



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	BOP West, LLC
Well Name	MAX REDDEN 1
Doc ID	1152054

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
2026	2029	Kansas City	
			2600
2618	2628	Mississippi	



Dual Compensated
Porosity Log

DIGITAL LOG (785) 625-3858

API No. 15-169-20,326-00-00

Company BOP West, LLC.
Well Max Redden No. 1
Field Wildcat
County Saline State Kansas

Location 530' FSL & 1170' FWL

Sec: 21 Twp: 16 S Rge: 1 W

Other Services
DIL
MEL

Permanent Datum Ground Level Elevation 1273
Log Measured From Kelly Bushing 9 Ft. Above Perm. Datum
Drilling Measured From Kelly Bushing

K.B. 1282
D.F. G.L. 1273

Date 4/23/2011

Run Number One

Type Log CNL / CDL

Depth Driller 2680

Depth Logger 2679

Bottom Logged Interval 2658

Top Logged Interval 1700

Type Fluid In Hole Chemical

Salinity, PPM CL 800

Density 9.3

Level Full

Max. Rec. Temp. F 105

Operating Rig Time 4 Hours

Equipment -- Location 4 Hays

Recorded By K. Bange

Witnessed By Frank Mize

Borehole Record				Casing Record			
Run No.	Bit	From	To	Size	Wgt.	From	To
1	12.25	00	222	8.625	24#	00	222
2	7.875	222	2680				

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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

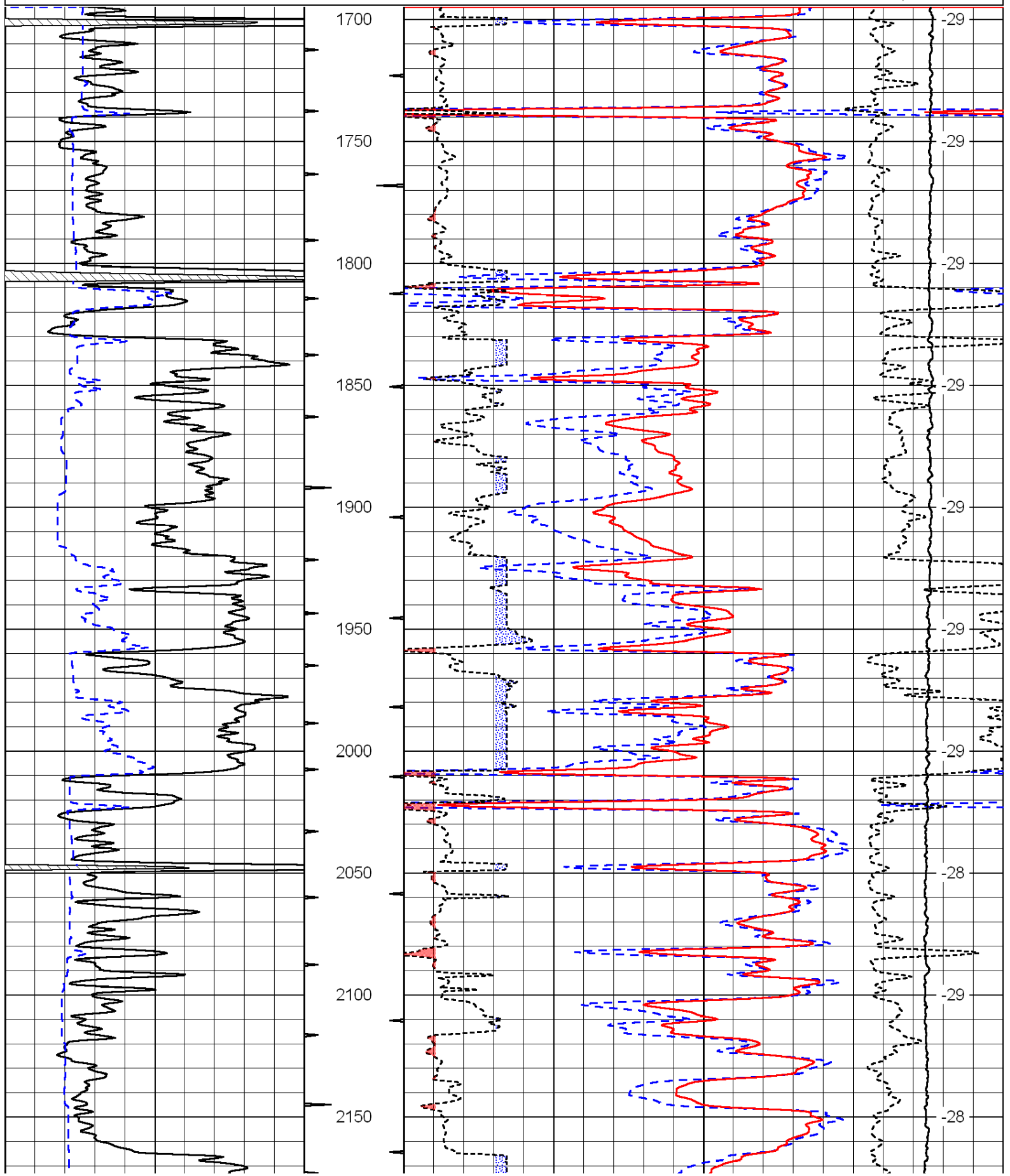
Thank you for using Log-Tech, Inc.
(785) 625-3858

