



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



Pioneer Energy Services

Radiation Guard Log

15-065-23,861-00-00

API No.

Company **Venture Resources, Inc.**
 Well **Pelton-Billips Unit No.1**
 Field **Unnamed**
 County **Graham** State **Kansas**

Location
 SE NW/SE NE
 1950' FNL & 900' FEL

Sec: 17 Twp: 8 S Rge: 21 W

Other Services
 NONE

Permanent Datum Ground Level Elevation 2030
 Log Measured From Kelly Bushing 7 Ft. Above Perm. Datum
 Drilling Measured From Kelly Bushing

Elevation
 K.B. 2037
 D.F. 2030
 G.L. 2030

Date	10/20/2012	
Run Number	One	
Depth Driller	3649	
Depth Logger	3620	
Bottom Logged Interval	3619	
Top Log Interval	250	
Casing Driller	8.625 @ 262	
Casing Logger	266	
Bit Size	7.875	
Type Fluid in Hole	Chemical	
Salinity, ppm CL	1600	
Density / Viscosity	9.2 58	
pH / Fluid Loss	10.5 8.0	
Source of Sample	Flowline	
Rm @ Meas. Temp	1.20 @ 74	
Rmf @ Meas. Temp	.90 @ 74	
Rmc @ Meas. Temp	1.62 @ 74	
Source of Rmf / Rmc	Charts	
Rm @ BHT	.79 @ 112	
Operating Rig Time	3 Hours	
Max Rec. Temp. F	112	
Equipment Number	15	
Location	Hays	
Recorded By	D.Kerr	
Witnessed By	Mark Downing	

<<< 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

Thank you for using Pioneer Energy Services
www.pioneerenergy.com
 785 625 3858

Bogue KS, 1/2 East, South Into

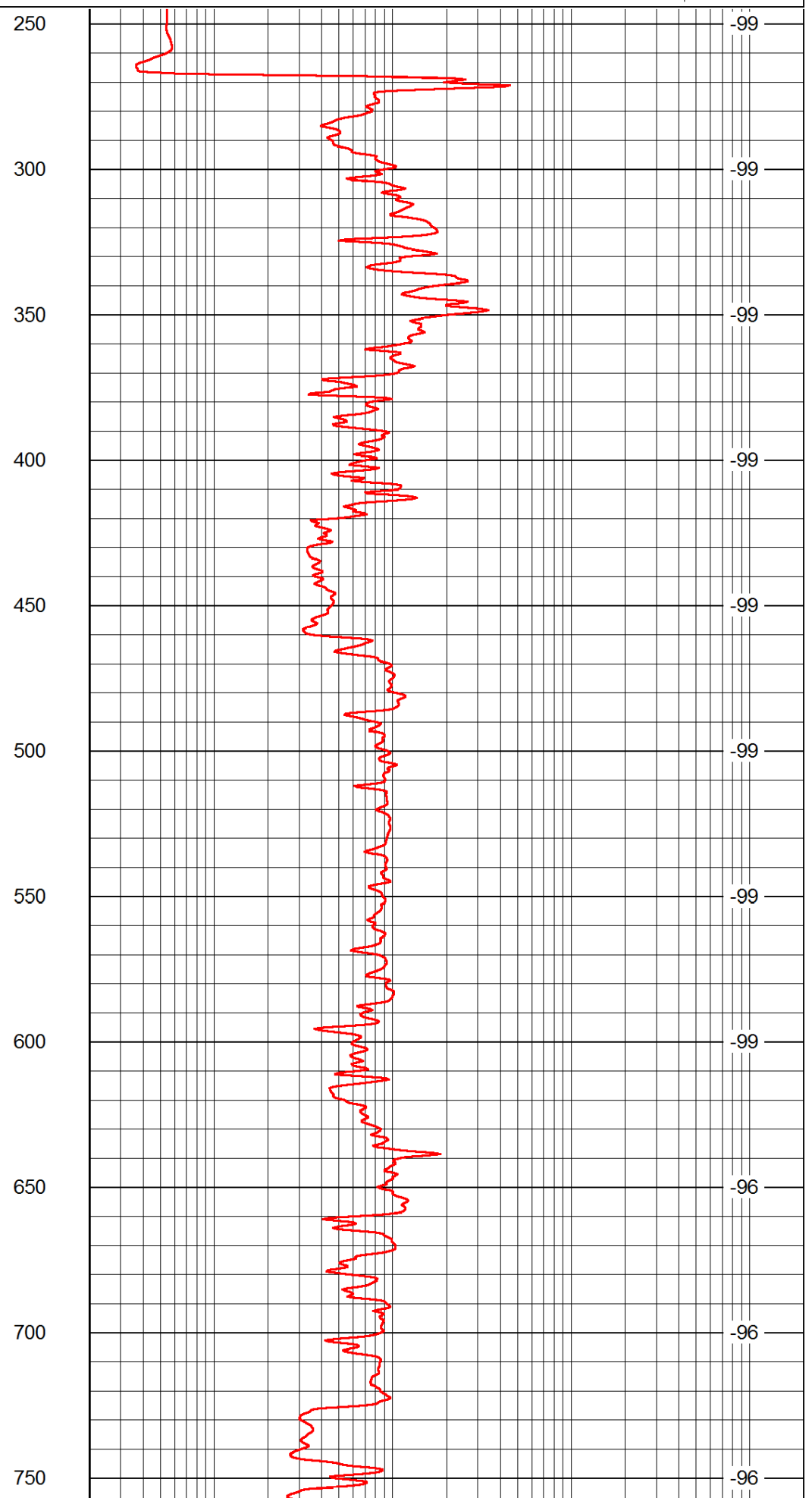
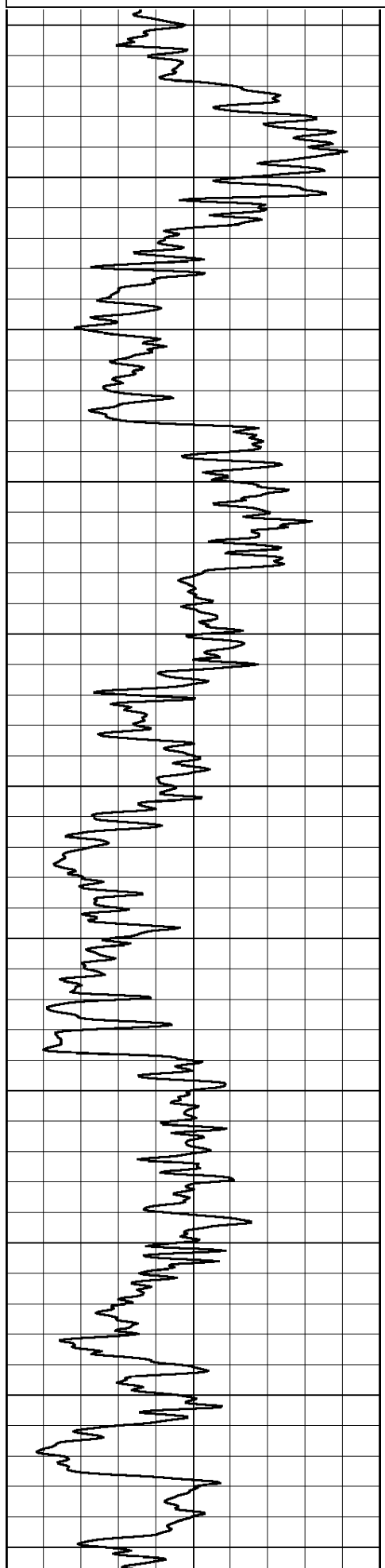
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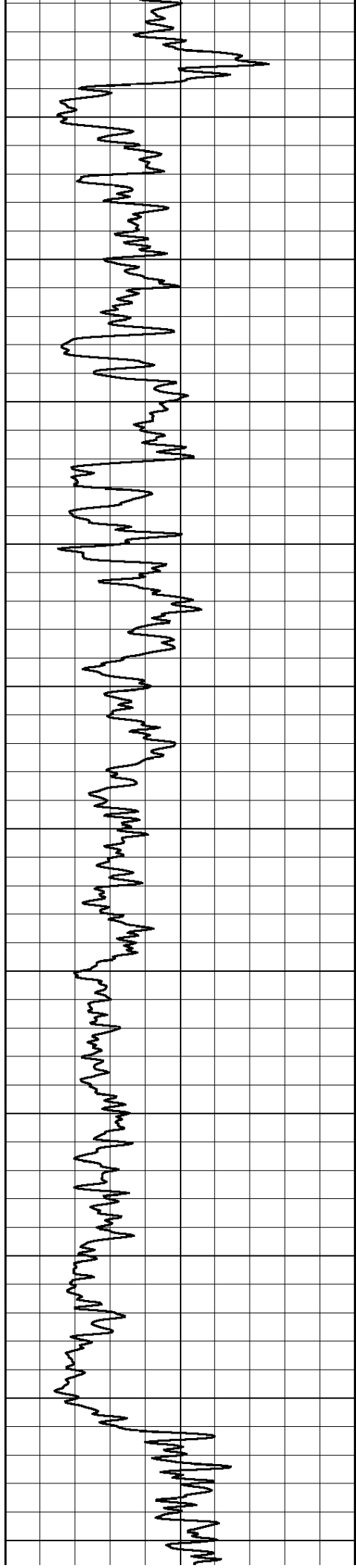
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0.2 lgrd

