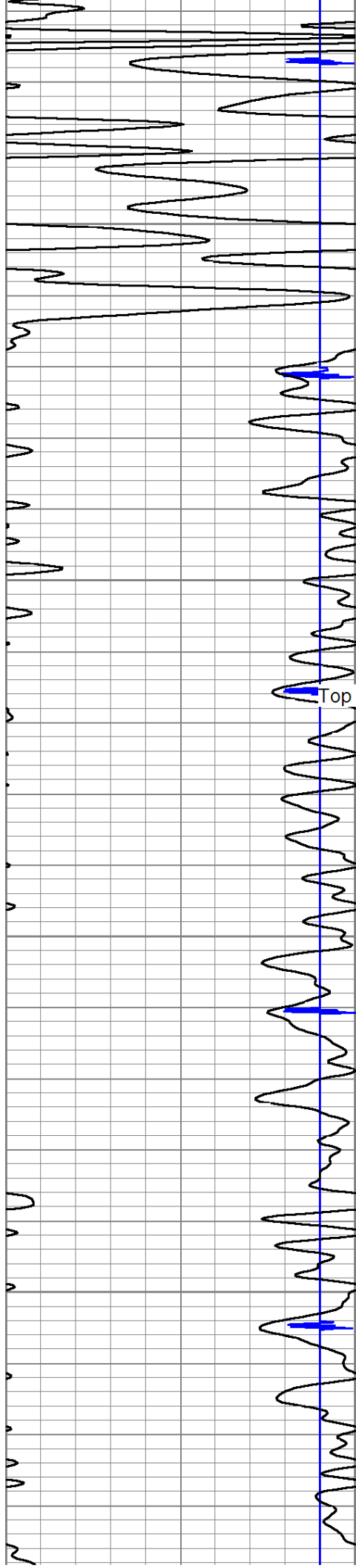
5800



Amplitude →

Travel Time →





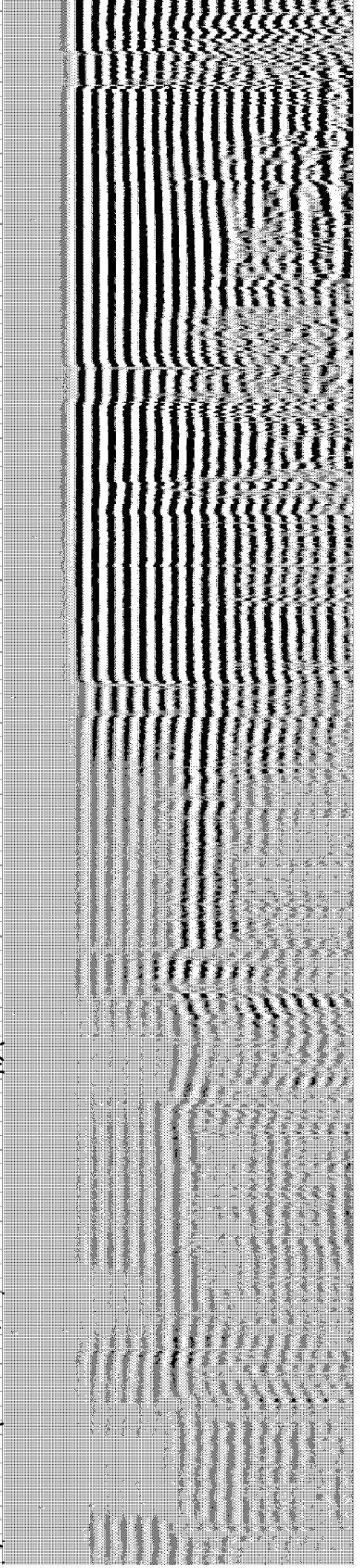