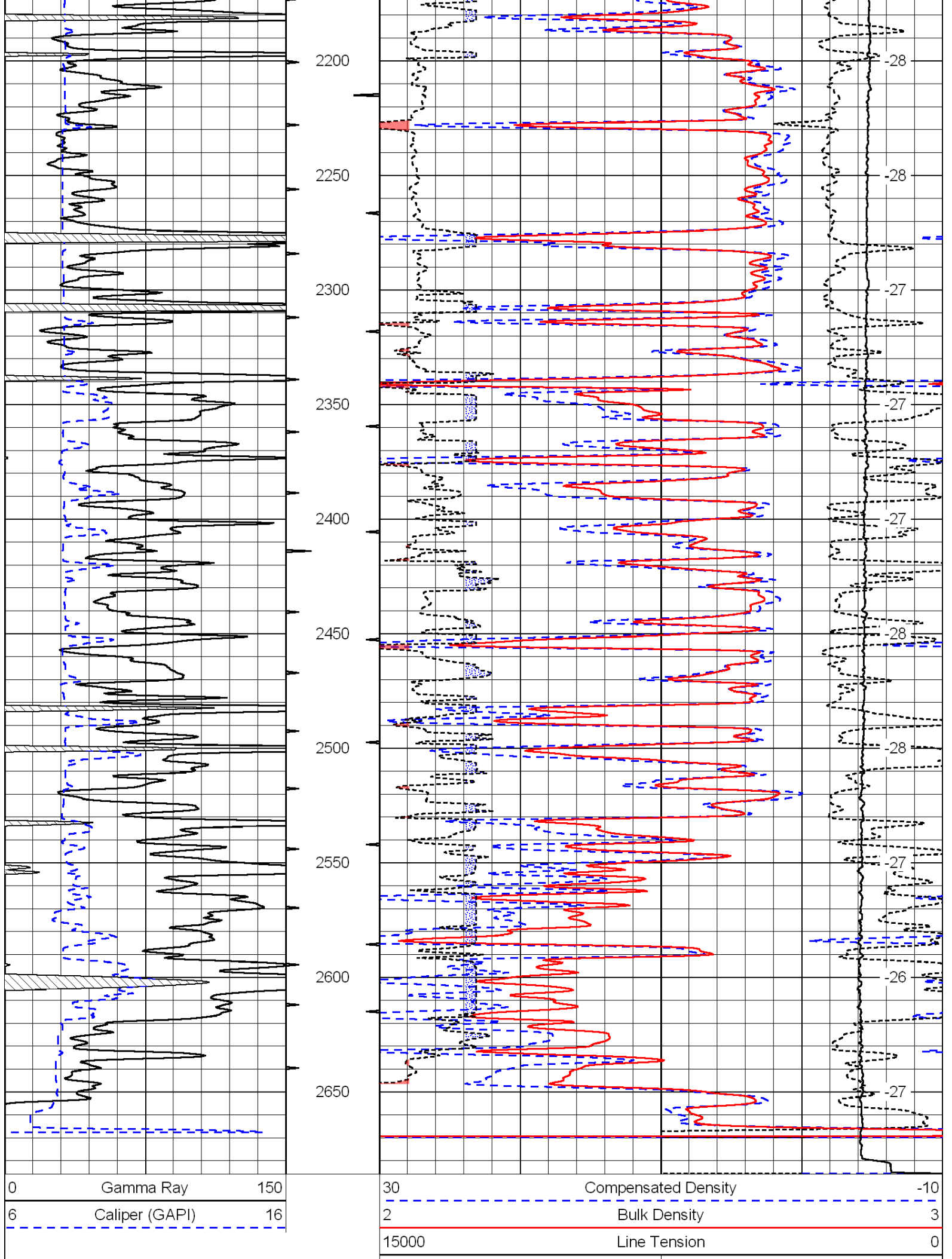
Gypsum, 4 S, 1/2 W, N into

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 Dataset Creation: Sat Apr 23 21:57:26 2011
 Charted by: Depth in Feet scaled 1:600

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6	Caliper (GAPI)	16

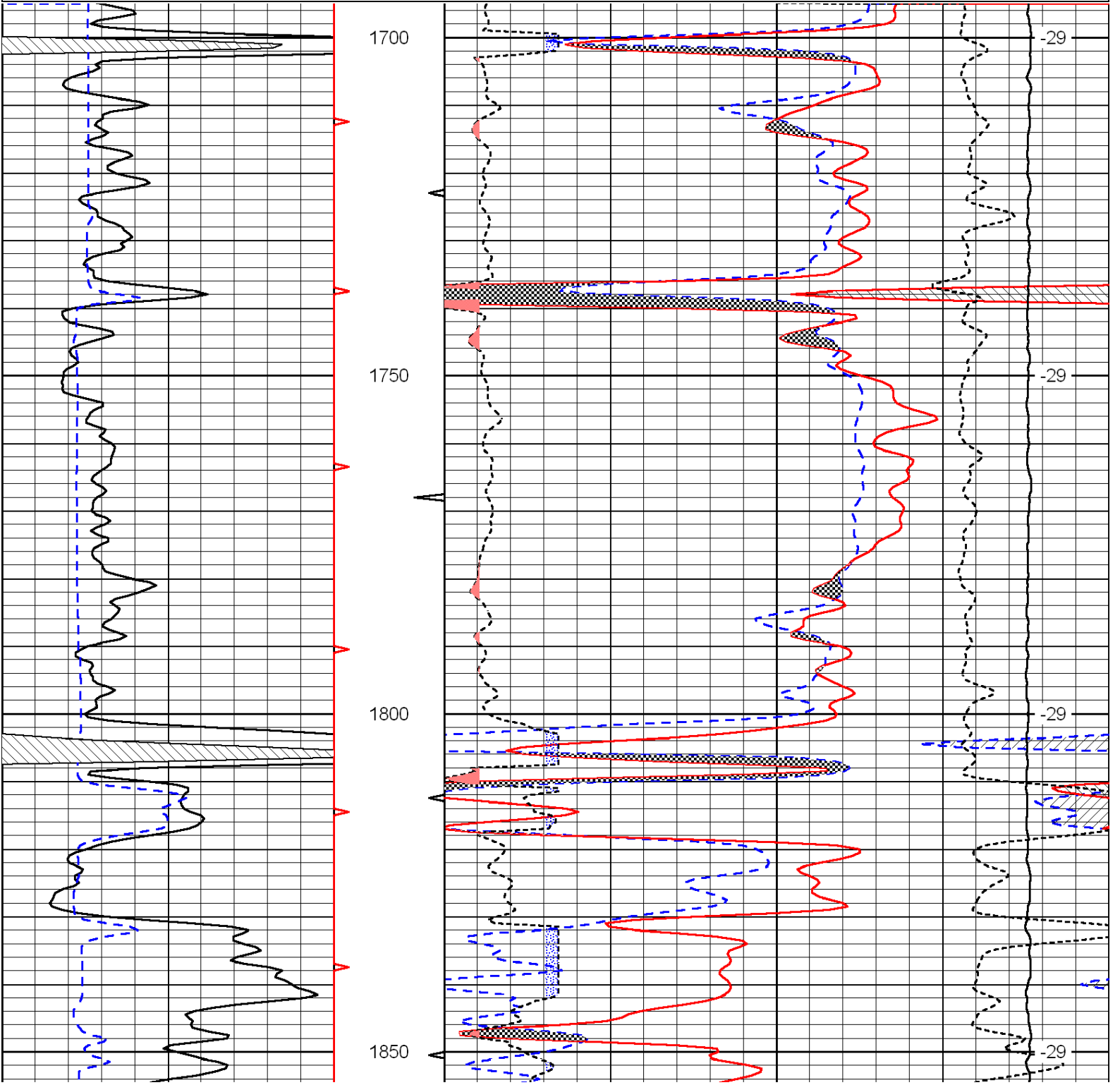
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2	Bulk Density		3
15000	Line Tension		0
2.625	DGA	3.425	-0.25
			Correction
			0.25
LSPD			

