



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	EOG Resources, Inc.
Well Name	Teegerstrom Trust 13 #1
Doc ID	1103037

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
5618	5640	St. Louis	5590
5482	5488	Chester	
5364	5390	Chester	



**CEMENT BOND
GAMMA RAY CCL
LOG**

Company **EOG**
Well **TEEGERSTROM TRUST 13 #1**
Field **LOCKPORT**
County **HASKELL**
State **KANSAS**

Company **EOG**
Well **TEEGERSTROM TRUST 13 #1**
Field **LOCKPORT**
County **HASKELL** State **KANSAS**

Location: Sec: 13 Twp: 30S Rge: 32W
API No. 15081218670000
330' FSL & 2310' FEL

Permanent Datum **GROUND LEVEL** Elevation **2852'**
Log Measured From **KELLY BUSHING 12'**
Drilling Measured From **KELLY BUSHING**

Other Services
PERF
5618-5640

Elevation
K.B. 2864'
D.F. 2863'
G.L. 2852'

Date	3-20-09		
Run Number	ONE		
Depth Driller	5800'		
Depth Logger	5716'		
Bottom Logged Interval	5716'		
Fluid Level	SURFACE		
Open Hole Size	7 875"		
Type Fluid	WATER		
Density / Viscosity	8.3lbm		
Max Recorded Temp	130deg		
Estimated Cement Top	4690'		
Time Well Ready	7:30		
Time Logger on Bottom	9:00		
Equipment Number	87		
Location	LIBERAL KS		
Recorded By	A. KIRK		
Witnessed By	MR. MAXWELL		
Run Number			
Bit	From	To	Size
Borehole Record			
Size	Water		Top
4 5"	11 6#		SURFACE
			Bottom
			TOTAL DEPTH
Casing Record			
Surface String			
Prot. String			
Production String			
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

**LOG IS CORRELATED TO HALLIBURTON DUAL SPACED NEUTRON LOG DATED 3-13-09
THANK YOU FOR USING GRAY WIRELINE SERVICES LIBERAL KS**

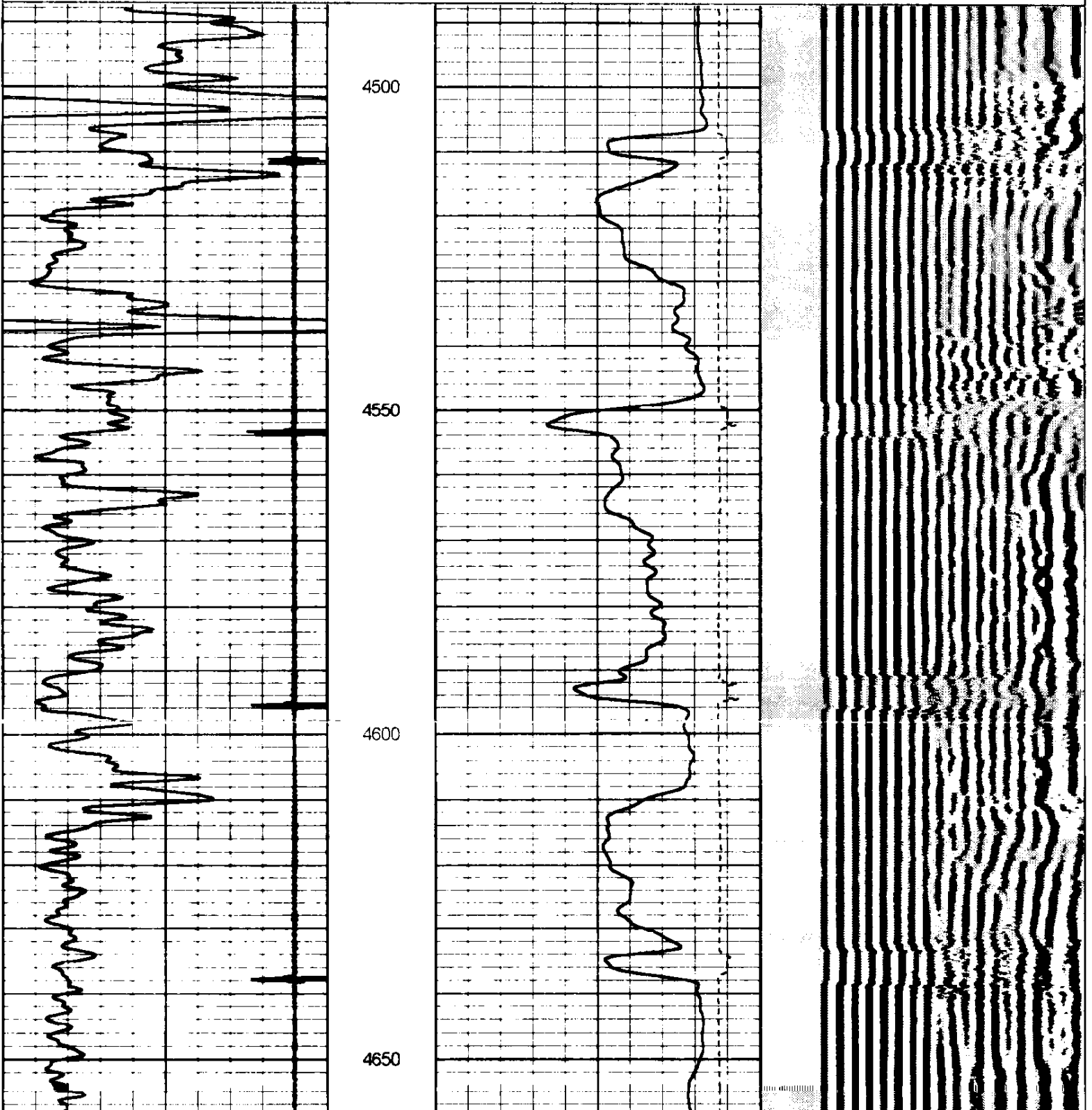


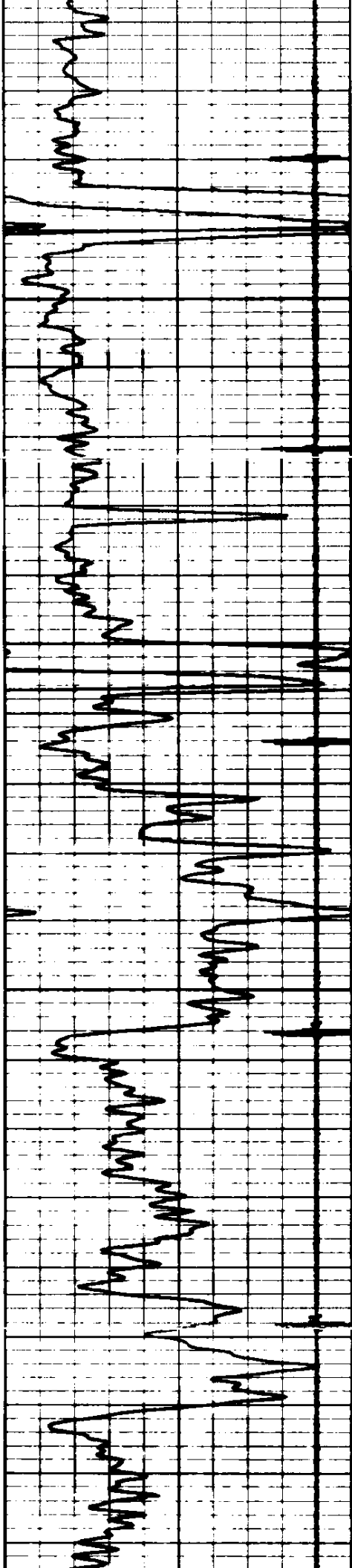
MAIN PASS 1500 PSI

Database File: 104579a.db
Dataset Pathname: pass8
Presentation Format: cbl_drs
Dataset Creation: Fri Mar 20 11:20:39 2009 by Log Std Casedhole 07122
Charted by: Depth in Feet scaled 1:240