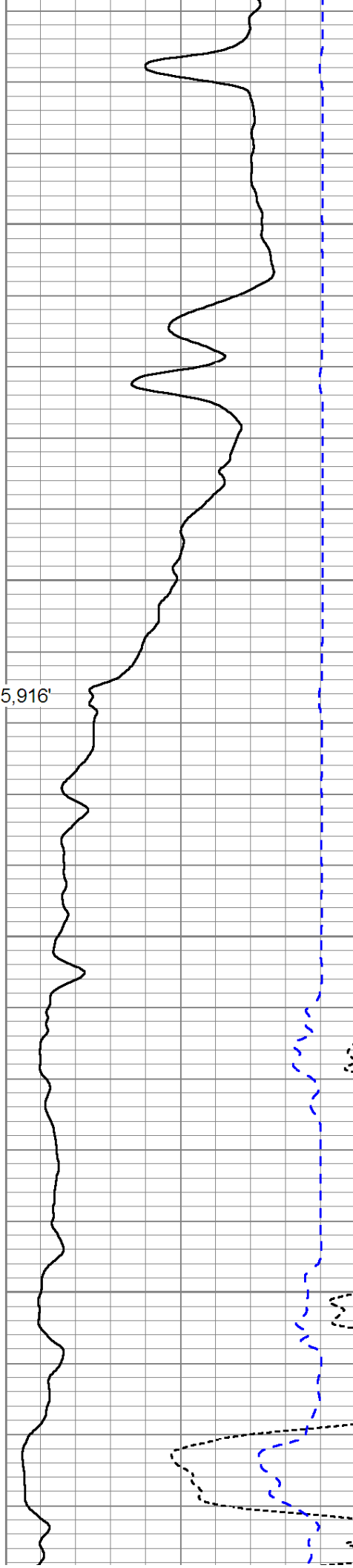
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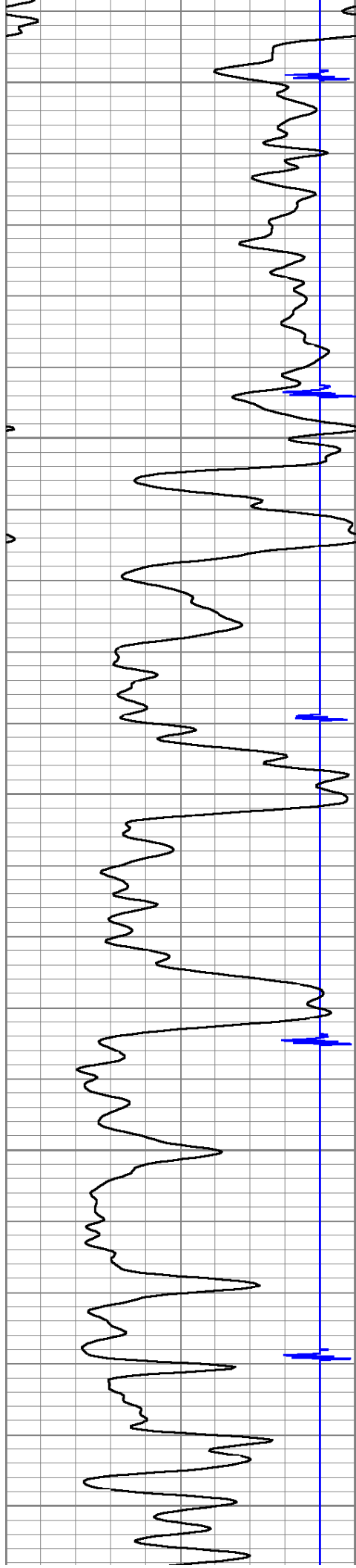
5900