2000

LSPD





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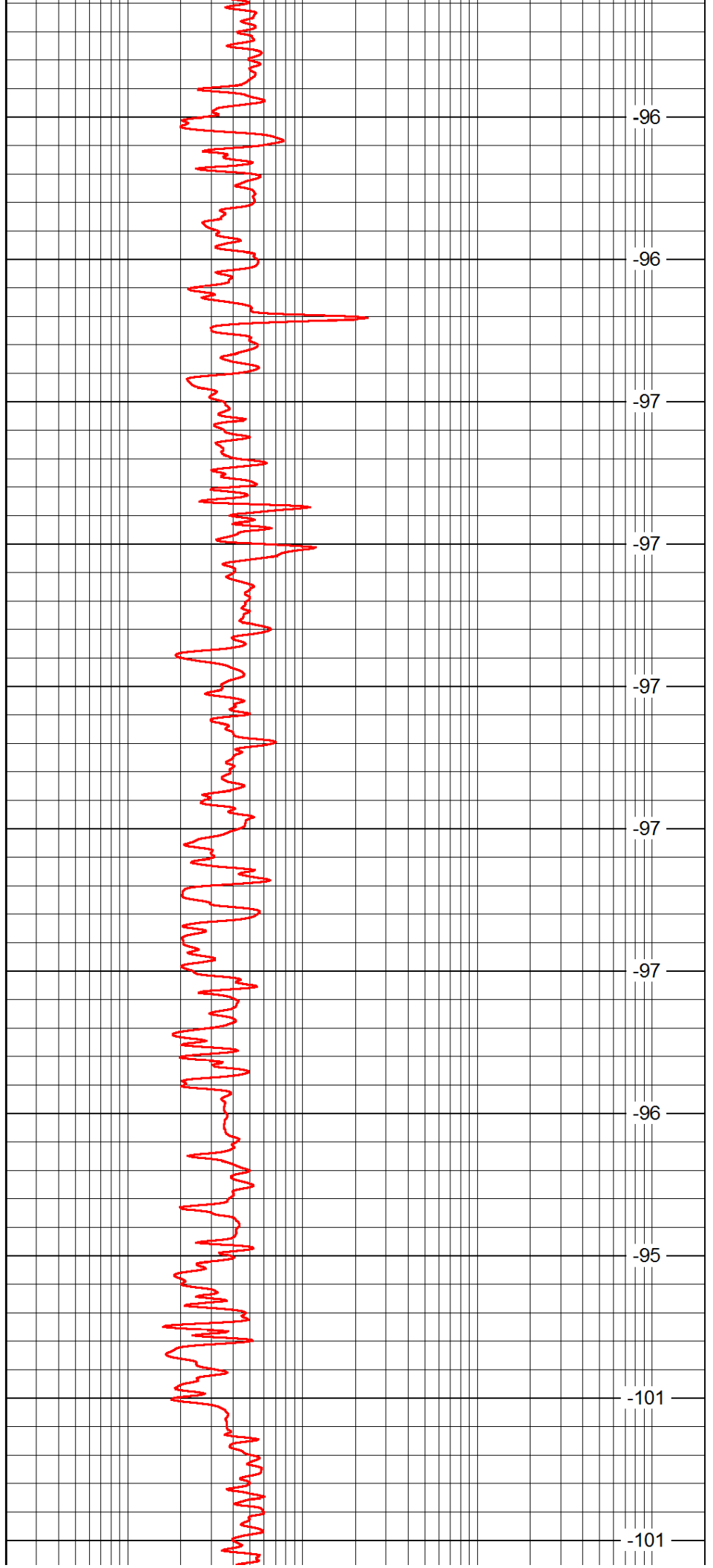
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1200