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

0	AMP AMPLITUDE (mV)	20	200	VDL	1200
0	AMPLITUDE (mV)	100			
0	TRAVEL TIME (usec)	340			



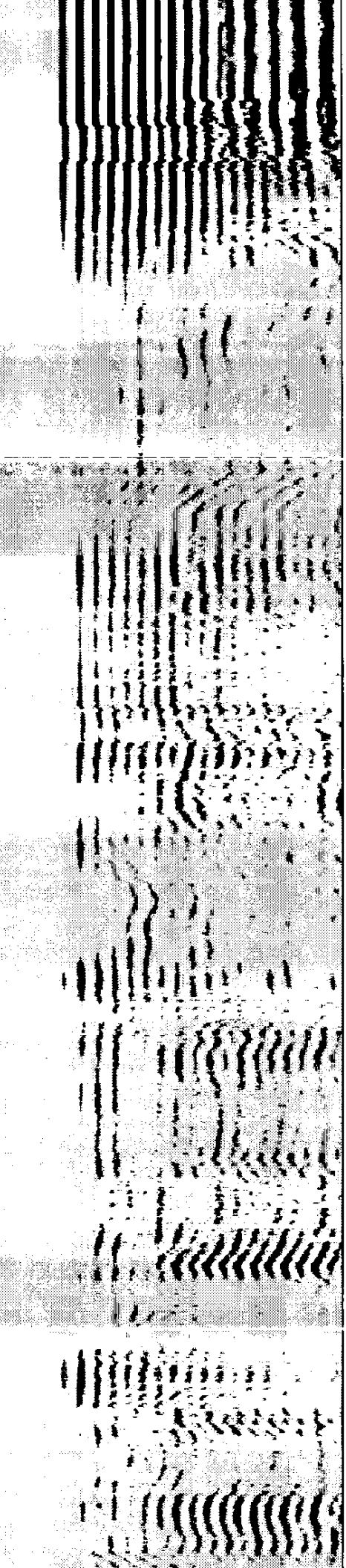
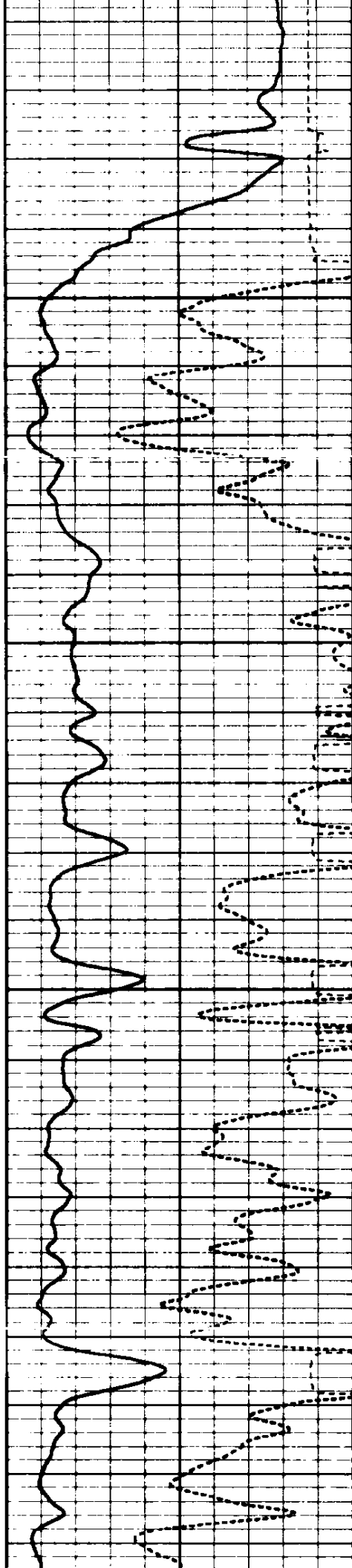