Top of Cement@5,916'

5950

6000





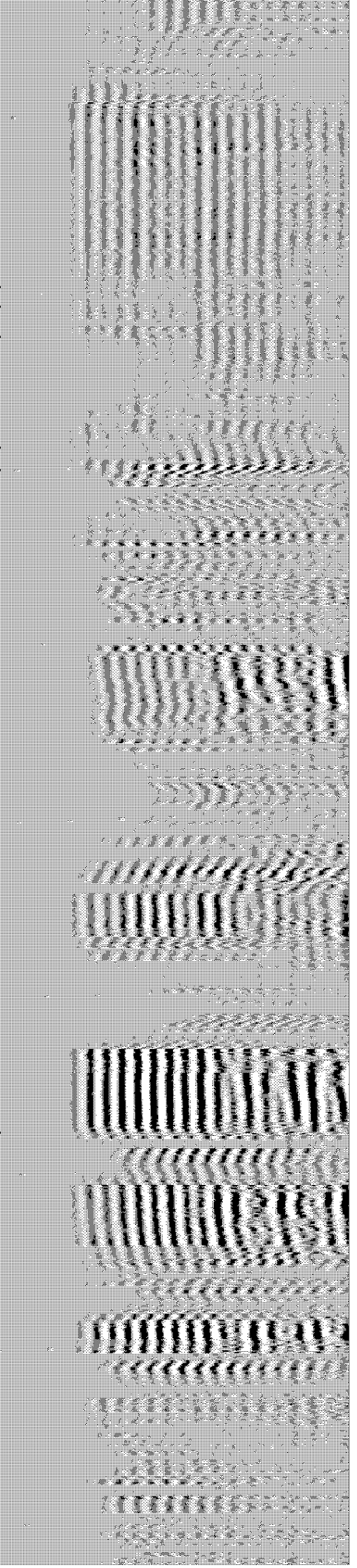
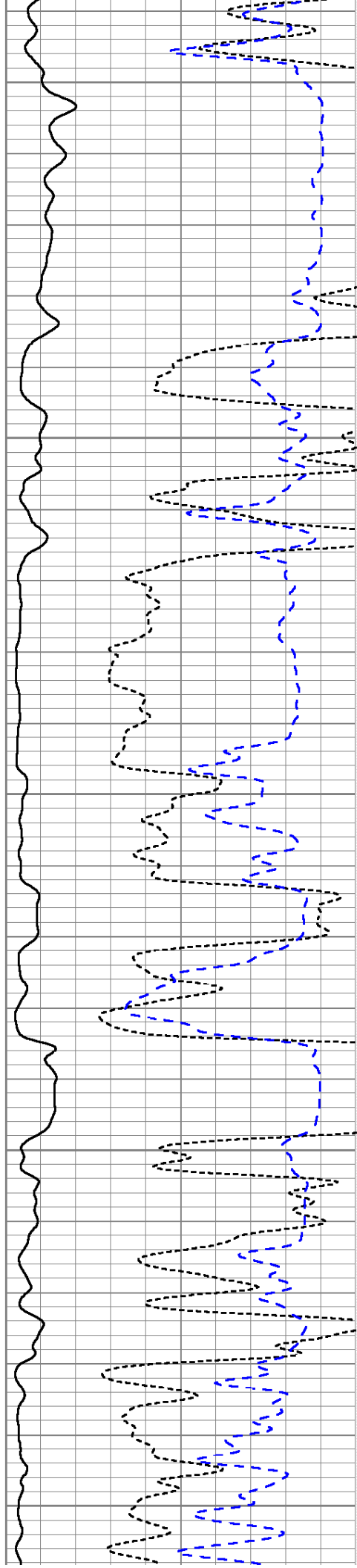
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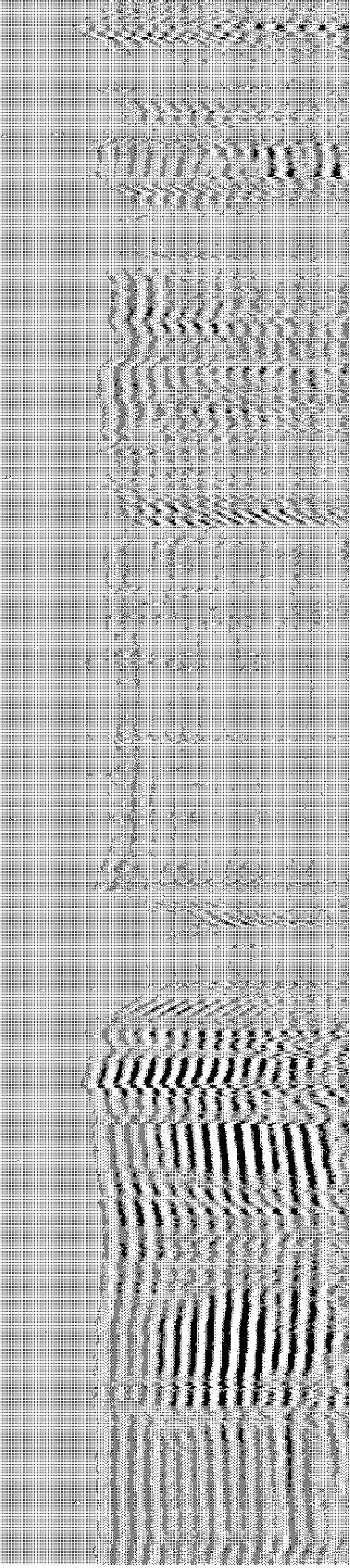