1250

1300



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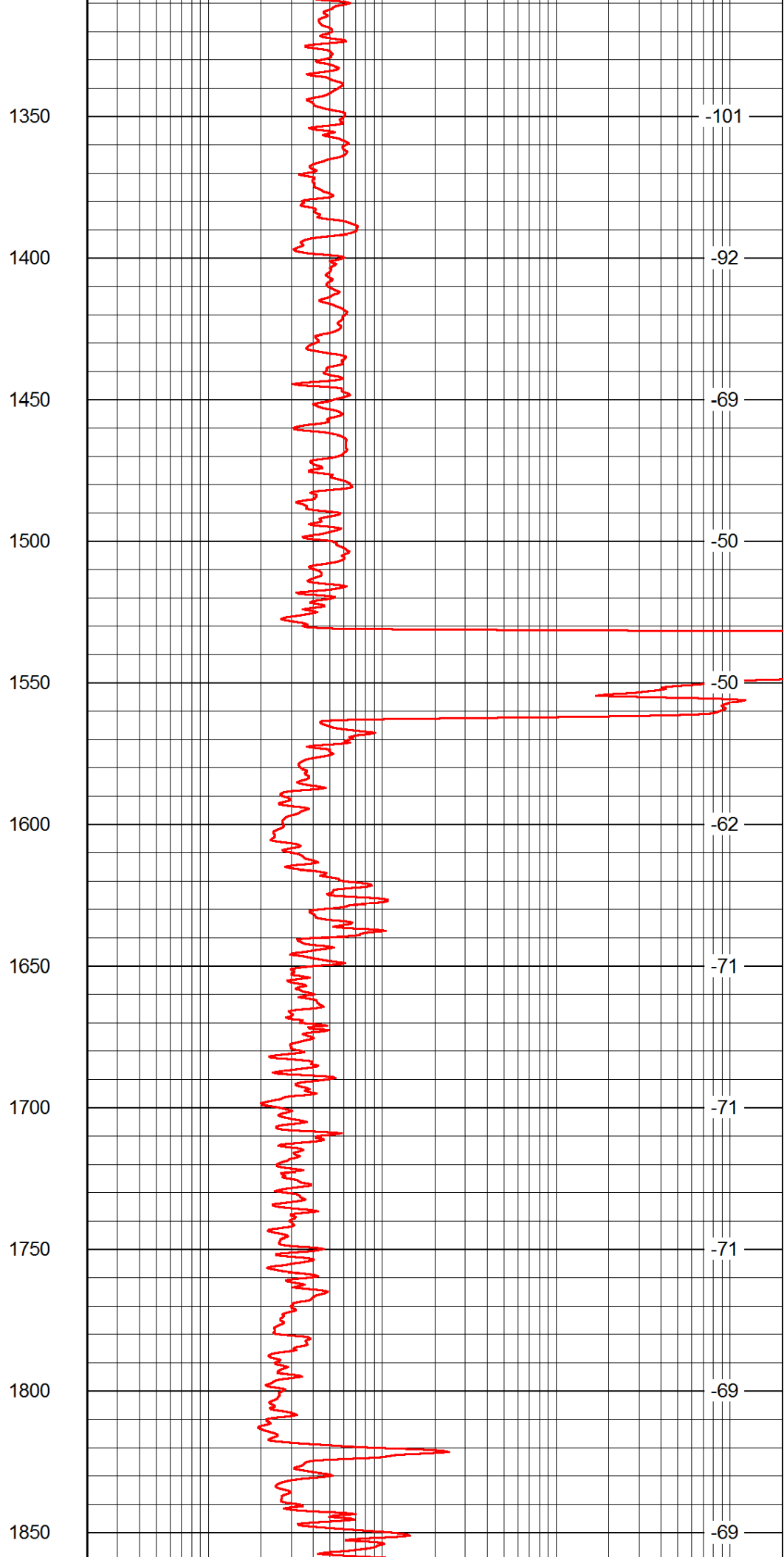
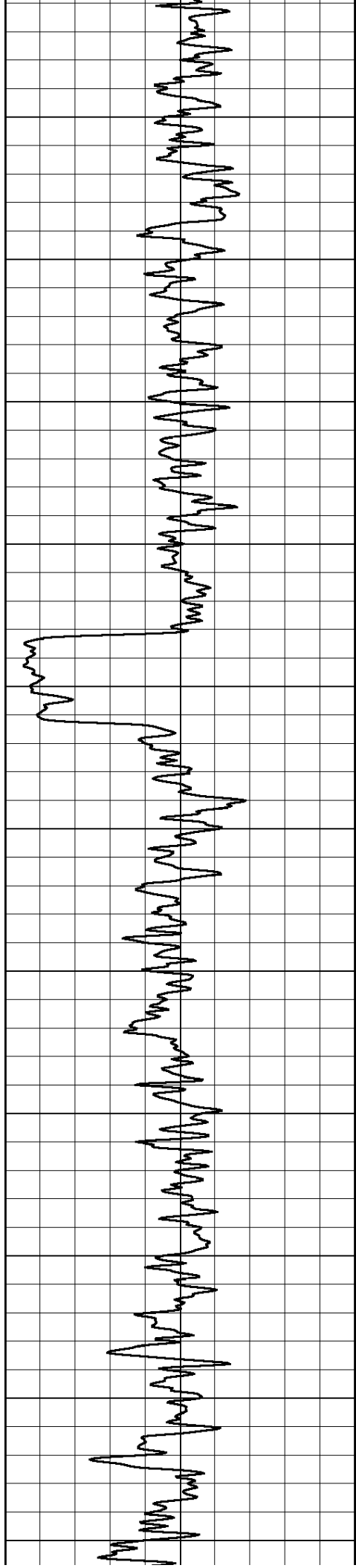
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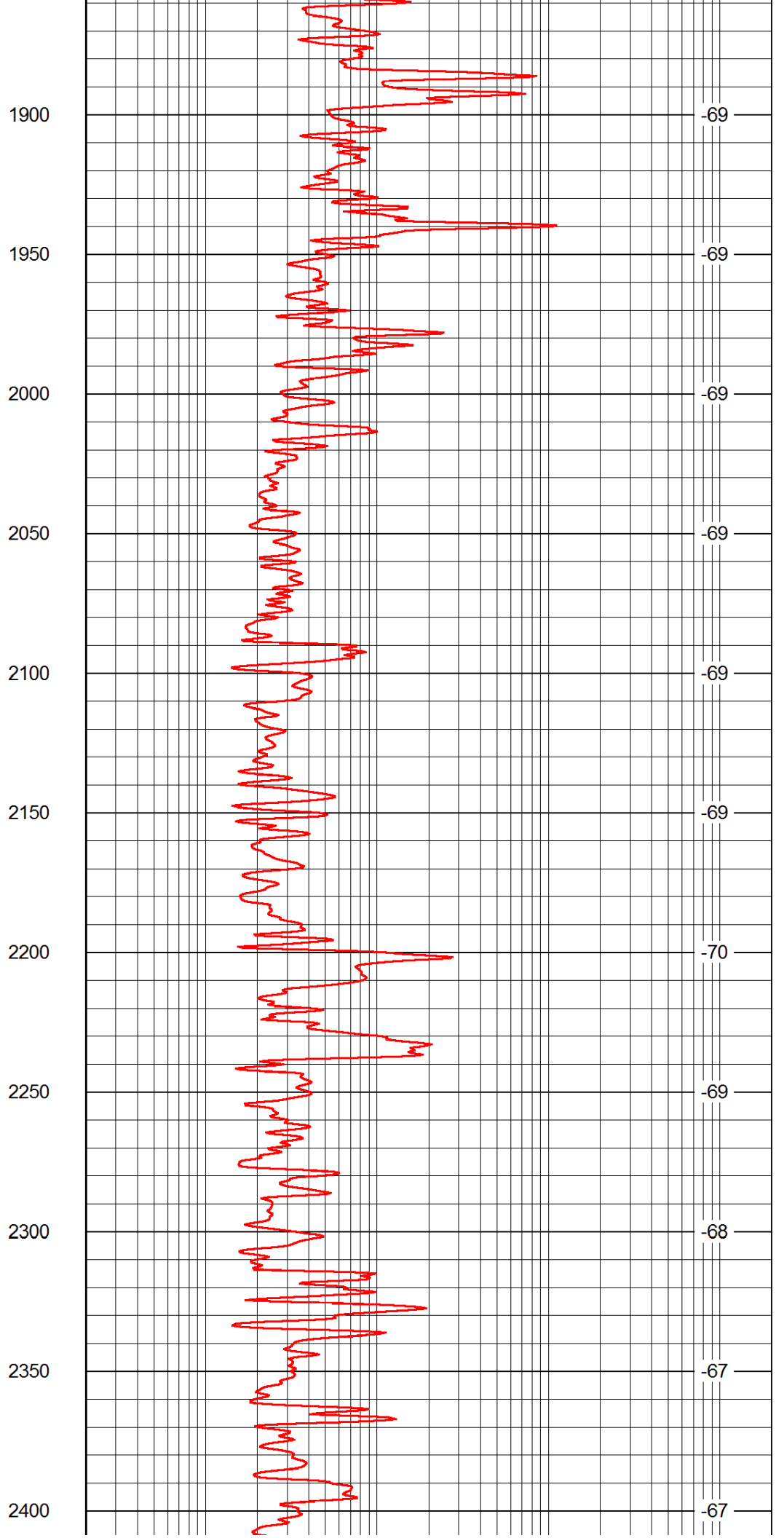
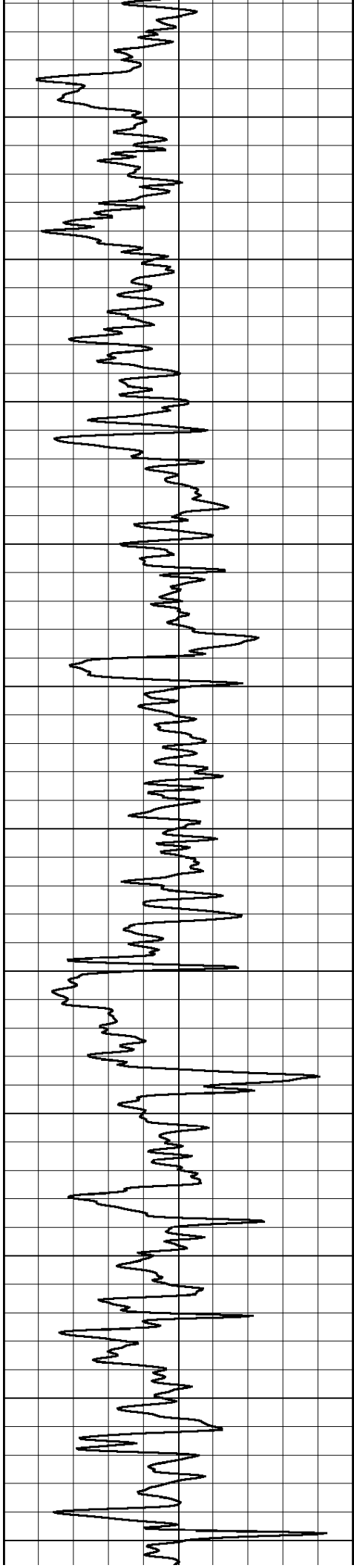