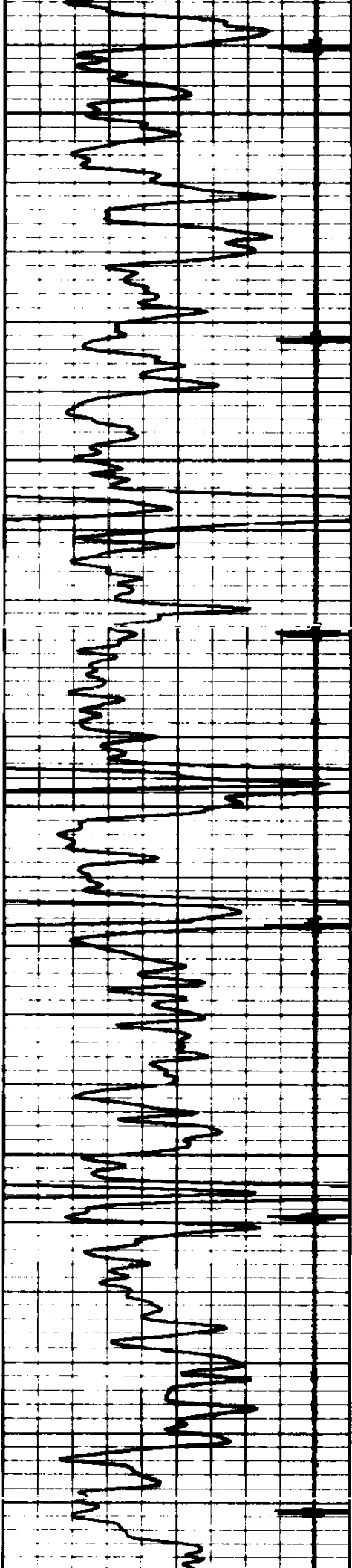
4700

4750

4800

4850





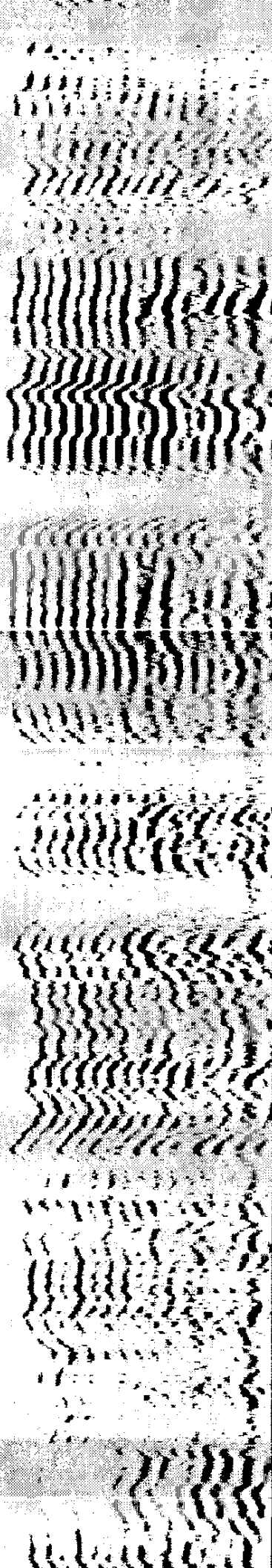
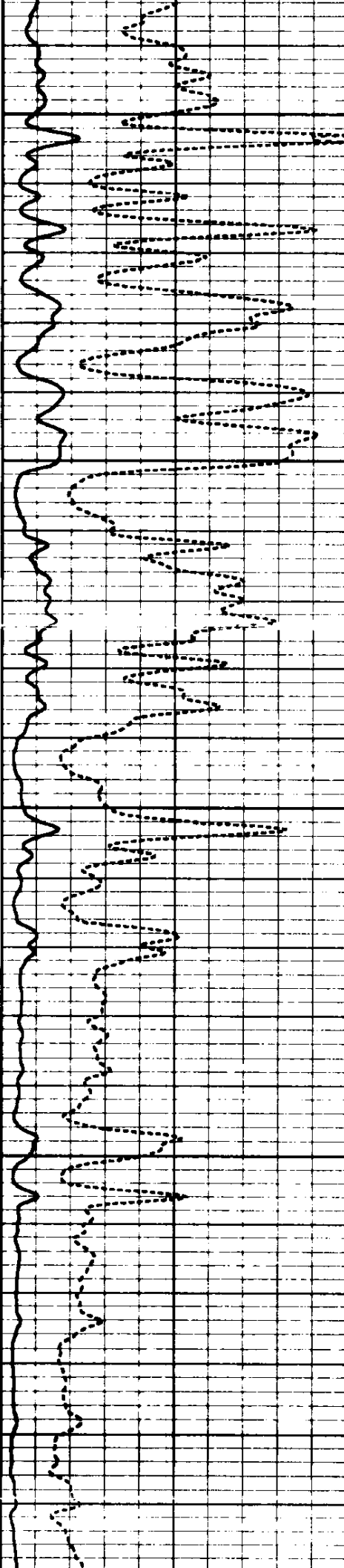
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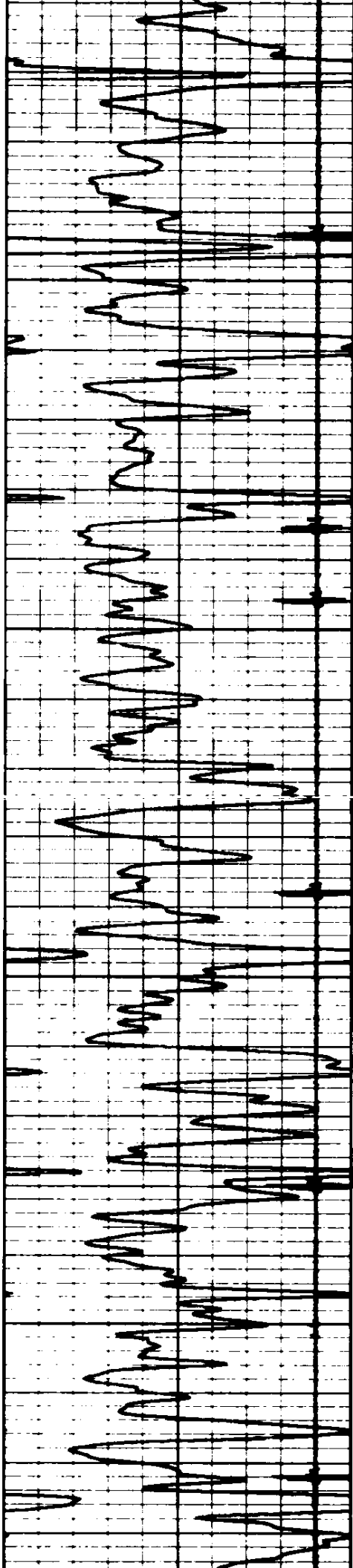
4950

5000

5050

5100



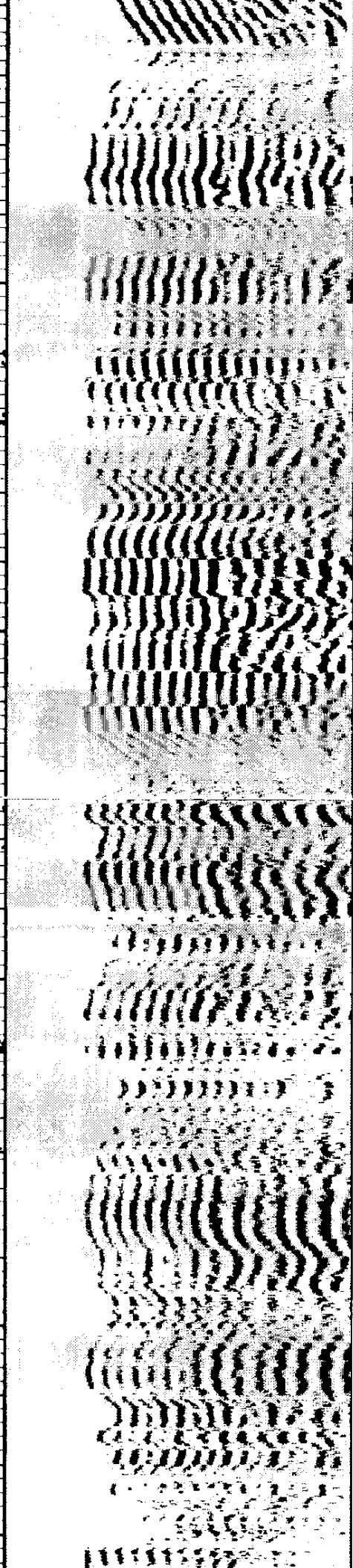
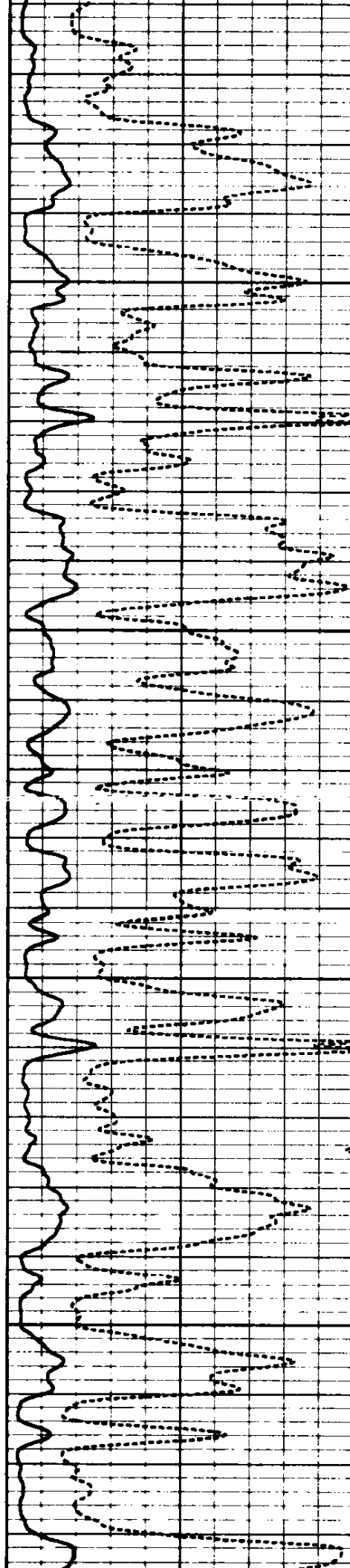