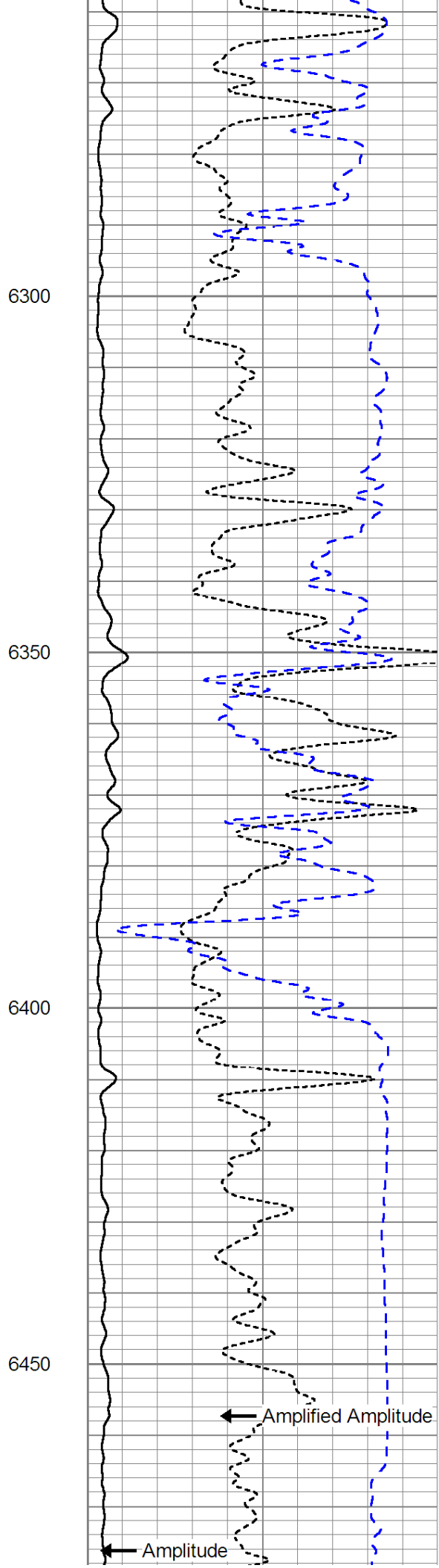
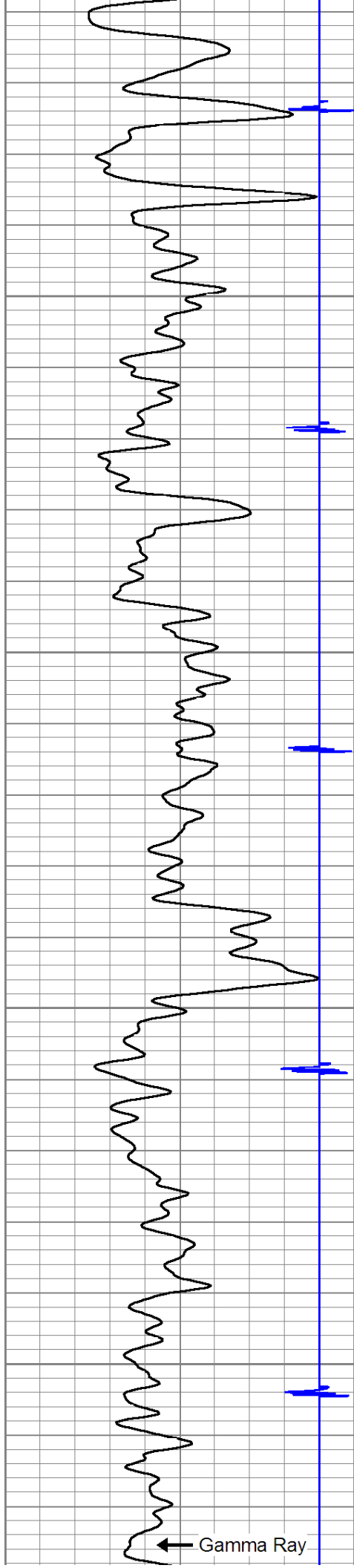
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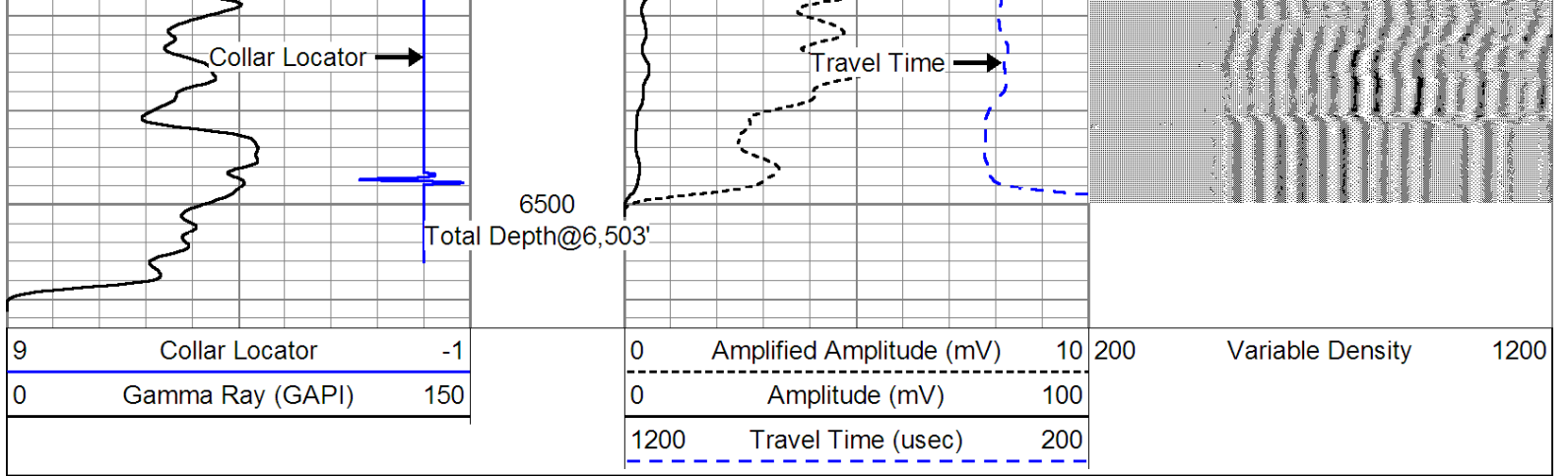
6150