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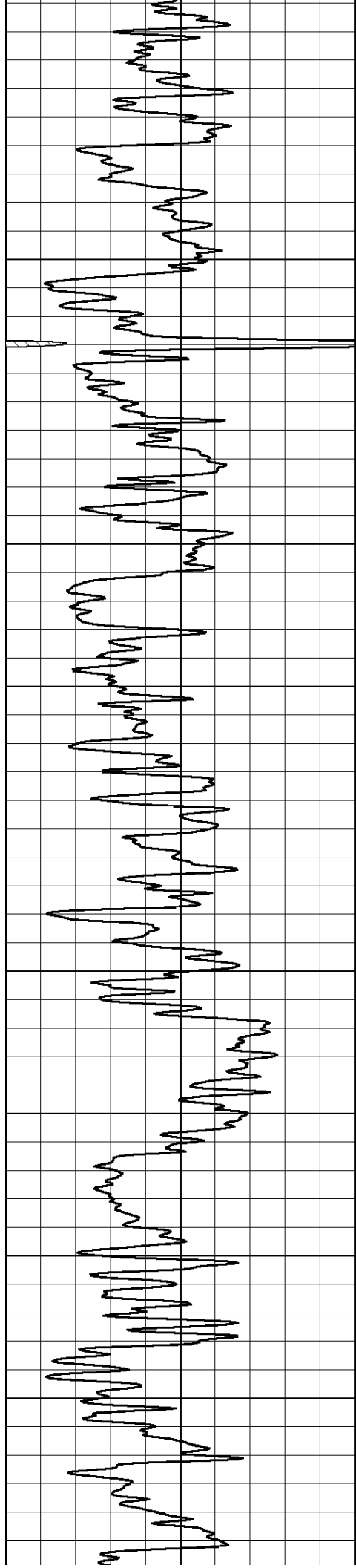
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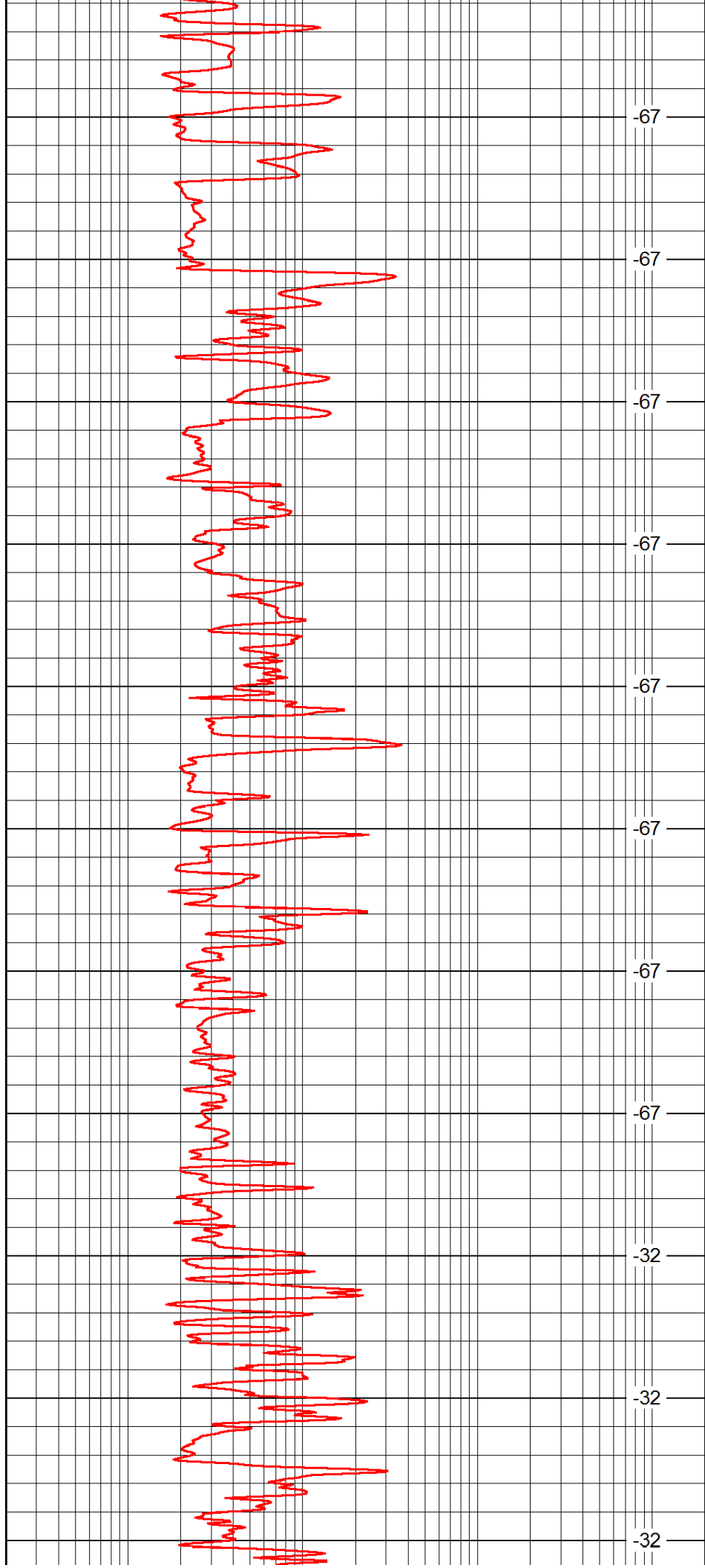
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2850