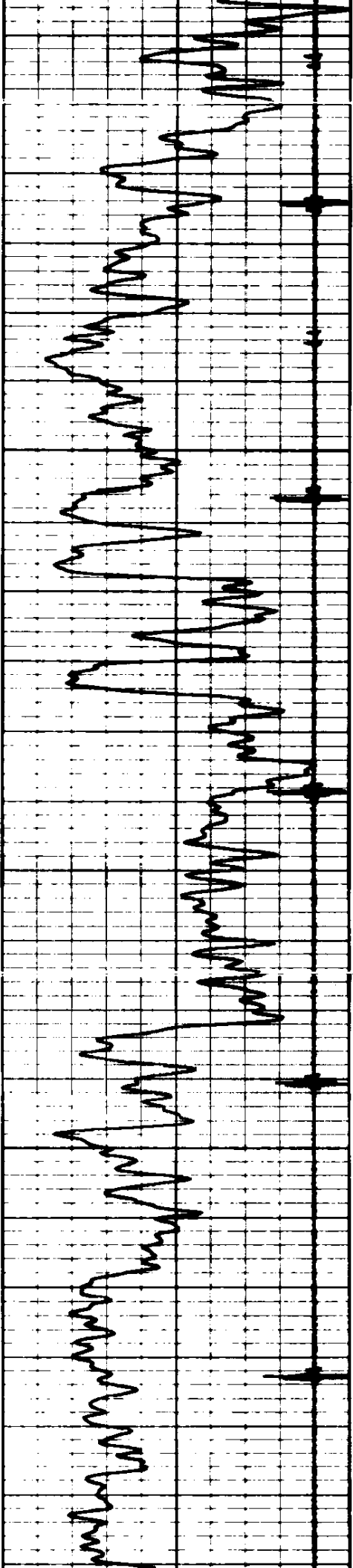
5150

5200

5250

5300





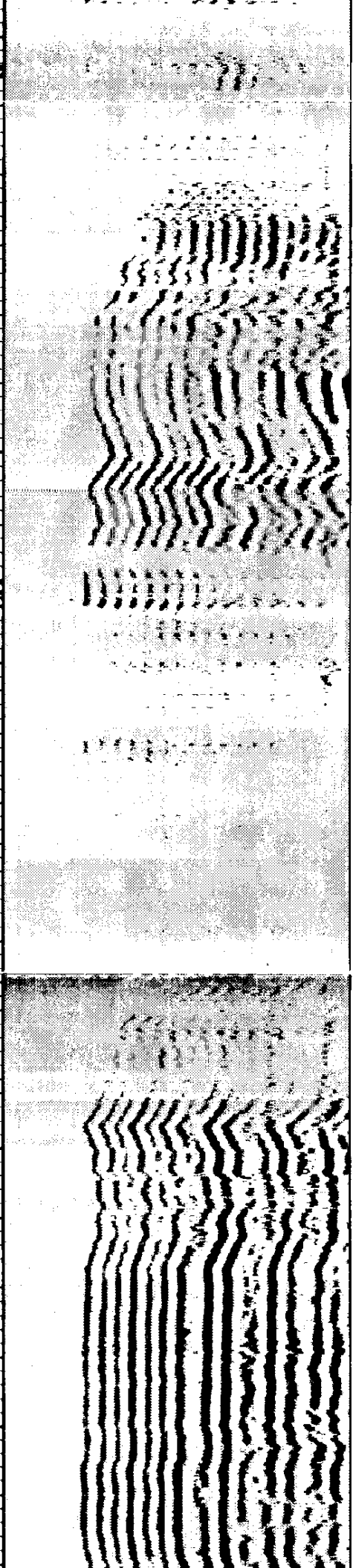
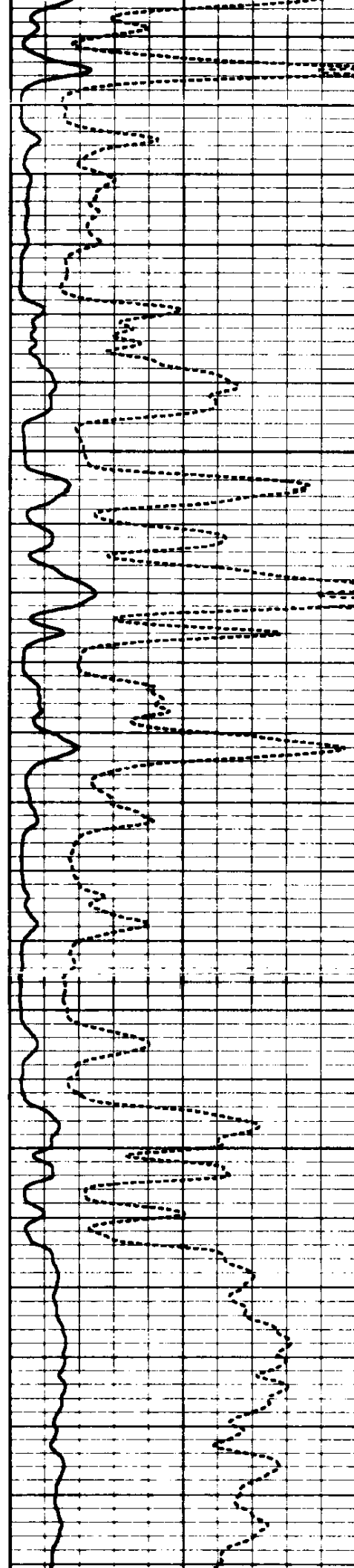
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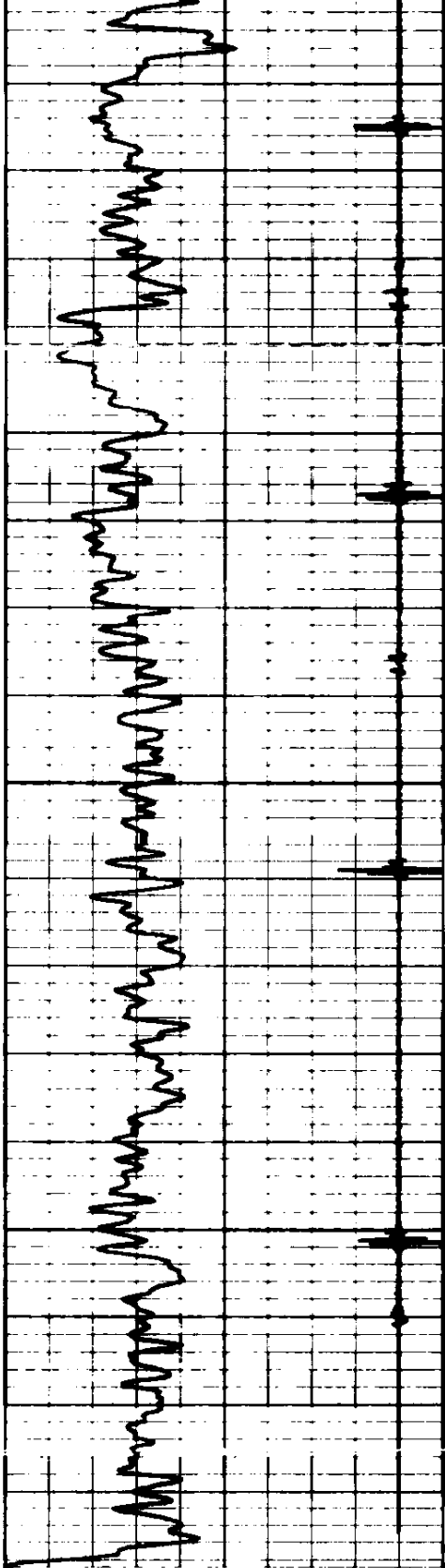
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5450