6200

6250

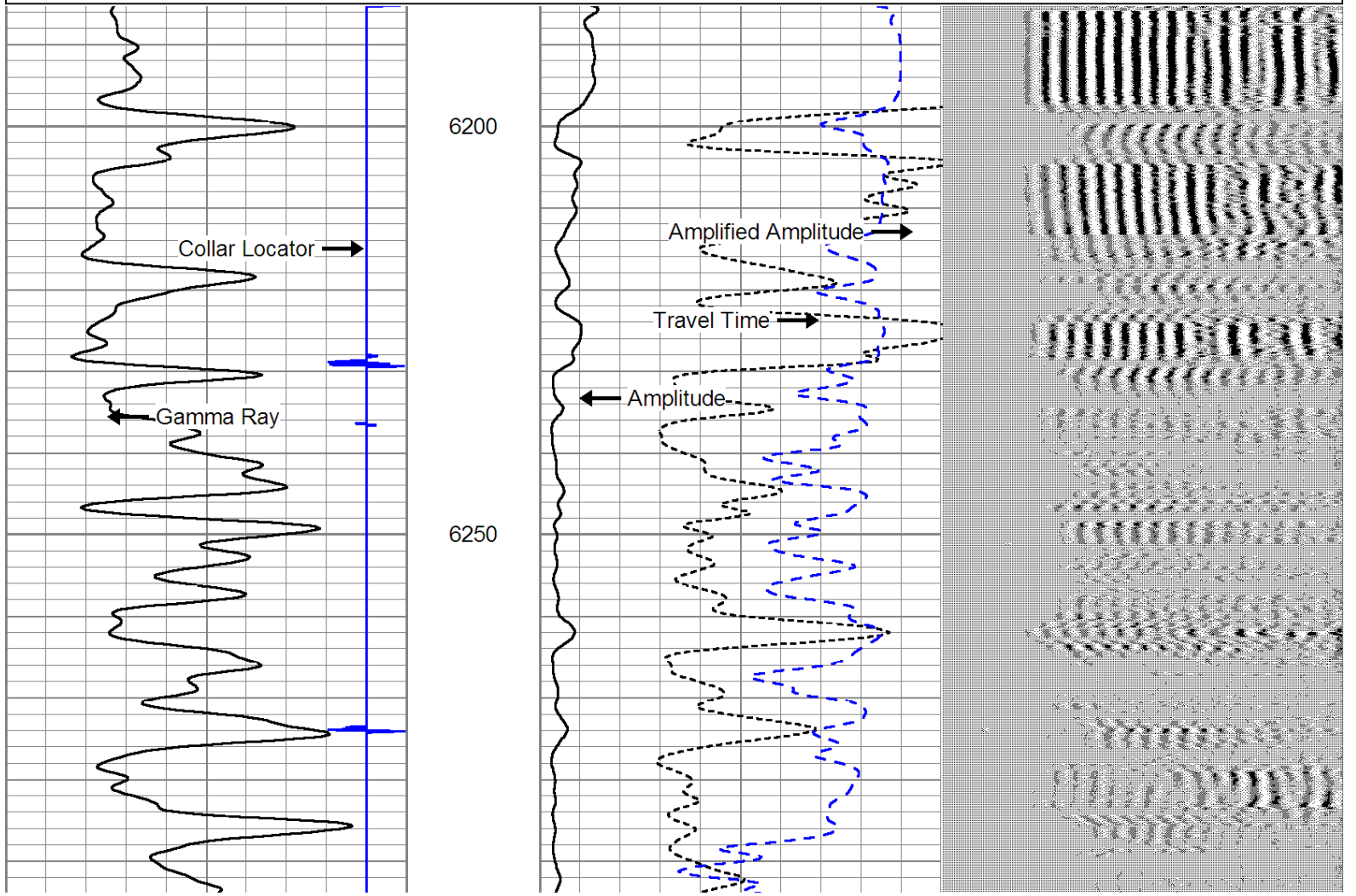
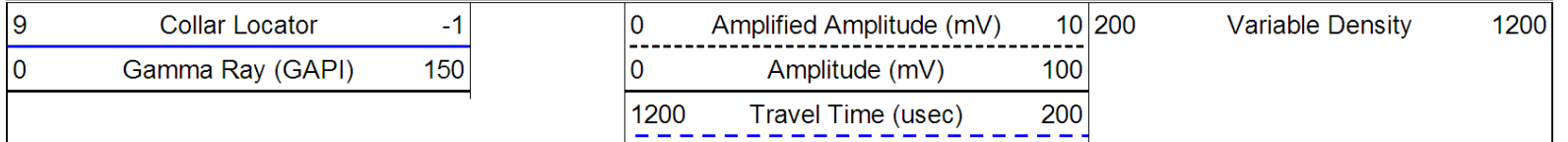