2900

2950



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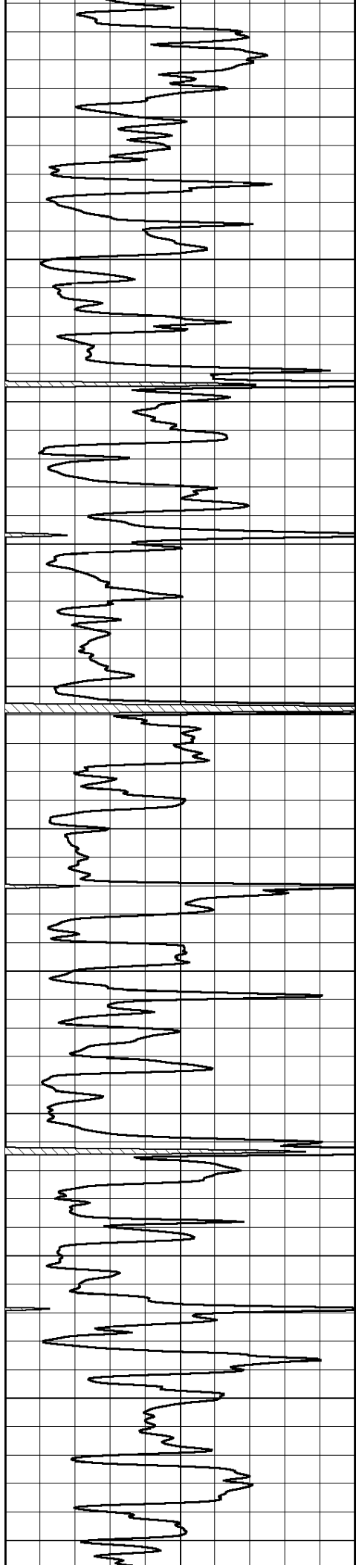
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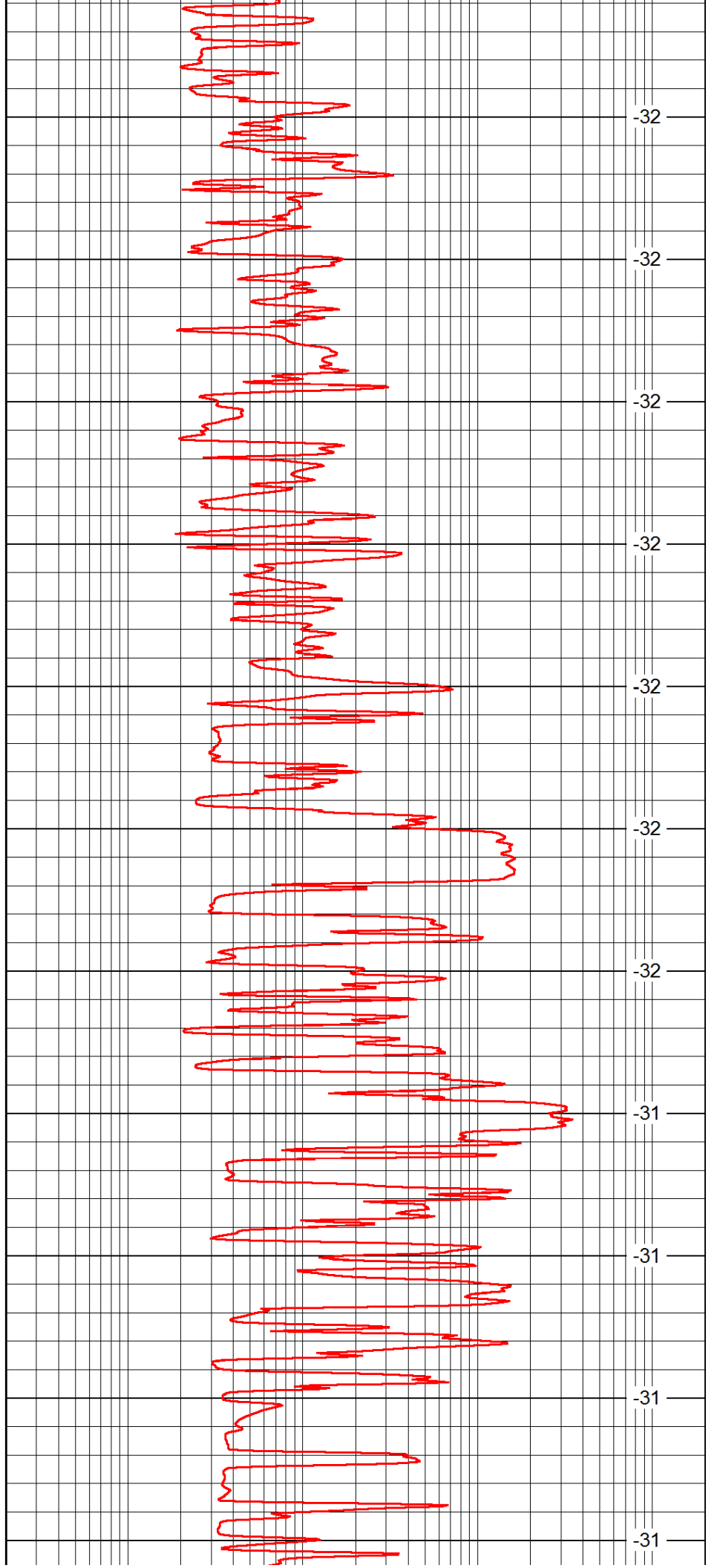
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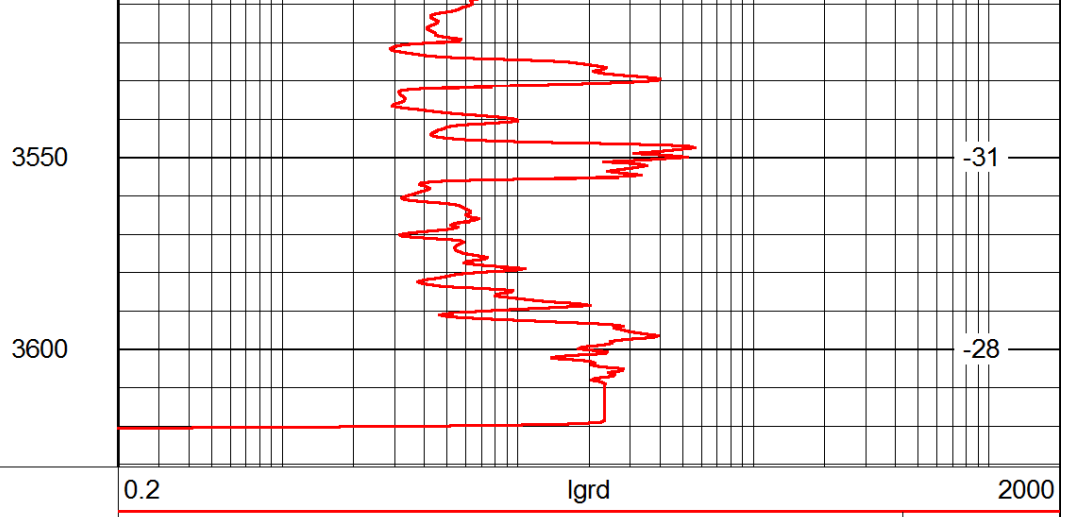
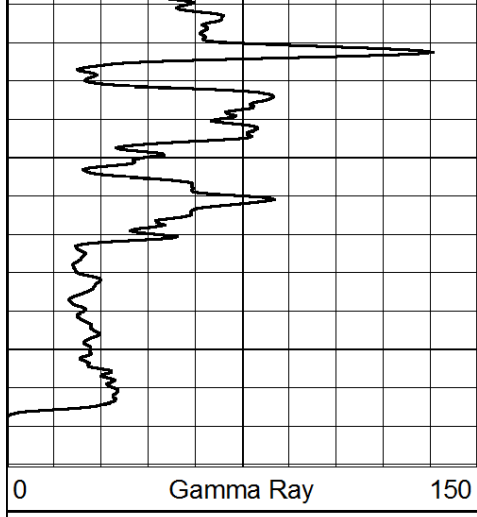