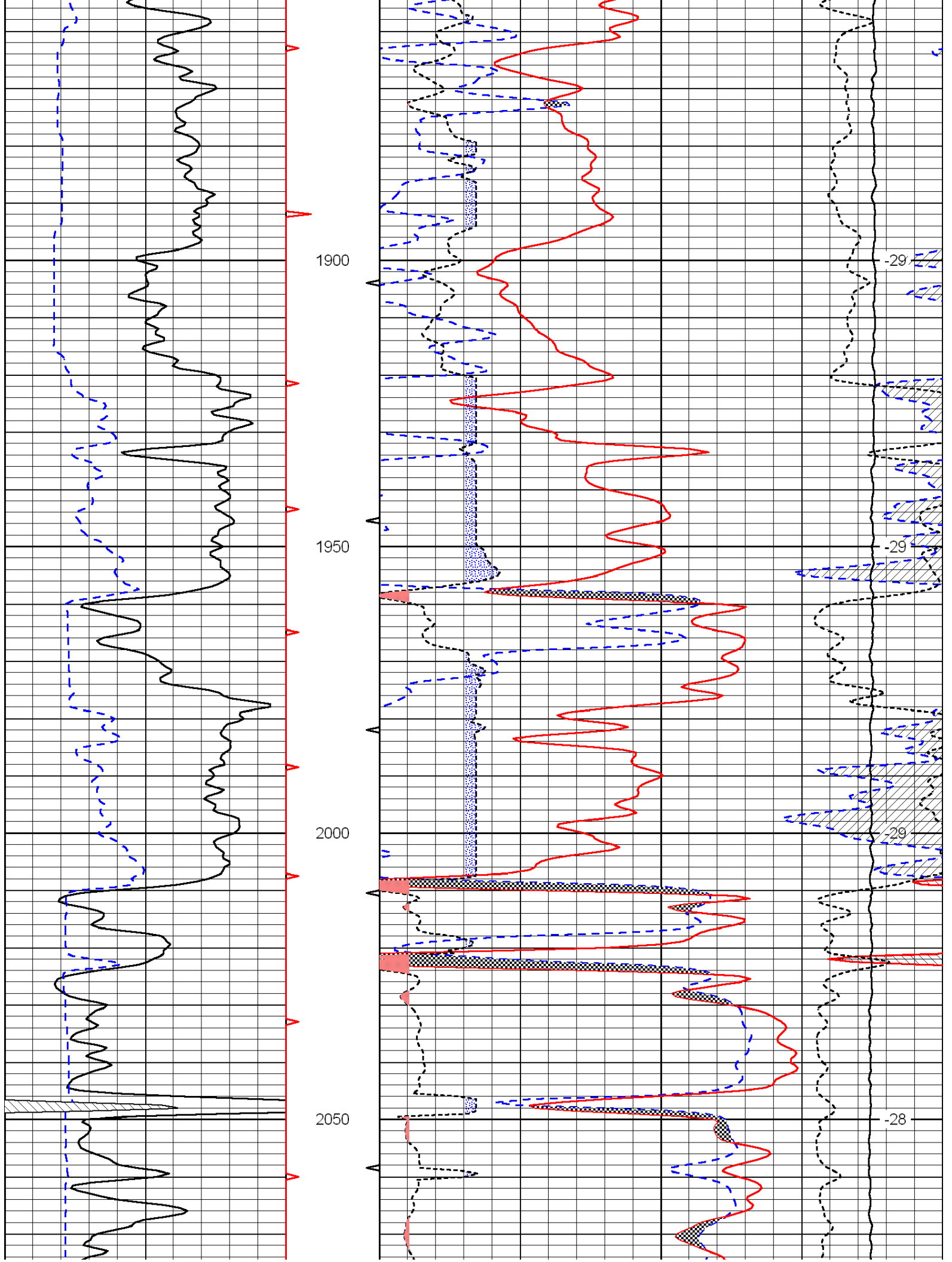


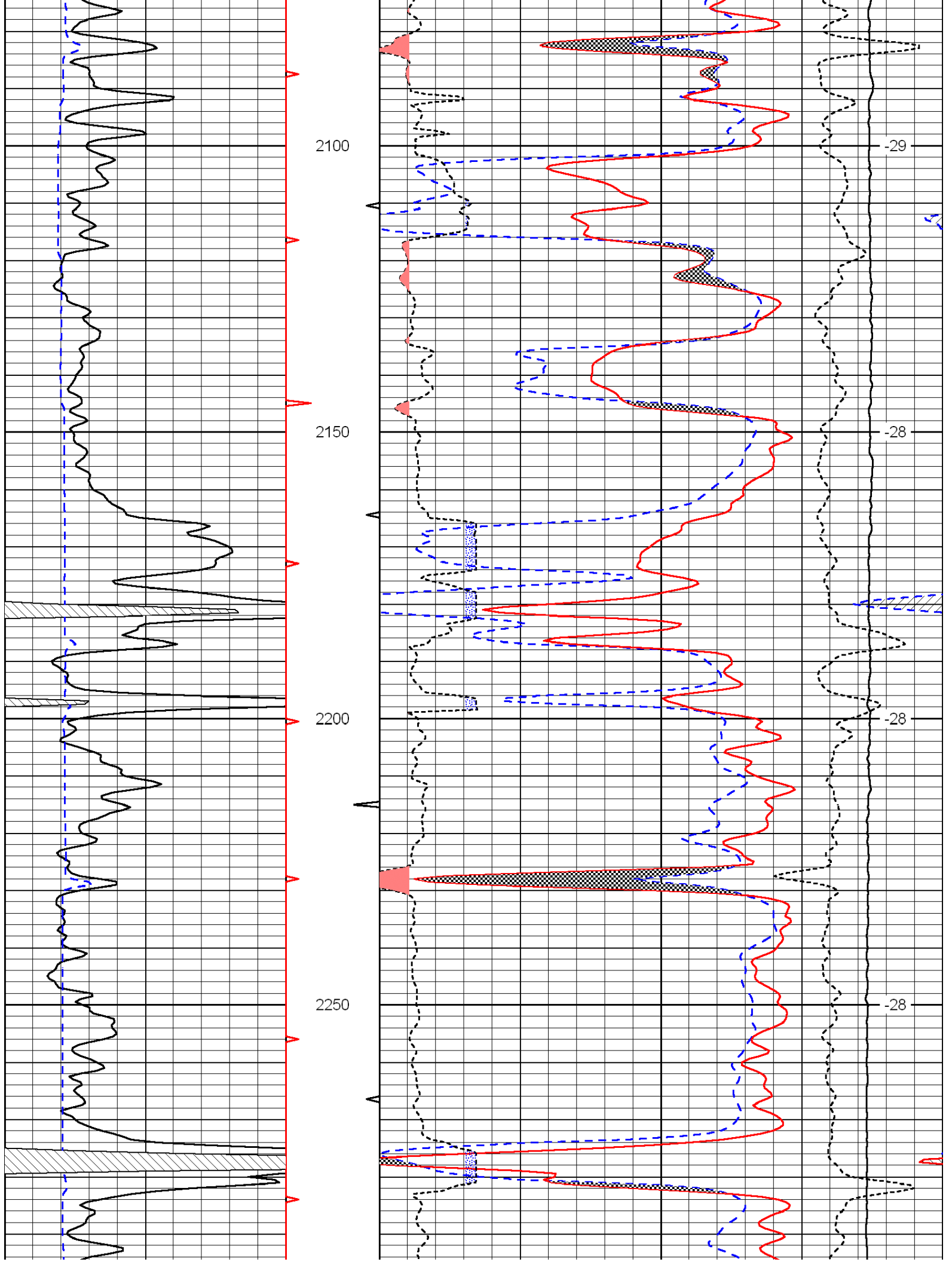


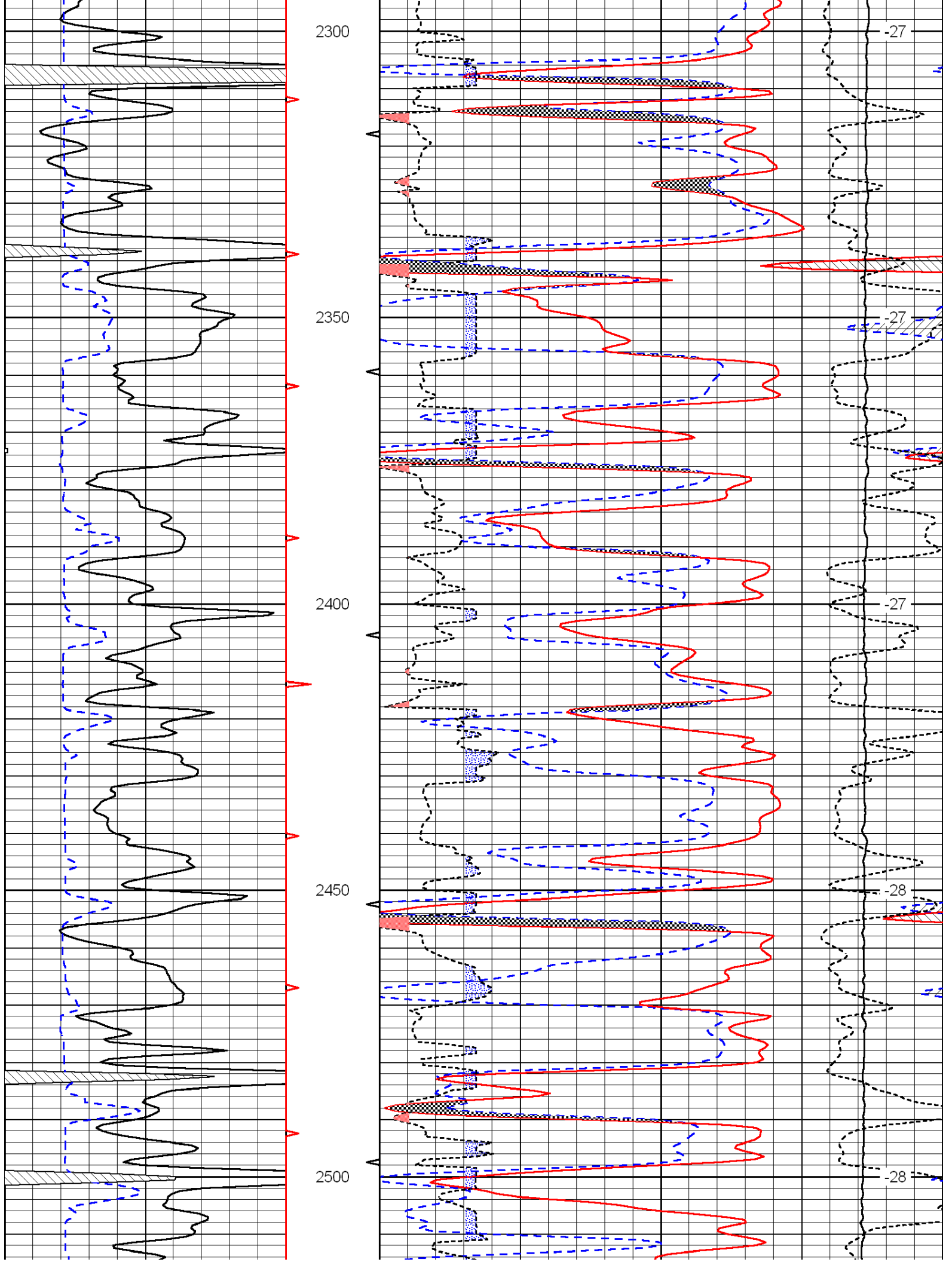
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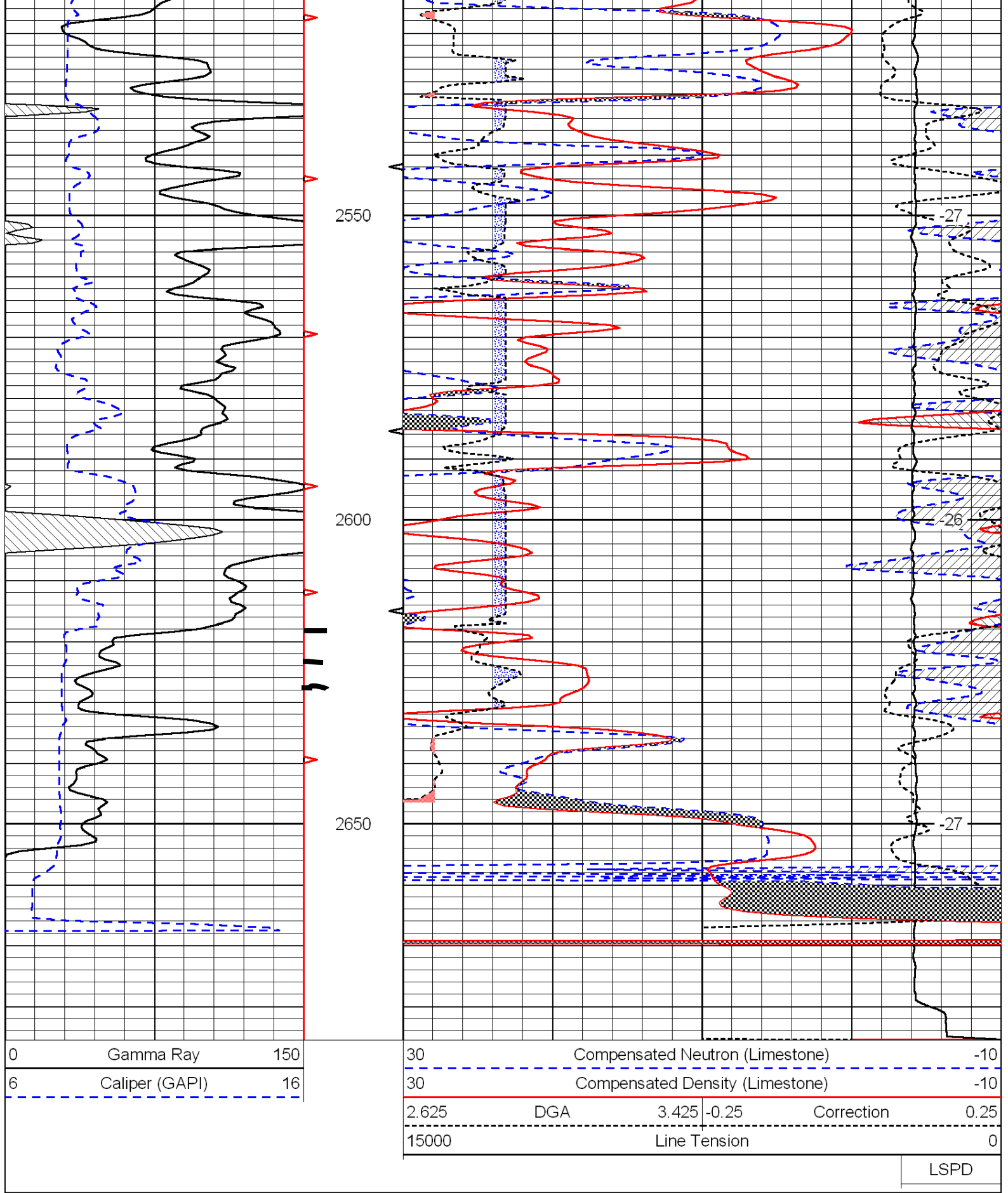
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6	Caliper (GAPI)	16	30	Compensated Density (Limestone)	-10		
		2.625	DGA	3.425	-0.25	Correction	0.25
		15000	Line Tension				0
							LSPD