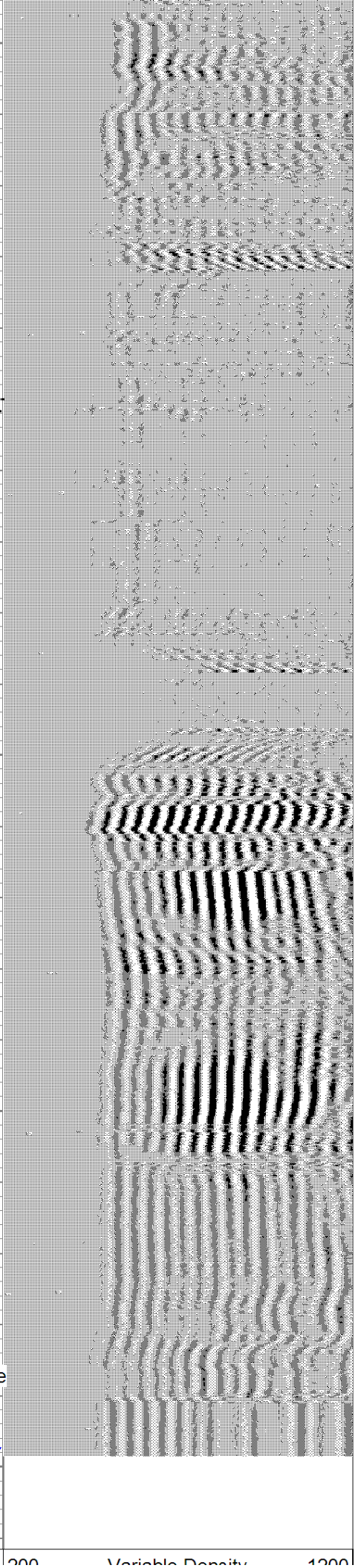
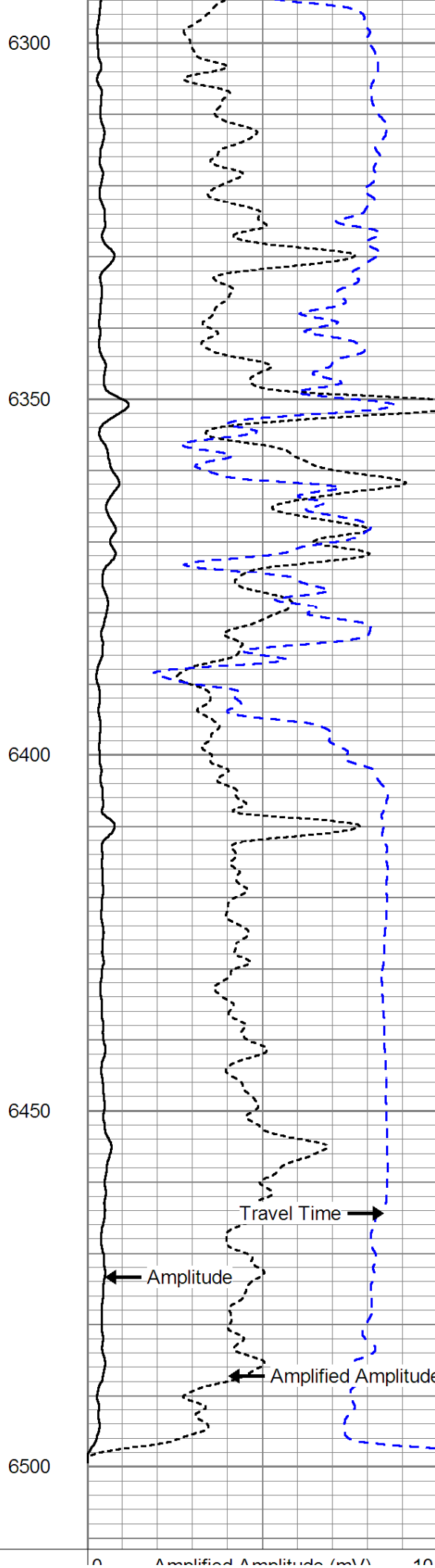
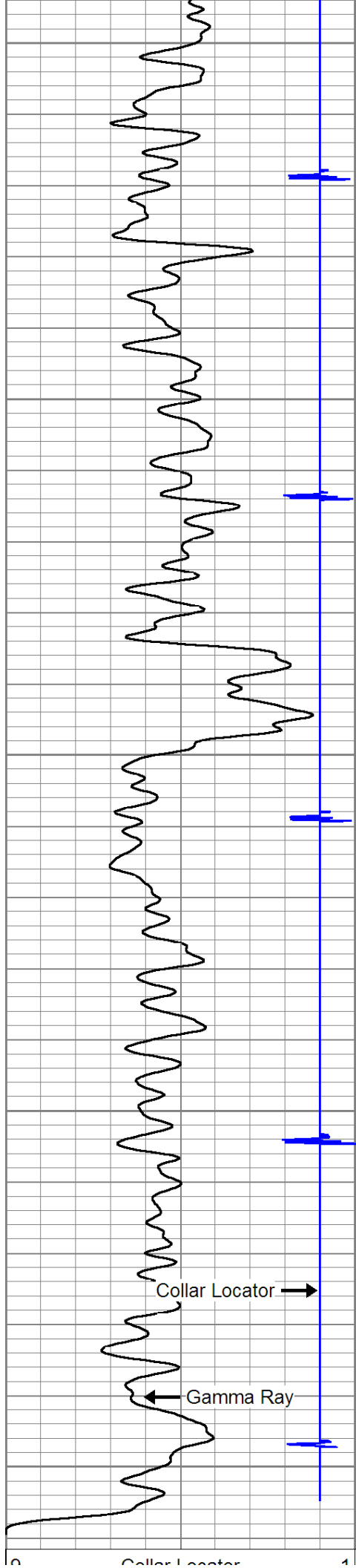




Repeat Section

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 Charted by: Depth in Feet scaled 1:240