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3100
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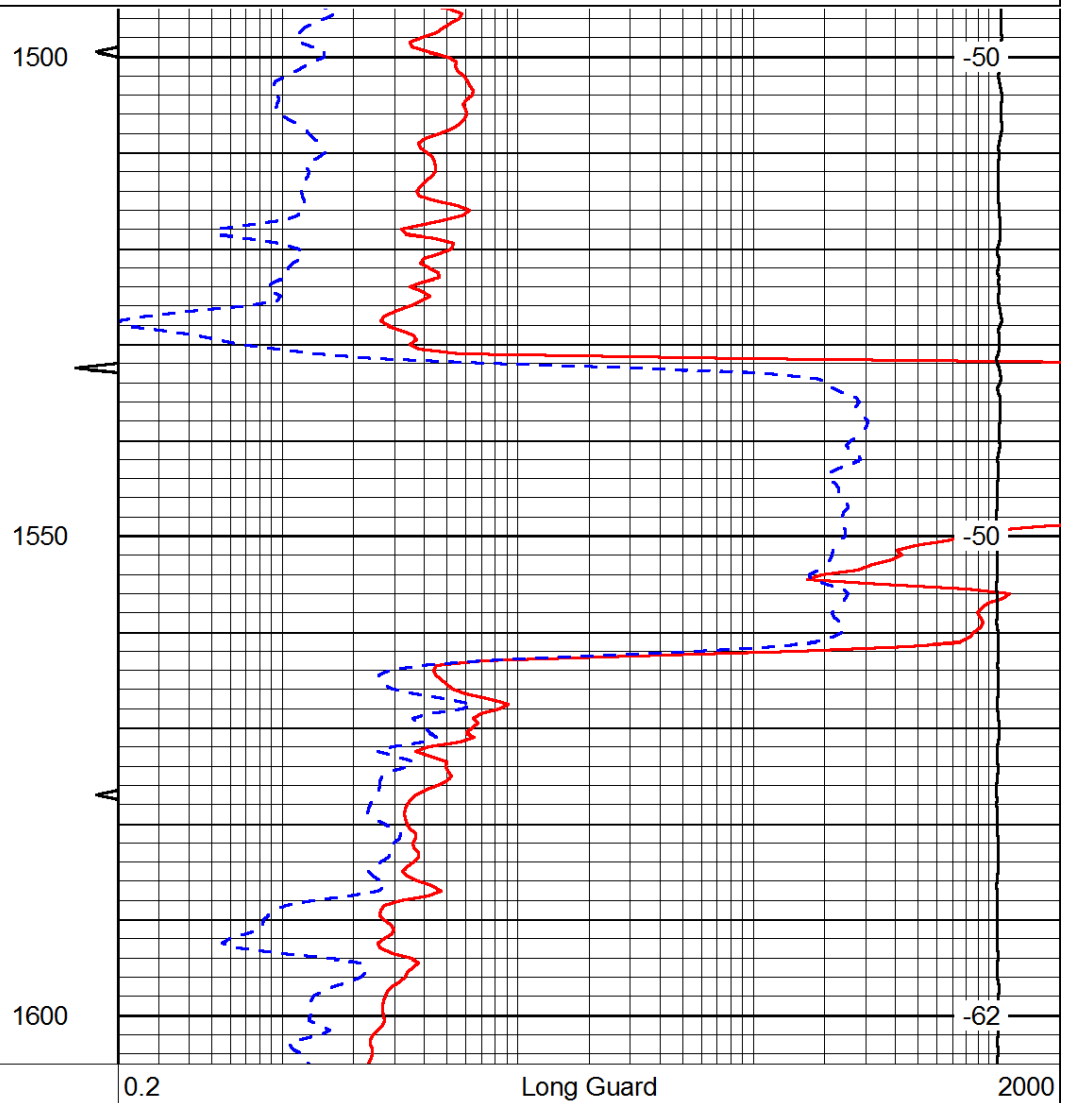
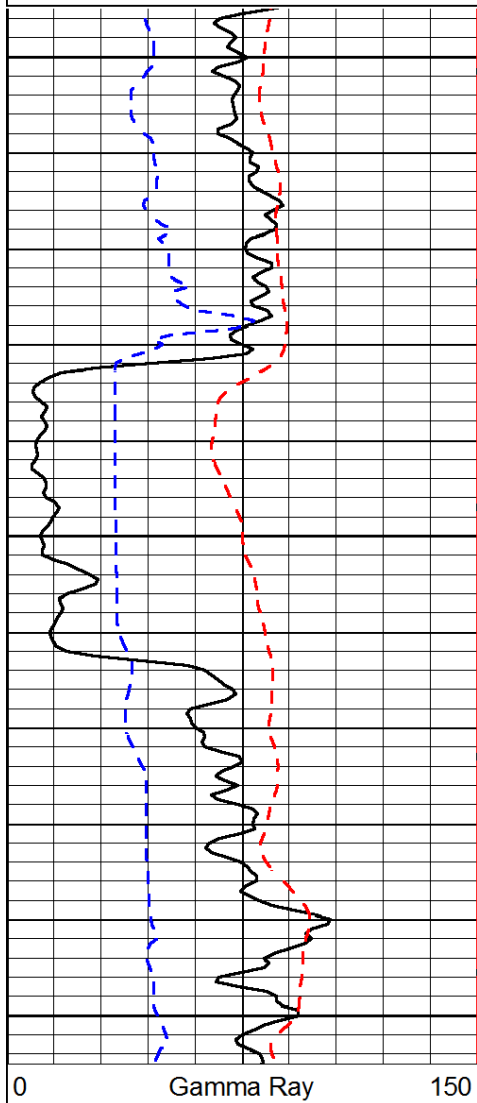
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 Presentation Format: rag
 Dataset Creation: Sat Oct 20 11:59:59 2012
 Charted by: Depth in Feet scaled 1:240