Dual Induction Log

DIGITAL LOG (785) 625-3858

API No.	15-169-20,326-00-00		
Company	BOP West, LLC.		
Well	Max Redden No. 1		
Field	Wildcat		
County	Saline	State	Kansas
Location	530' FSL & 1170' FWL		
Sec: 21	Twp: 16 S	Rge: 1 W	Other Services CNL/CDL MEL

Permanent Datum	Ground Level	Elevation	1273
Log Measured From	Kelly Bushing	9	Ft. Above Perm. Datum
Drilling Measured From	Kelly Bushing		
Date	4/23/2011		
Run Number	One		
Depth Driller	2680		
Depth Logger	2679		
Bottom Logged Interval	2678		
Top Log Interval	00		
Casing Driller	8.625 @ 222		
Casing Logger	220		
Bit Size	7.875		
Type Fluid in Hole	Chemical		
Salinity, ppm CL	800		
Density / Viscosity	9.3	51	
pH / Fluid Loss	9.0	9.2	
Source of Sample	Flowline		
Rm @ Meas. Temp	1.5 @ 65		
Rmf @ Meas. Temp	1.13 @ 65		
Rmc @ Meas. Temp	2.03 @ 65		
Source of Rmf / Rmc	Charts		
Rm @ BHT	.93 @ 105		
Operating Rig Time	4 Hours		
Max Rec. Temp. F	105		
Equipment Number	4		
Location	Hays		
Recorded By	K. Bange		
Witnessed By	Frank Mize		

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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 Log-Tech, Inc.
(785) 625-3858

Gypsum, 4 S, 1/2 W, N into

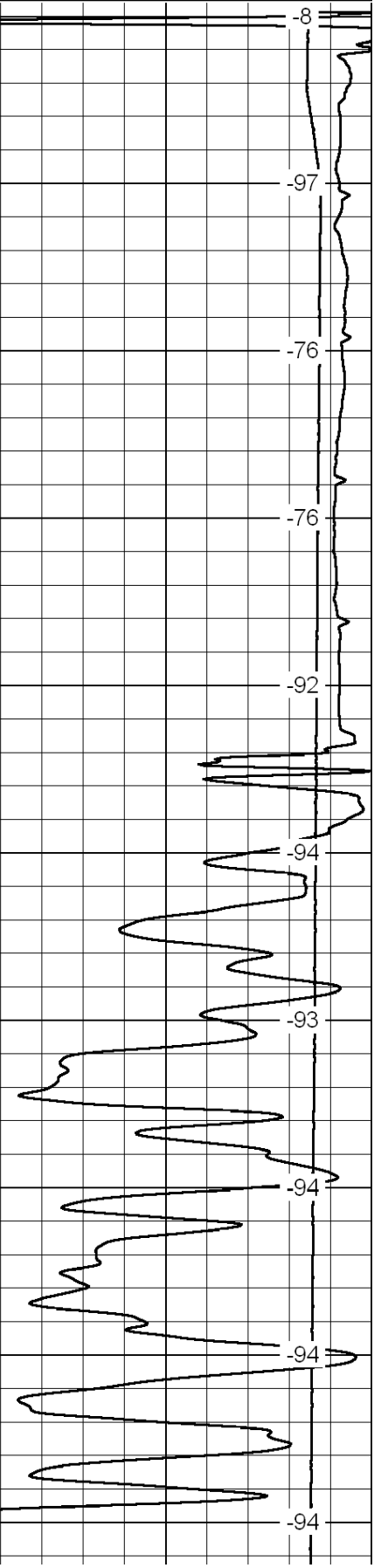
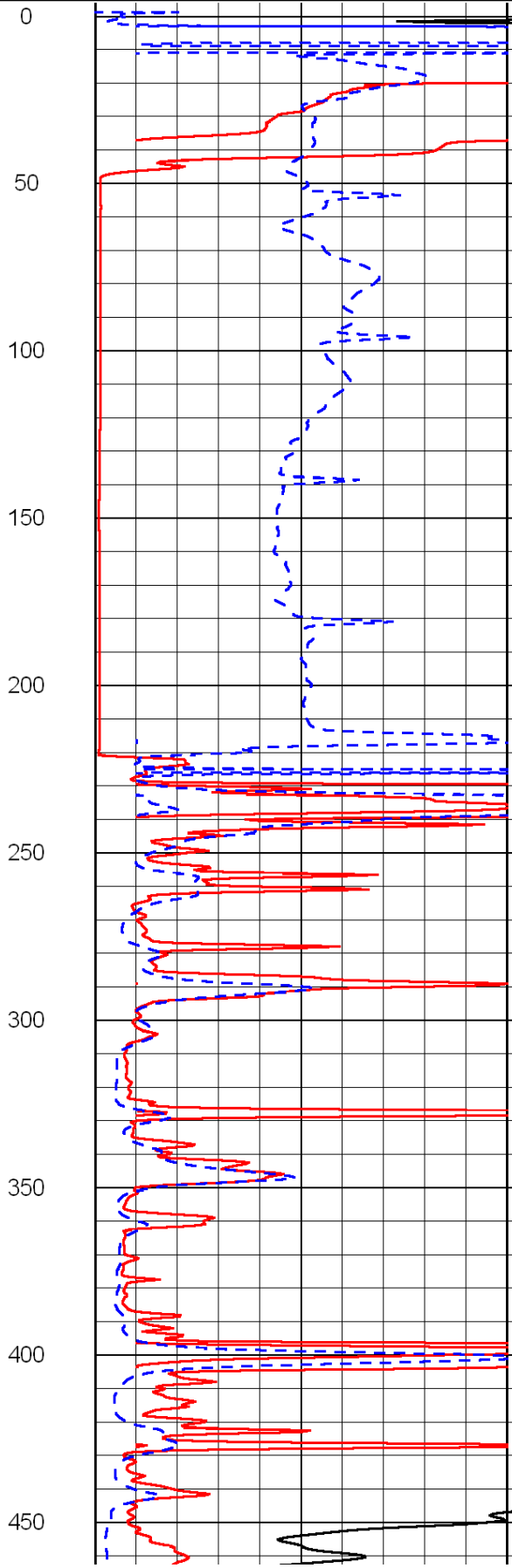
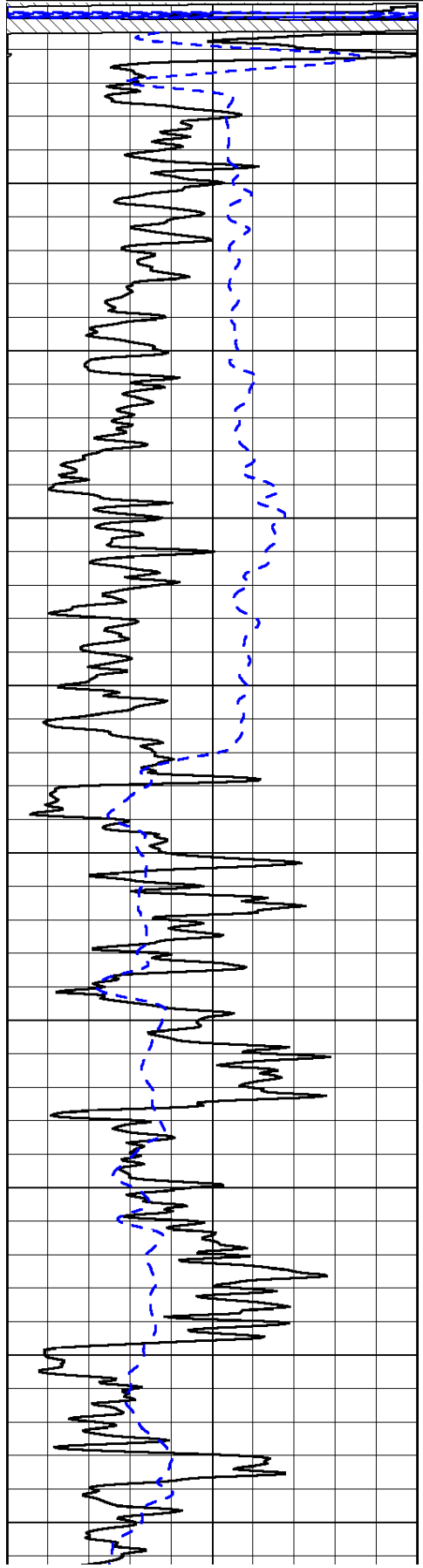
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-200	SP (mV)	0