5500

5550



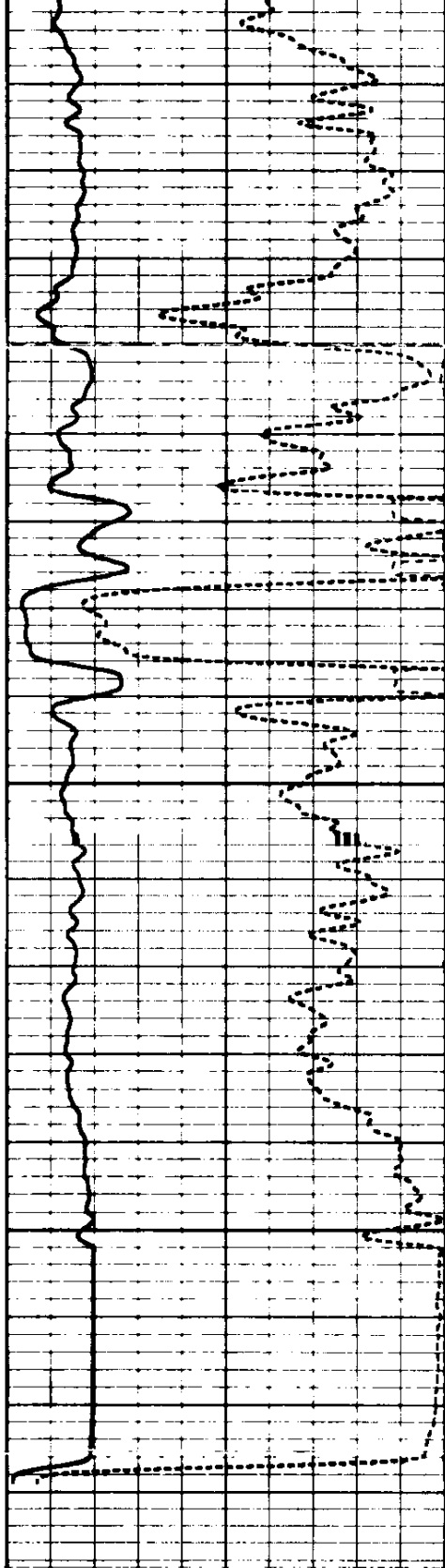


5600

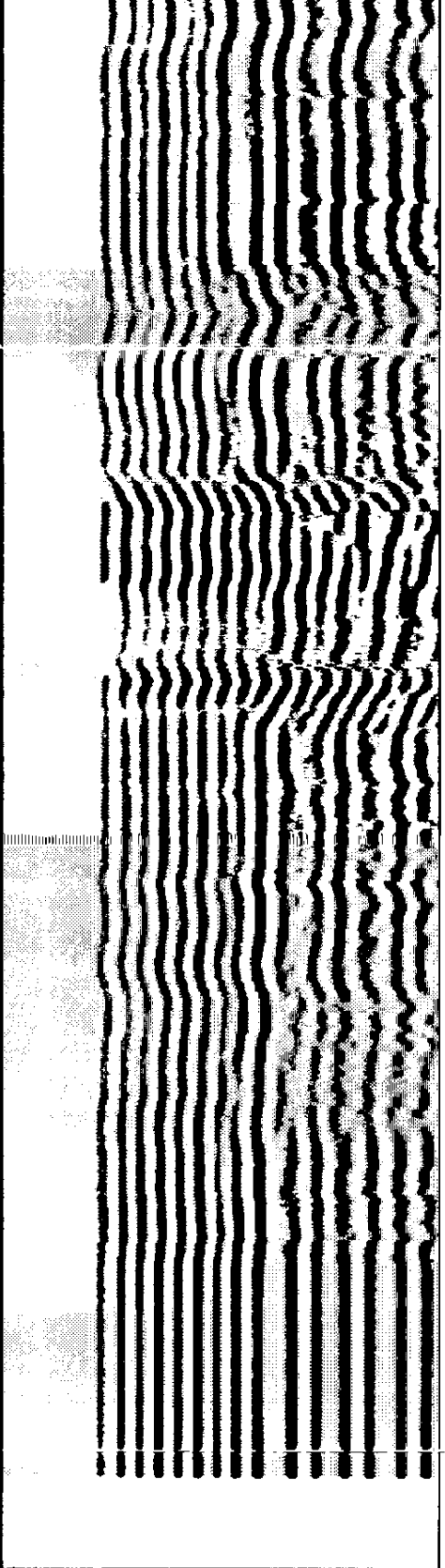
5650

5700

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



0	AMP AMPLITUDE (mV)	20
0	AMPLITUDE (mV)	100
0	TRAVEL TIME (usec)	340



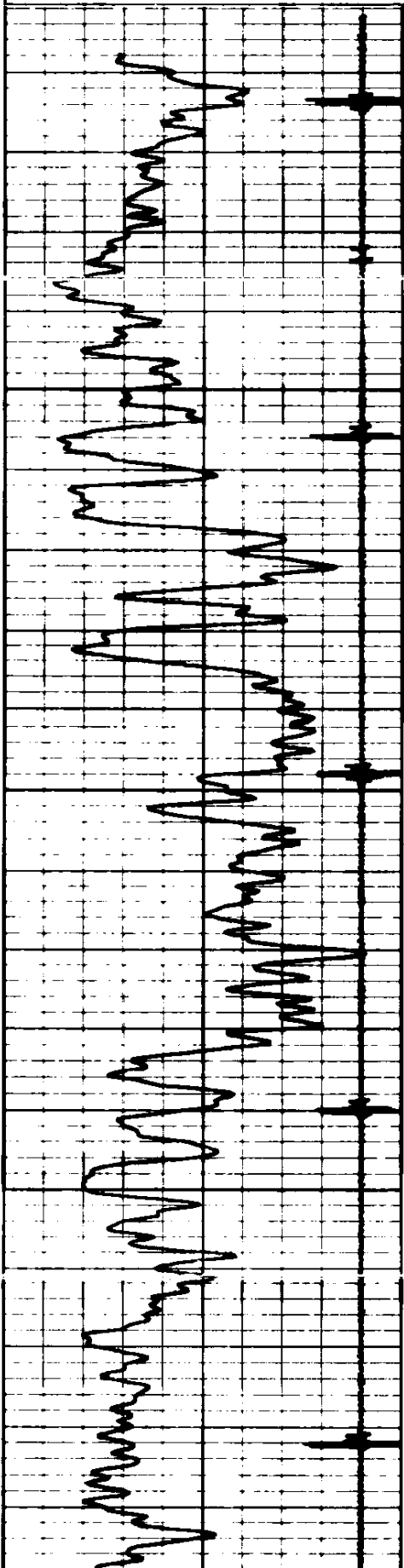
200	VDL	1200