0	Gamma Ray	150
6	Caliper (GAPI)	16
-200	SP (mV)	0

0.2	Long Guard	2000
560	Neutron	2160
15000	Line Tension	0

LSPD



LSPD

6	Caliper (GAPI)	16
-200	SP (mV)	0

560	Neutron	2160
15000	Line Tension	0

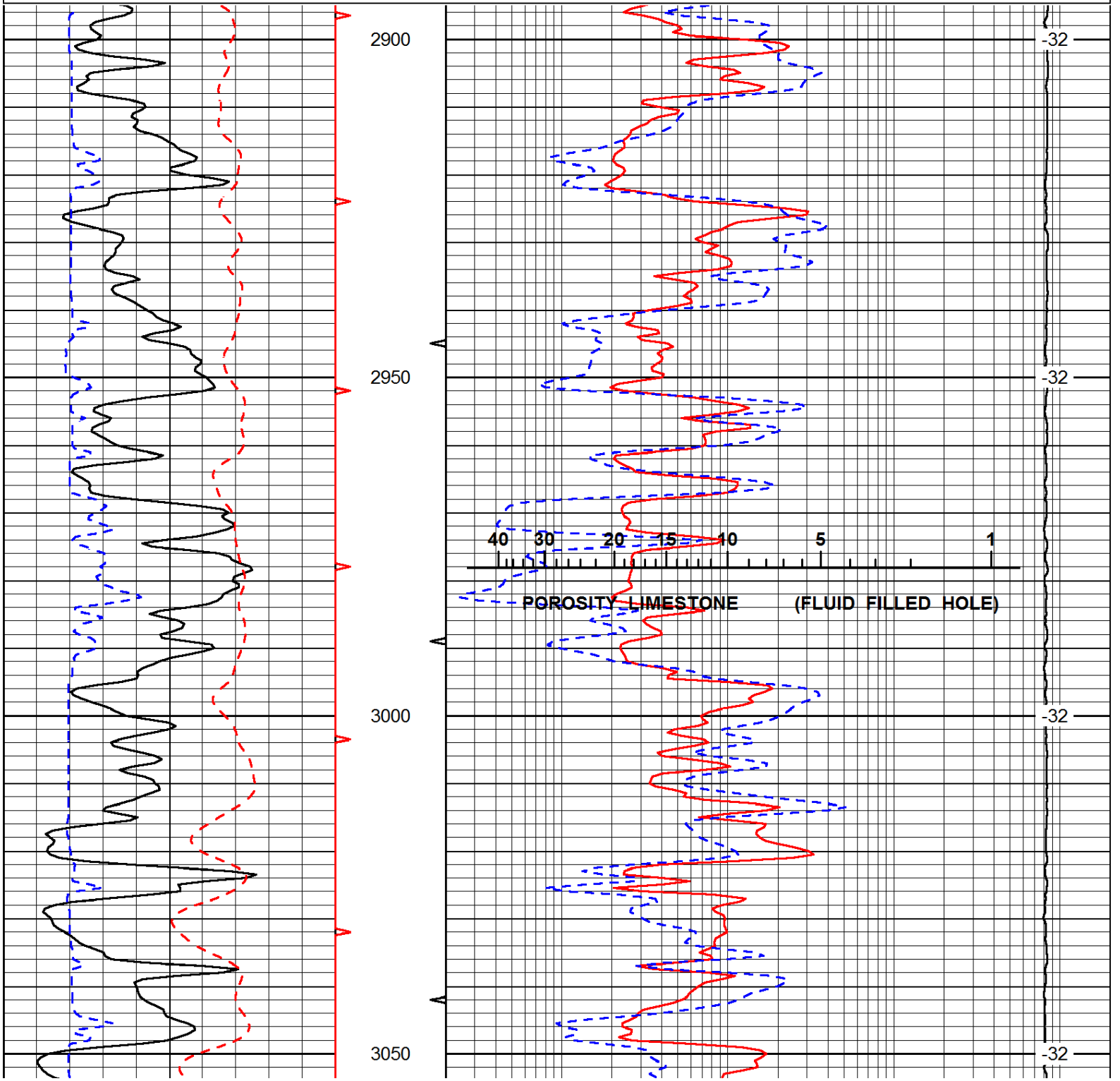
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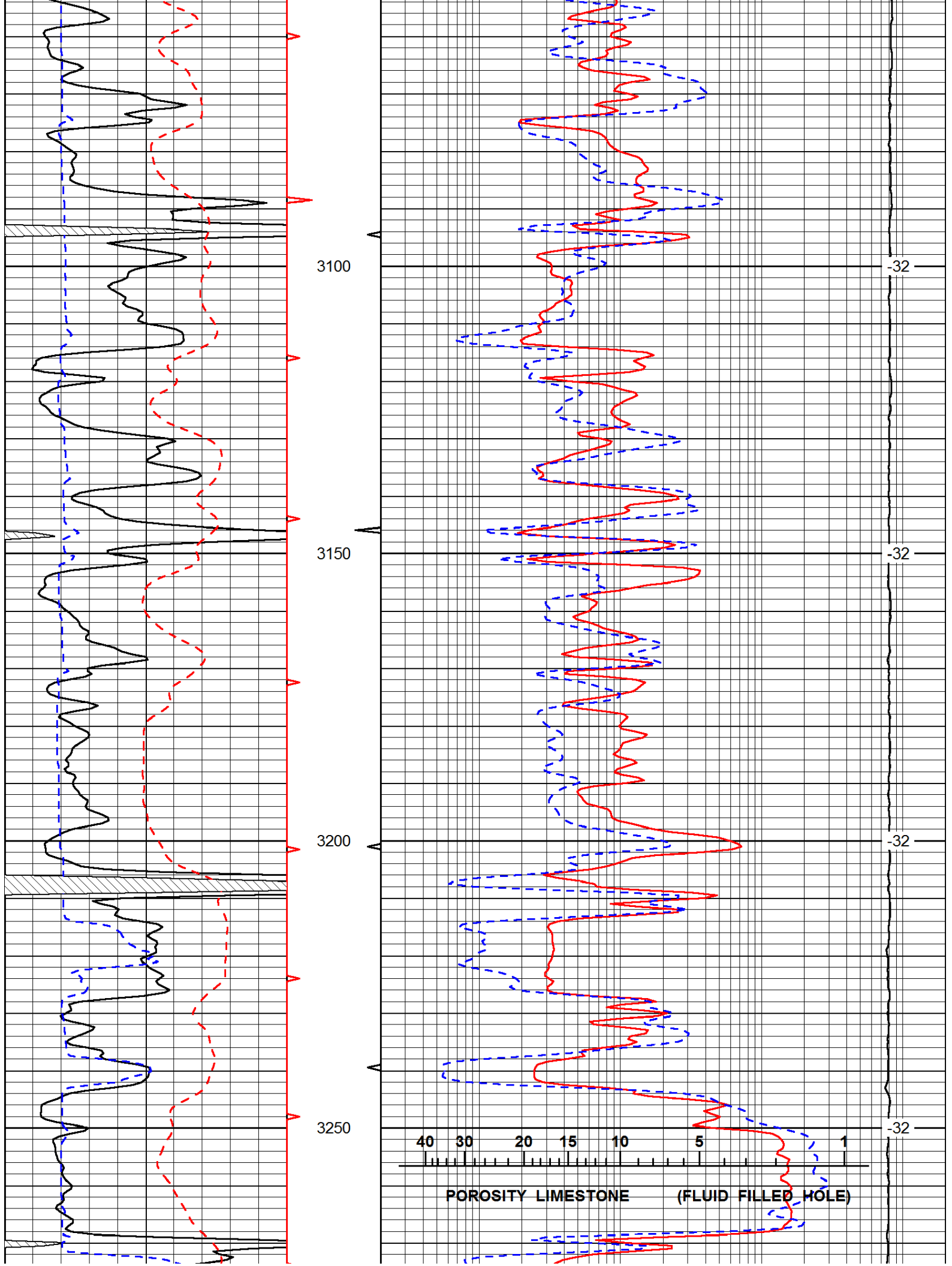
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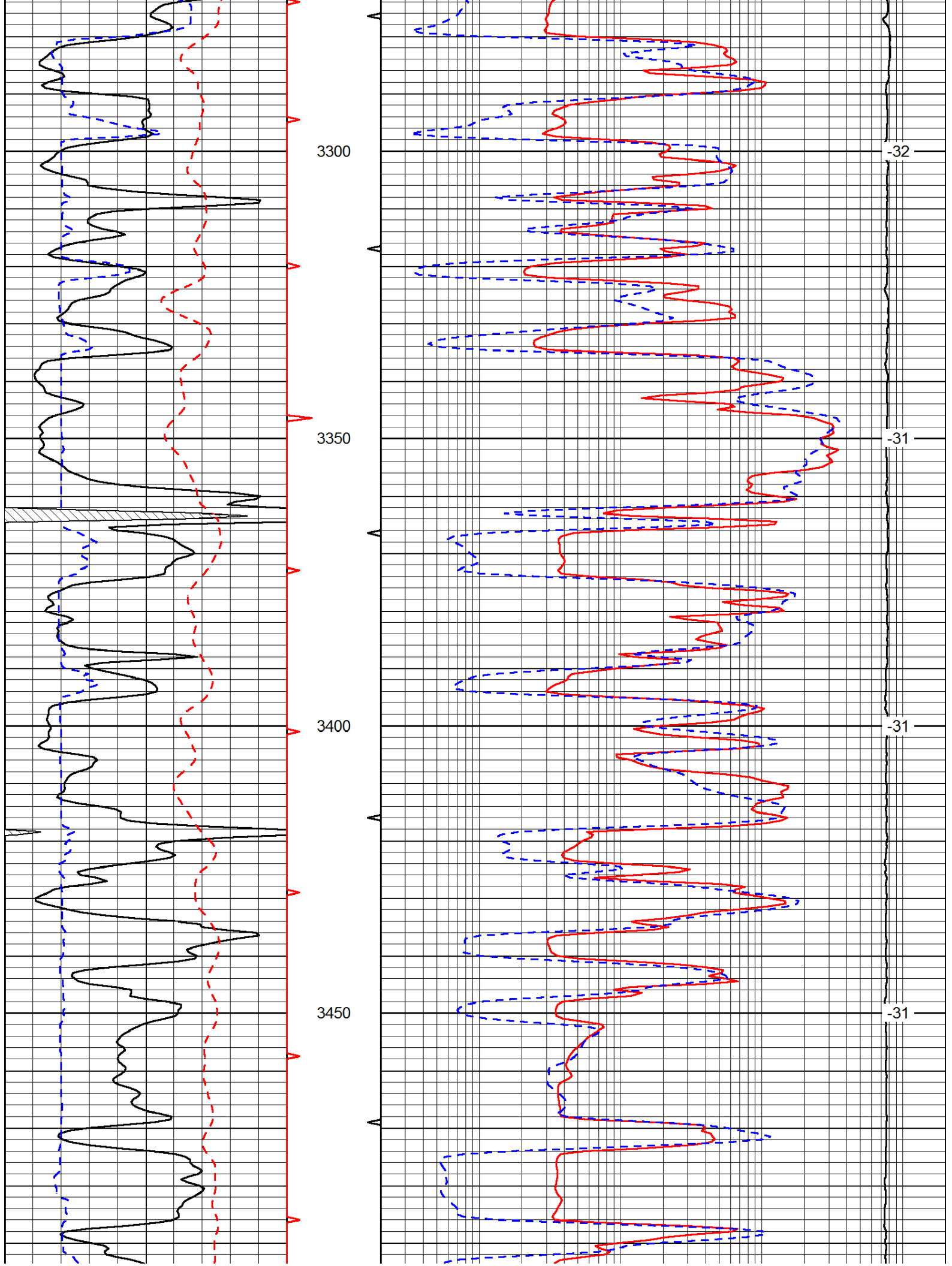
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6	Caliper (GAPI)	16
-200	SP (mV)	0