Collar Locator 1 Amplitude 10 200 Variable Density 1200

9	Collar Locator	-1
0	Gamma Ray (GAPI)	150

0	Amplified Amplitude (mV)	10
0	Amplitude (mV)	100
1200	Travel Time (usec)	200

200	Variable Density	1200
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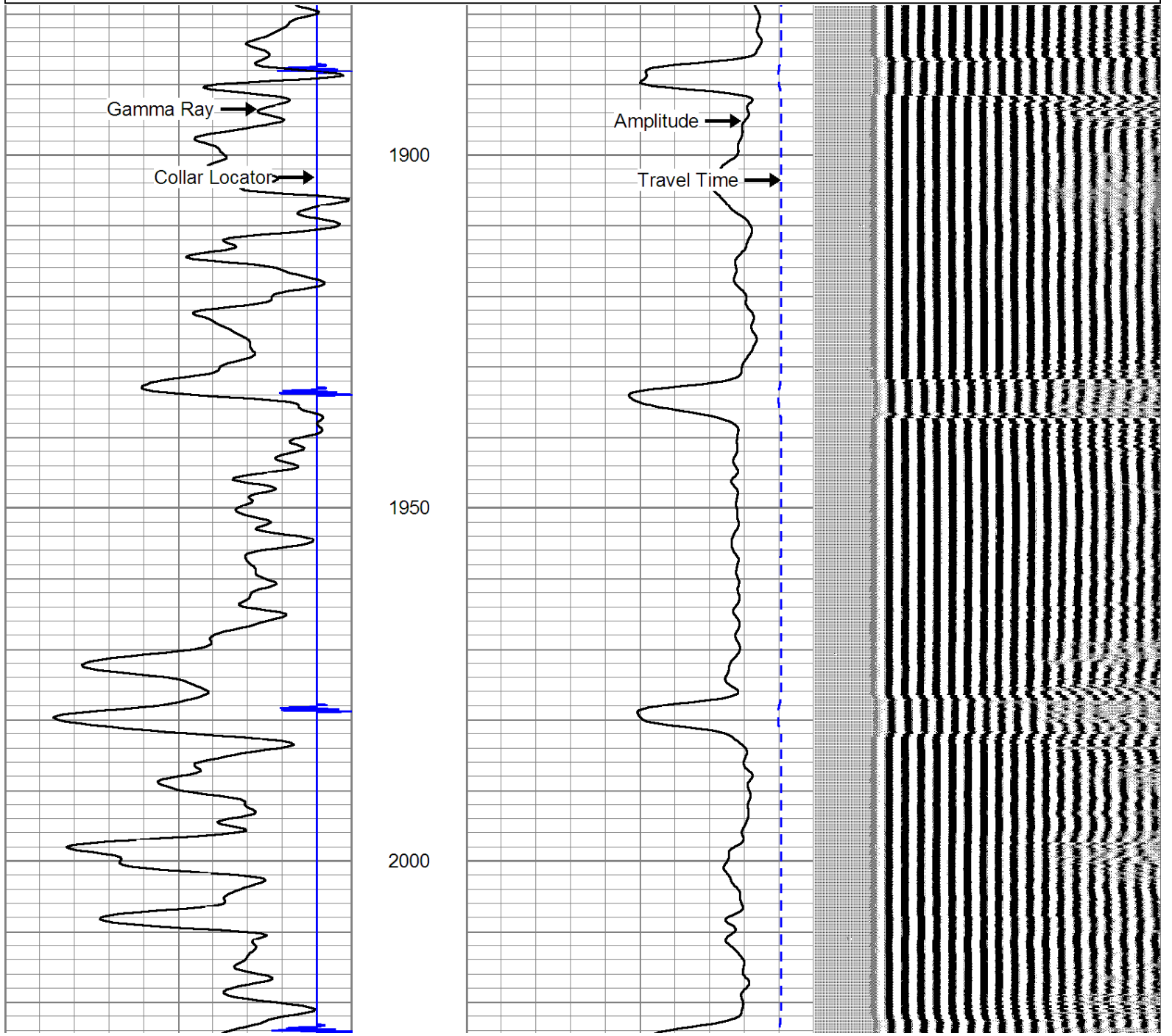
Free Pipe Section

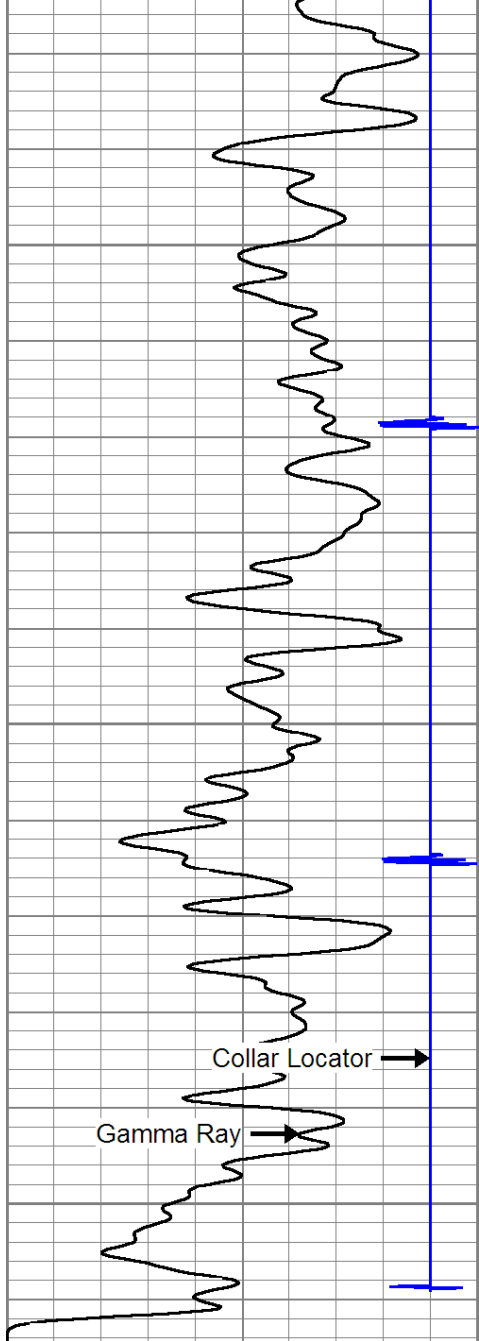
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 Charted by: Depth in Feet scaled 1:240