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REPEAT PASS

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

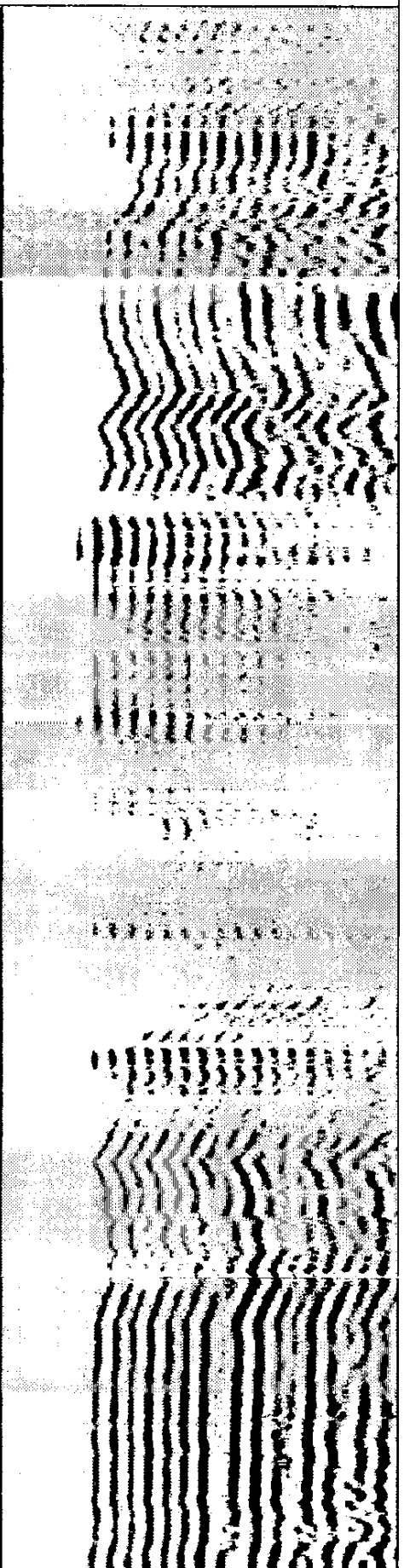
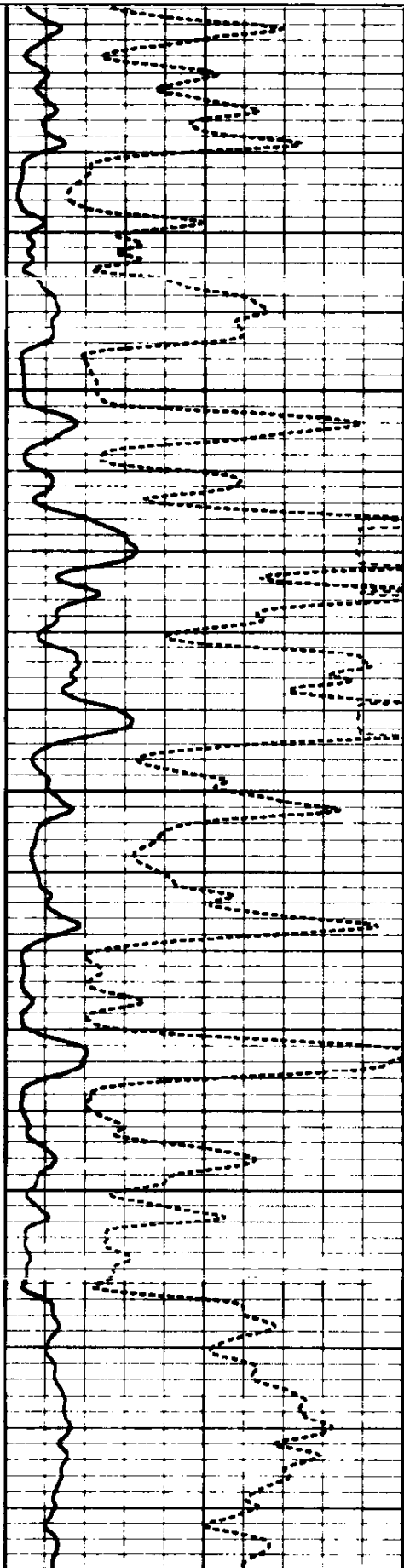
0	AMP AMPLITUDE (mV)	20	200	VDL	1200
0	AMPLITUDE (mV)	100			
0	TRAVEL TIME (usec)	340			