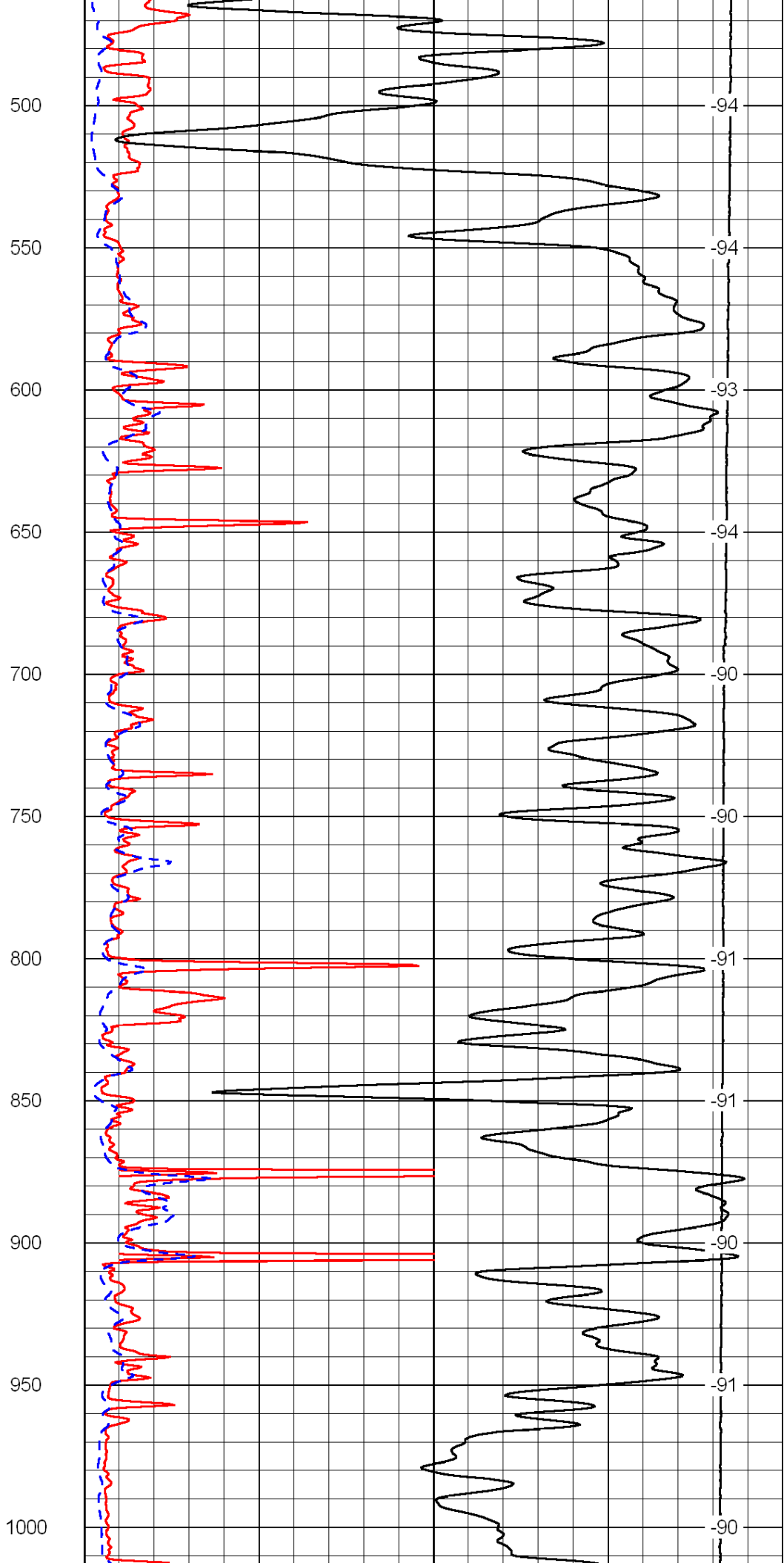
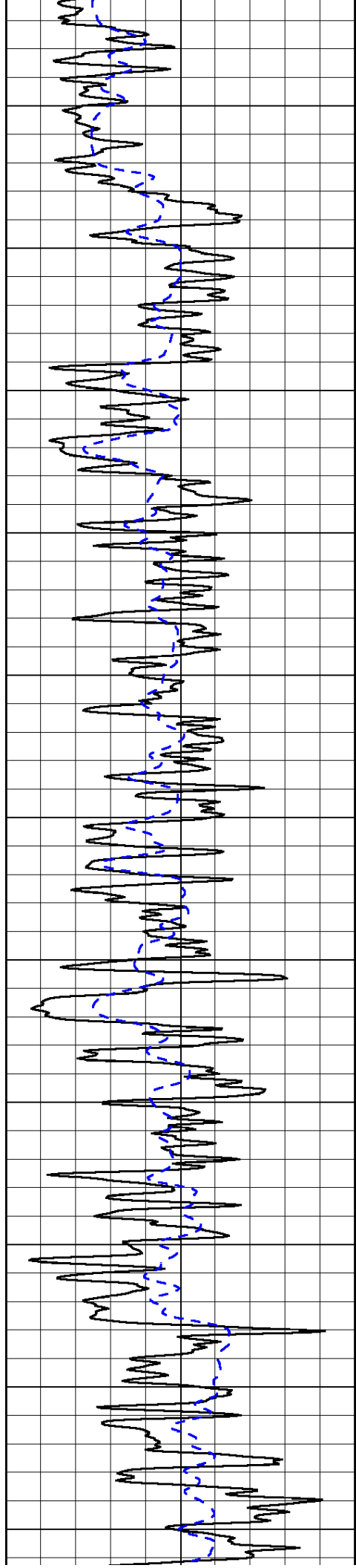
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0	Deep Resistivity	50