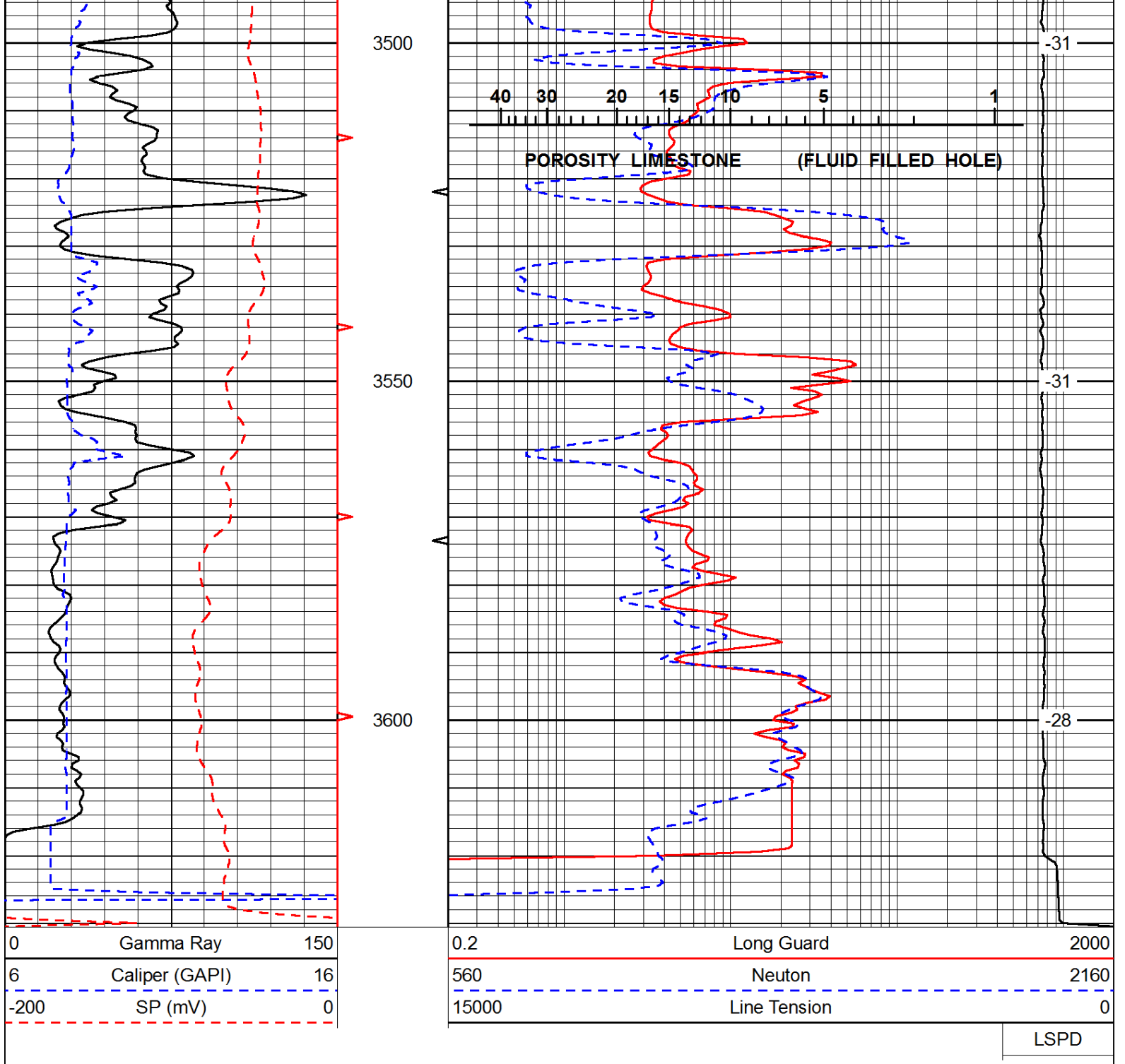
0.2	Long Guard	2000
560	Neutron	2160
15000	Line Tension	0

LSPD









QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 8044

Date	Sec.	Twp.	Range	County	State	On Location	Finish
10-12-22	17	8	21	Cochran	KS		6:30 A.M.
Lease Pelton-Billips Unit				Well No. 1		Location Rogue 1E Sinter	
Contractor American Leasing #2				Owner To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Type Job Surface				Charge To Venture Resources			
Hole Size 12 1/4		T.D. 271		Street			
Csg. 8 5/8		Depth 262		City State			
Tbg. Size		Depth		The above was done to satisfaction and supervision of owner agent or contractor.			
Tool		Depth		Cement Amount Ordered 170 Lbs 39/26 29/26 1			
Cement Left in Csg. 15		Shoe Joint		Meas Line Displace 16 21 BCL			
EQUIPMENT				Common			
Pumptrk 16	No.	Cementer	Helper	Poz. Mix			
Bulktrk	No.	Driver	Driver	Gel. Surface			
Bulktrk 14	No.	Driver	Driver	Calcium			
JOB SERVICES & REMARKS				Hulls			
Remarks:				Salt			
Rat Hole				Flowseal			
Mouse Hole				Kol-Seal			
Centralizers				Mud CLR 48			
Baskets				CFL-117 or CD110 CAF 38			
D/V or Port Collar				Sand			
8 5/8 in Bottom Est Circulation mix				Handling			
170 Lbs Displace				Mileage			
Cement Circulated!				FLOAT EQUIPMENT			
				Guide Shoe			
				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				Pumptrk Charge			
				Mileage			
				Tax			
				Discount			
				Total Charge			
X Signature							

Date 10-20-12 District Great Bend Ticket No. 059038
 Company Ventura Resources Rig American Eagle 2
 Lease Pellum-Billips Unit Well No. 1
 County Graham State KS
 Location East of Boyce Field _____

CEMENT DATA:
 Spacer Type: Fresh Water
 Amt. 8 Bbls Skys Yield _____ ft³/sk Density 8.34 PPG

LEAD: Pump Time _____ hrs. Type 60/40 + 4% Gcl
+ .25 #/sk Fl-Soul Excess _____
 Amt. 230 Skys Yield 140 ft³/sk Density 14.2 PPG

TAIL: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG
 WATER: Lead 6.7 gals/sk Tail _____ gals/sk Total 37 Bbls.

Pump Trucks Used 366
 Bulk Equip. 341

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type _____ Amt. _____ Bbls. Weight _____ PPG
 Mud Type _____ Weight _____ PPG

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 7/8" Type _____ Weight 24.4 Collar _____

Casing Depths: Top 0 Bottom 272

Drill Pipe: Size 4 1/2" Weight 20# Collars _____
 Open Hole: Size 7 7/8" T.D. 3620 ft. P.B. to _____ ft.

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. .0636 Lin. ft./Bbl. 15.70
 Open Holes: Bbls/Lin. ft. .06602 Lin. ft./Bbl. 16.5993
 Drill Pipe: Bbls/Lin. ft. .01287 Lin. ft./Bbl. 77.69
 Annulus: OH Bbls/Lin. ft. .0406 Lin. ft./Bbl. 24.6474
CSJ Bbls/Lin. ft. .0440 Lin. ft./Bbl. 22.72
 Perforations: From _____ ft. to _____ ft. Amt. _____

COMPANY REPRESENTATIVE Koerner CEMENTER Wash

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS	
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period		RATE Bbls Min.
7:00 PM						Arrive Location	
8:01 PM		100		6	6	3	Fresh Water Ahead
8:03 PM		100		12.25	6.25	3	Plug 1 Cement
8:05 PM		100		14.25	2	3	Fresh Water Behind
8:04 PM							Displace with Rig Pump
8:15 PM							POOH
9:32 PM		120		20.25	6	3	Fresh Water Ahead
9:34 PM		80		26.5	6.25	3	Plug 2 Cement
9:36 PM		40		43.5	17	3	Displace with Fresh Water
9:41 PM							POOH
10:07 PM		50		49.5	6	3	Fresh Water Ahead
10:09 PM		120		74.5	25	3	Plug 3 Cement
10:14 PM		50		76.5	2	3	Displace
10:17 PM							POOH
10:40 PM		50		82.5	6	3	Fresh Water Ahead
10:42 PM		70		92.5	10	3	Plug 4 Cement
10:45 PM		50		93.5	1	3	Displace
11:36 PM		100		101	7.5	3	Plug Rot Hole
11:43 PM		70		103.5	2.5	3	Cement 40 ft to Surf.
11:50 PM							Wash Up

Plugging

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

December 03, 2012

Todd Smith
Venture Resources, Inc.
2255 S WADSWORTH, STE 205
LAKEWOOD, CO 80227

Re: Plugging Application
API 15-065-23861-00-00
Pelton-Billips Unit 1
NE/4 Sec.17-08S-21W
Graham County, Kansas

Dear Todd Smith:

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 June 01, 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