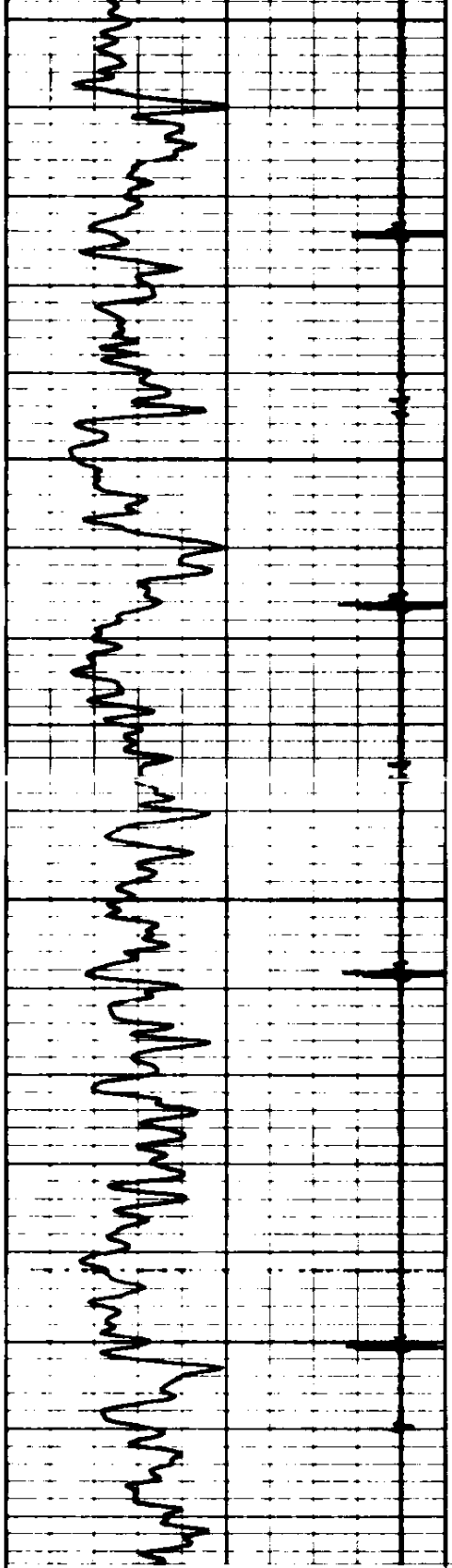


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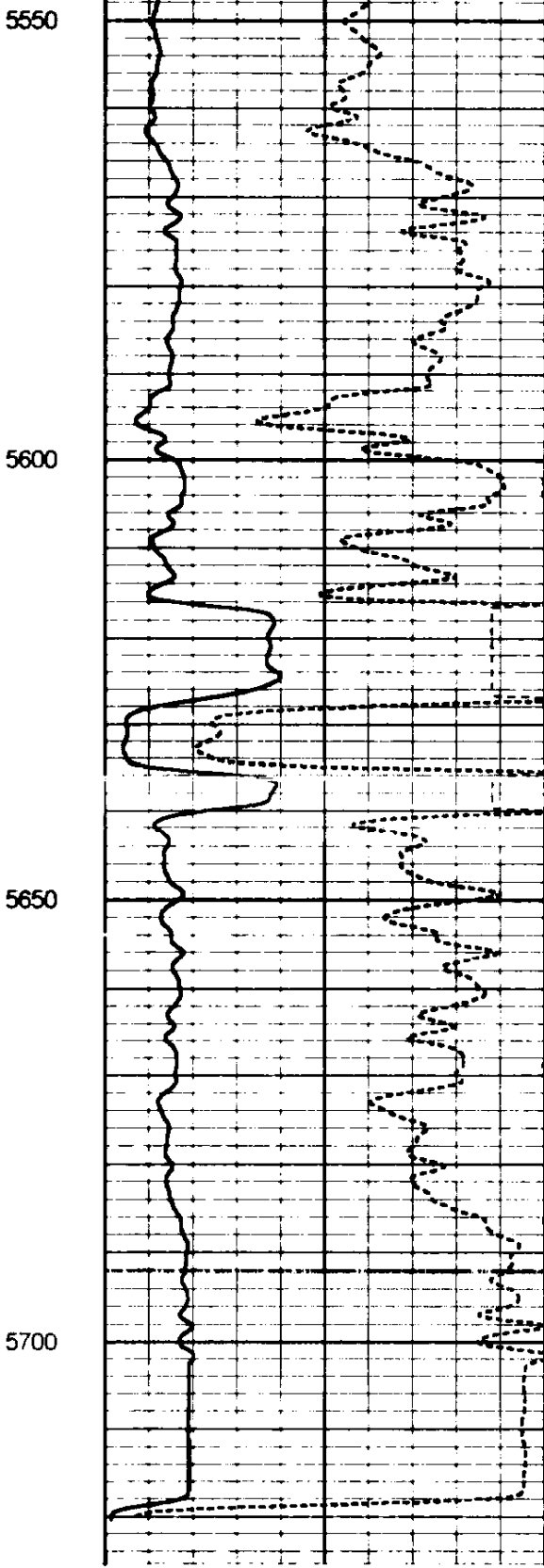
5450