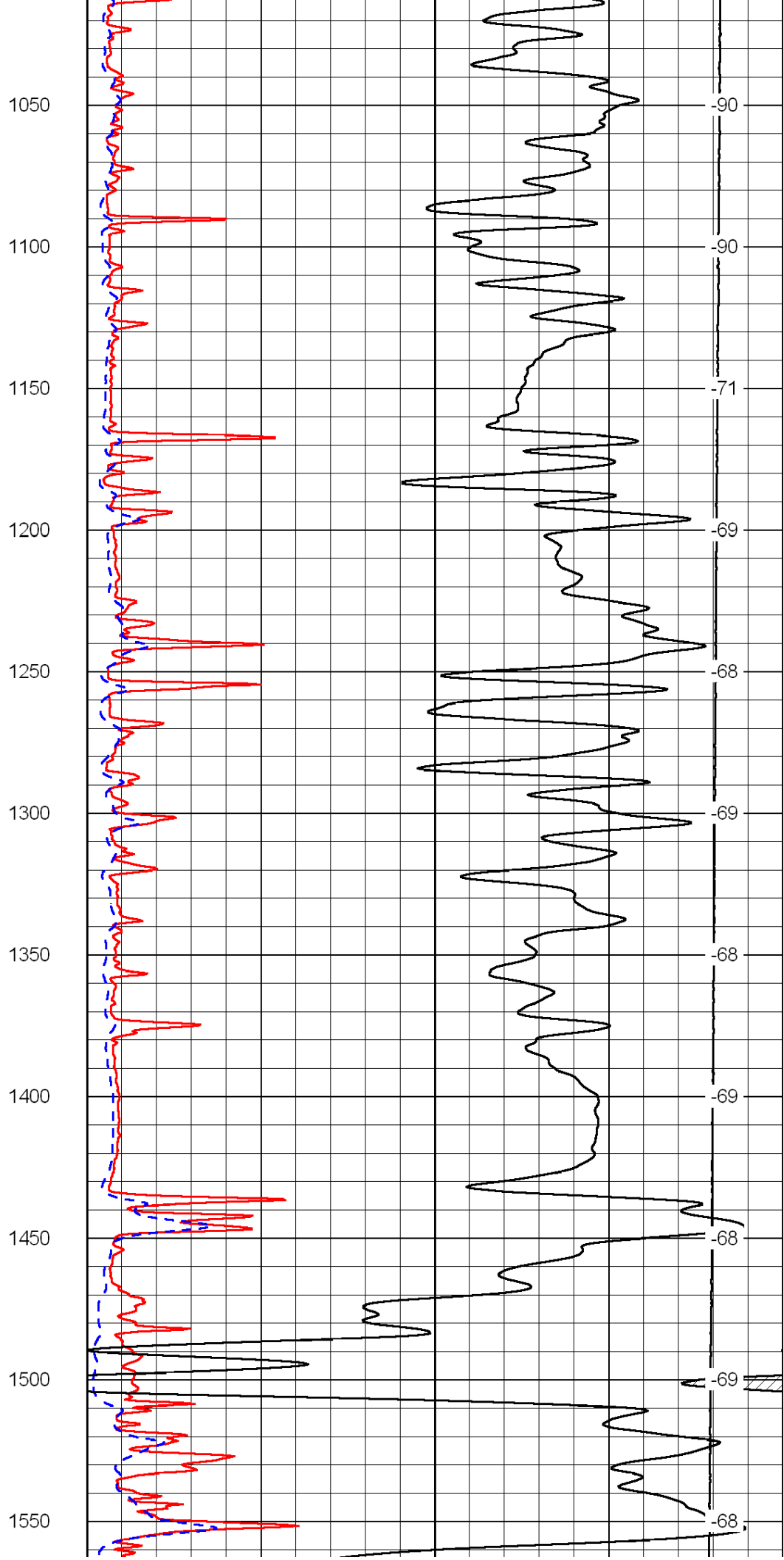
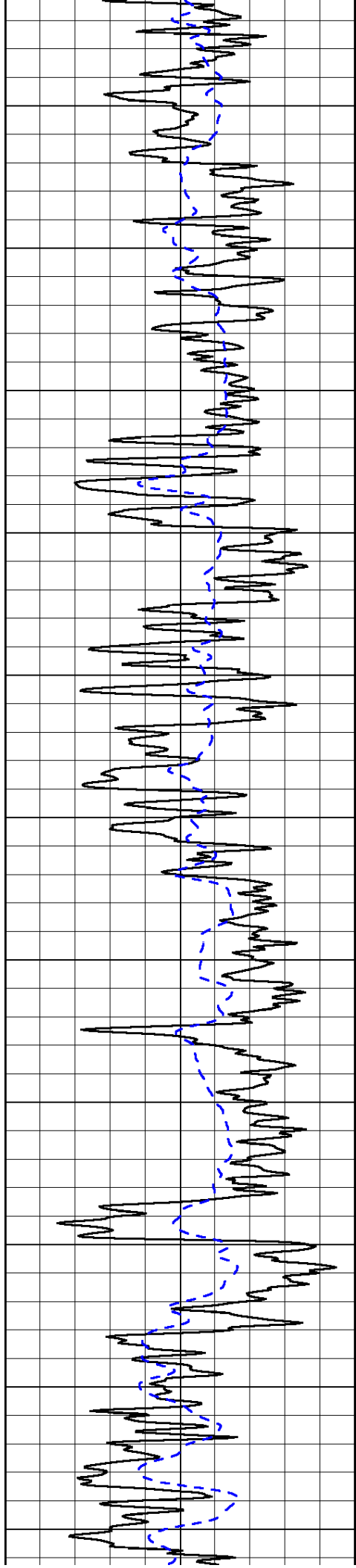
LSPD