9	Collar Locator	-1
0	Gamma Ray (GAPI)	150

0	Amplified Amplitude (mV)	10
0	Amplitude (mV)	100
1200	Travel Time (usec)	200

200	Variable Density	1200
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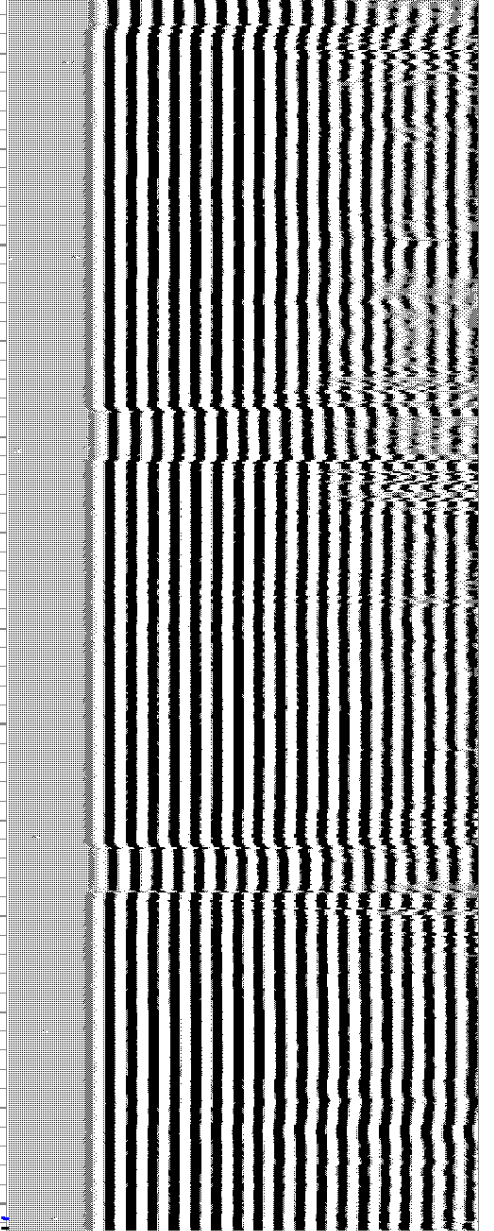
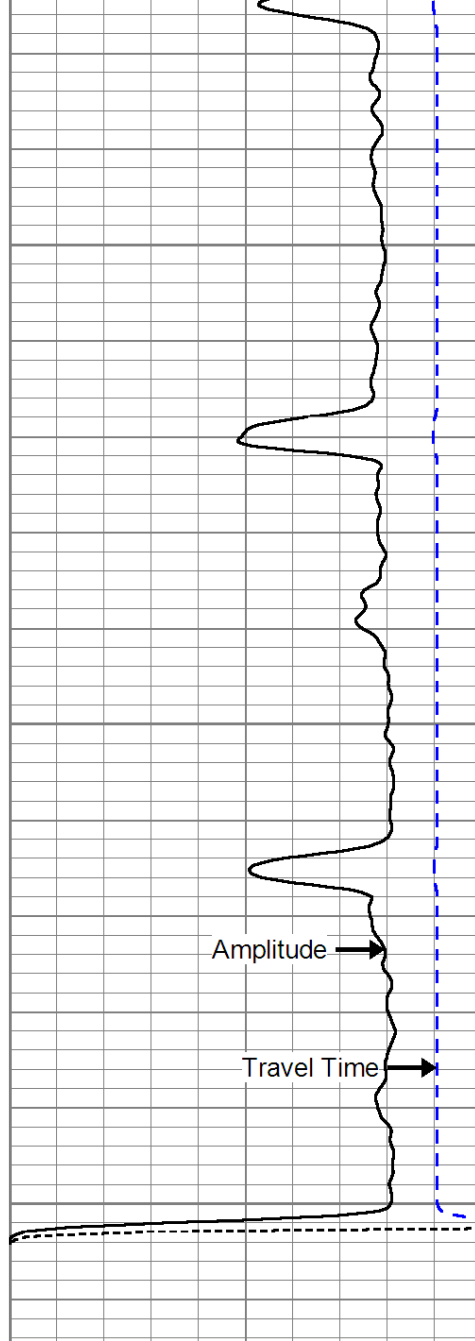




2050

2100

2150



9	Collar Locator	-1
0	Gamma Ray (GAPI)	150

0	Amplified Amplitude (mV)	10
0	Amplitude (mV)	100
1200	Travel Time (usec)	200

200	Variable Density	1200
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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/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

May 29, 2013

Bev Christensen
EOG Resources, Inc.
3817 NW EXPRESSWAY STE 500
OKLAHOMA CITY, OK 73112-1483

Re: Plugging Application
API 15-175-22057-00-00
MCQUILLEN TRUST 19 #1
SW/4 Sec.19-34S-33W
Seward County, Kansas

Dear Bev Christensen:

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 November 25, 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