5500

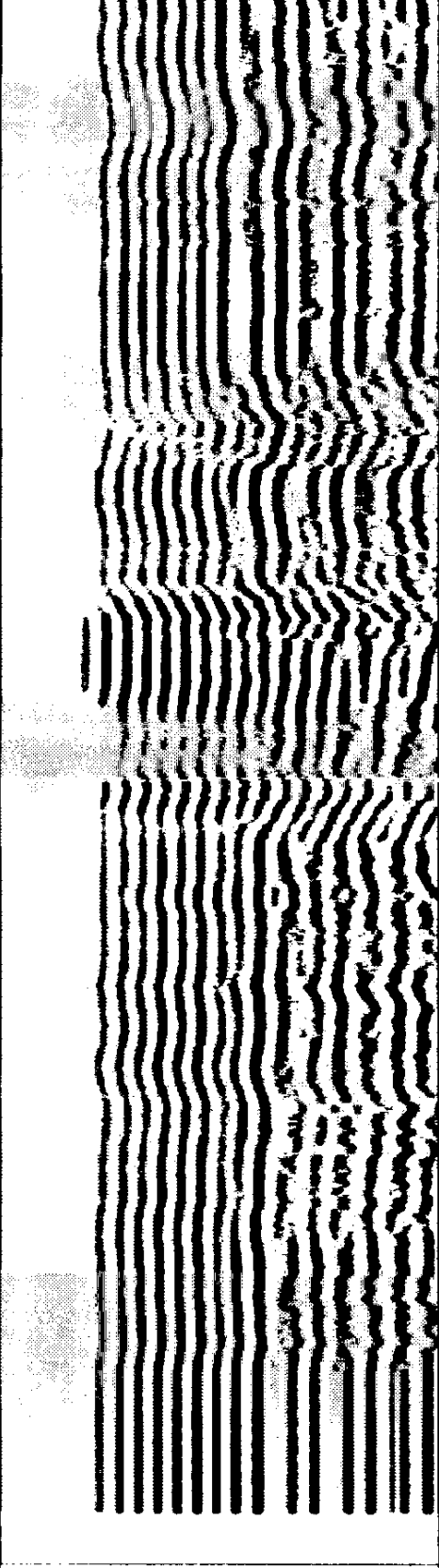




9 Collar Locator -1
 0 Gamma Ray (GAPI) 150



0 AMP AMPLITUDE (mV) 20
 0 AMPLITUDE (mV) 100
 0 TRAVEL TIME (usec) 340



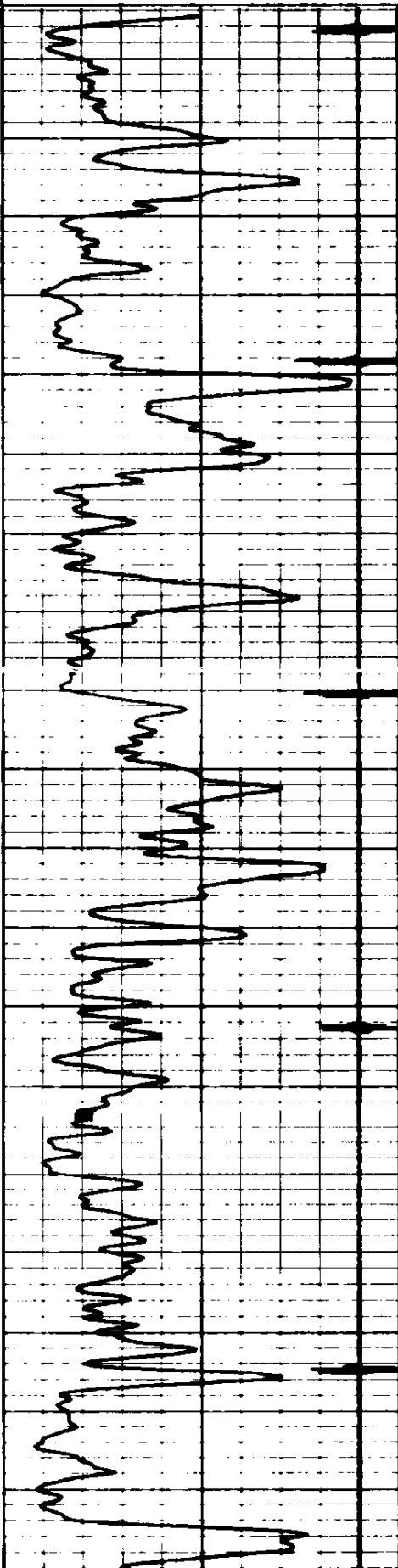
VDL 1200



FREE PIPE PASS

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

0	AMP AMPLITUDE (mV)	20	200	VDL	1200
0	AMPLITUDE (mV)	100			
0	TRAVEL TIME (usec)	340			

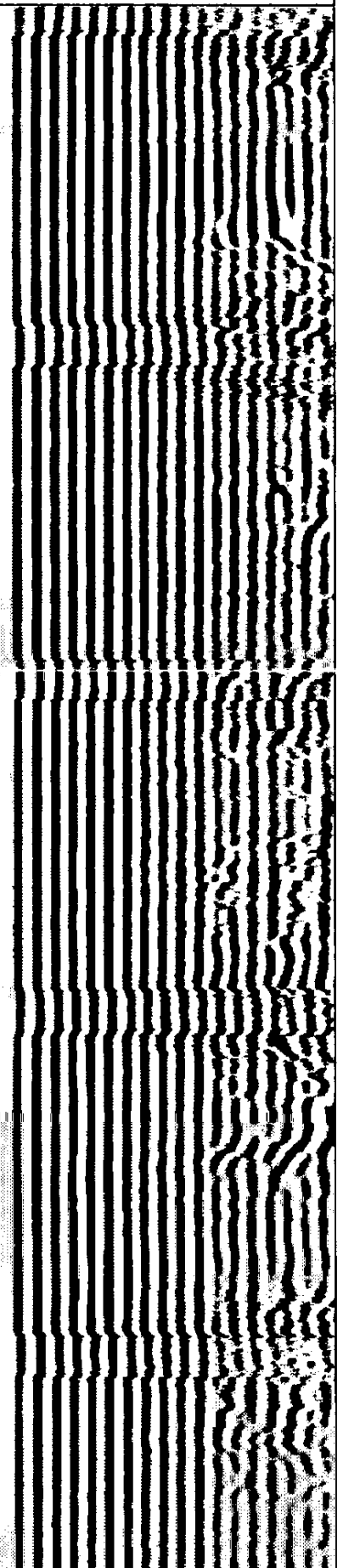
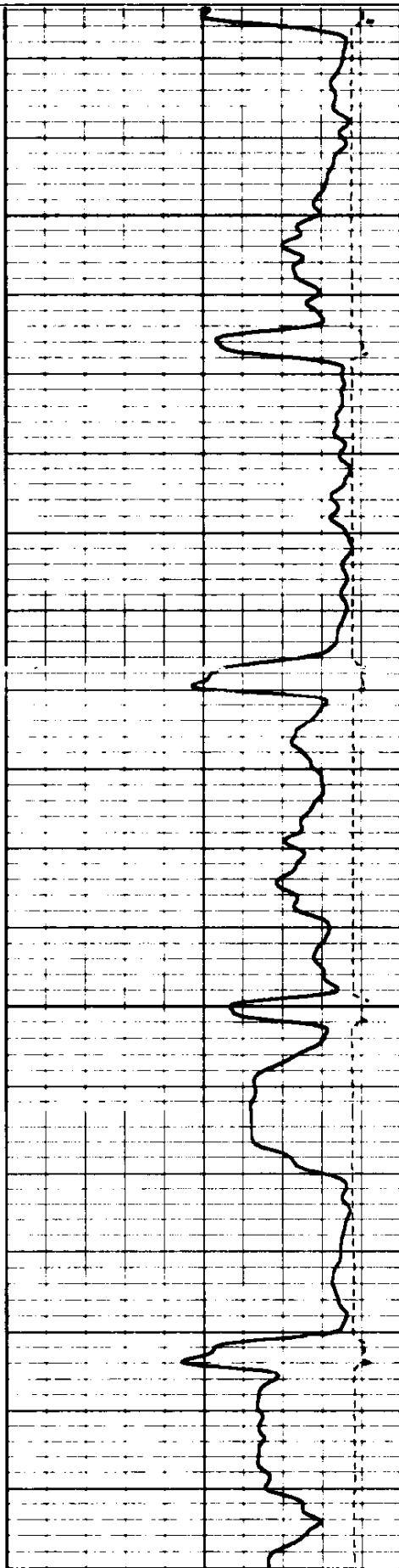


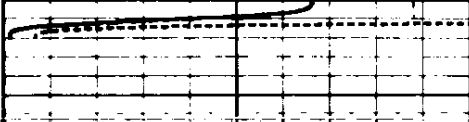
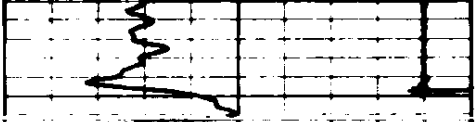
3500

3550

3600

3650





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

0	AMP AMPLITUDE (mV)	20	200	VDL	1200
0	AMPLITUDE (mV)	100			
0	TRAVEL TIME (usec)	340			

Sensor	Offset (ft)	Schematic	Description	Len (ft)	OD (in)	Wt (lb)
			PROBE2	3.00	2.88	15.00
WVF3FT	11.77		CBL-2 (0003) 2 3/4 PROBE CBL	8.75	2.88	55.00
WVF5FT	10.77					
WVFSYNC	7.58					
			PROBE2	3.00	2.88	15.00
CCL	3.92		CCL-2probe (0003)	1.50	2.75	25.00

probe 2 3/4 cbl

GR

0.90

GR-2probe (0003)
probe 2 3/4 cbl

3.08

2.75

25.00

Dataset: 104579a.db: field/well/run1/pass11
Total Length: 19.33 ft
Total Weight: 135.00 lb
O.D. 2.88 in



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 29, 2012

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

Re: Plugging Application
API 15-081-21867-00-00
Teegerstrom Trust 13 #1
SE/4 Sec.13-30S-32W
Haskell 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 May 28, 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