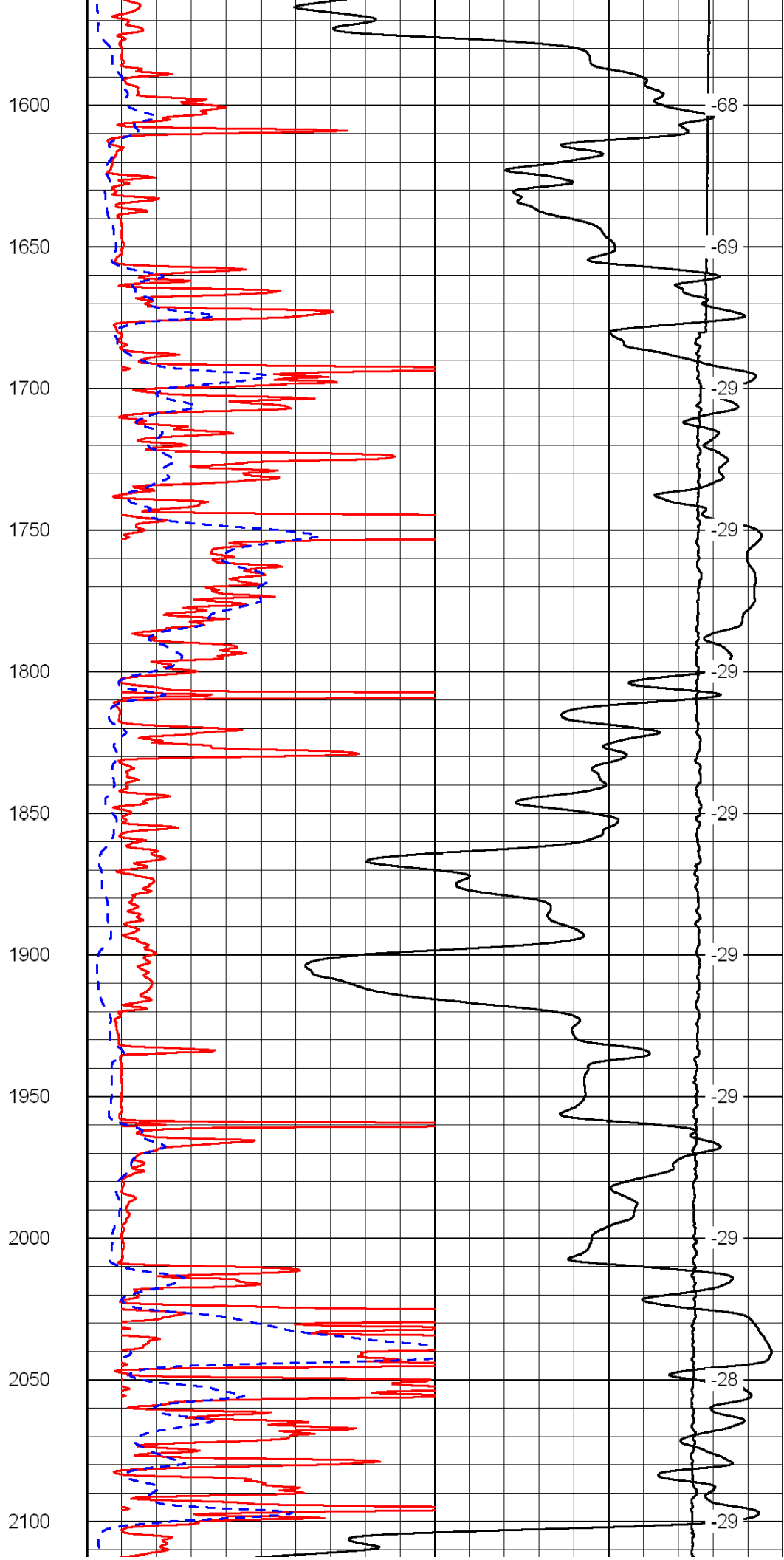
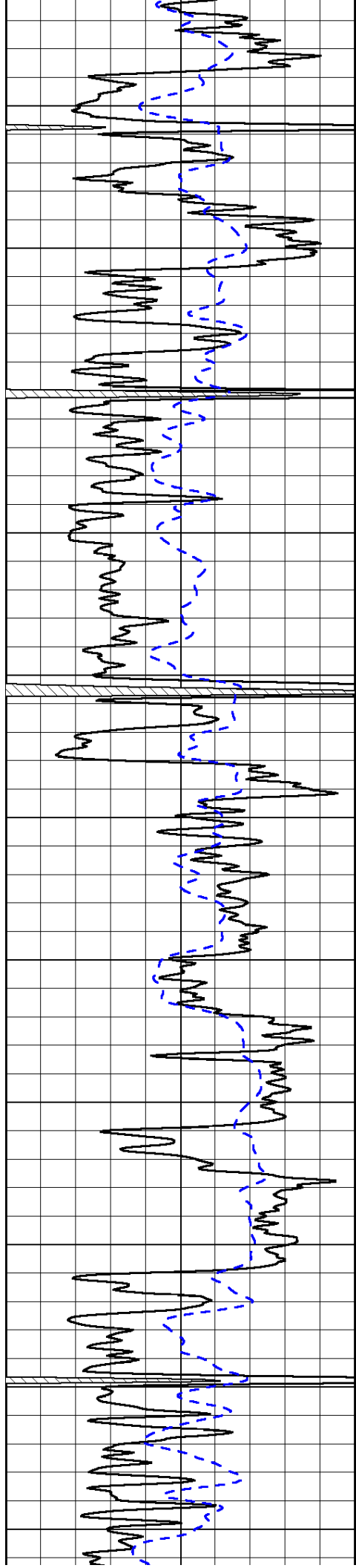
1000	Conductivity	0
15000	Line Tension	0

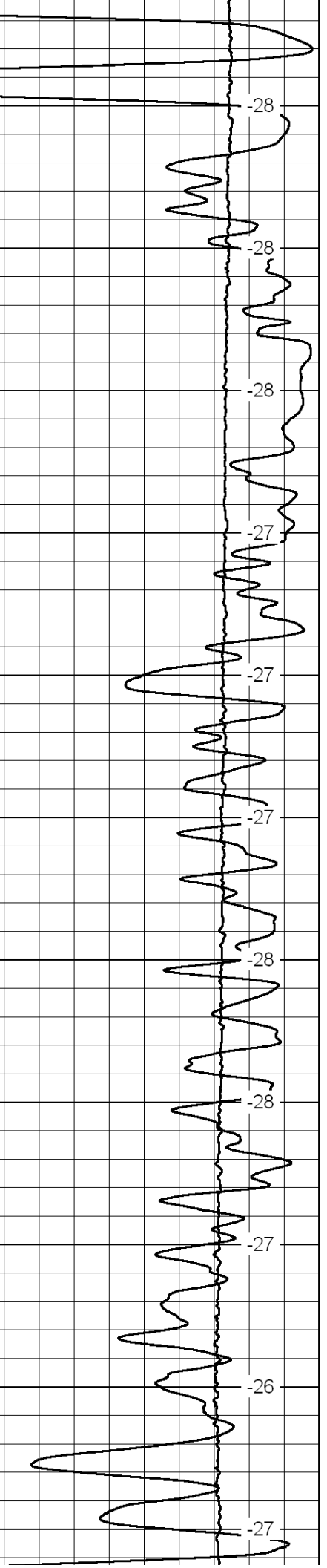
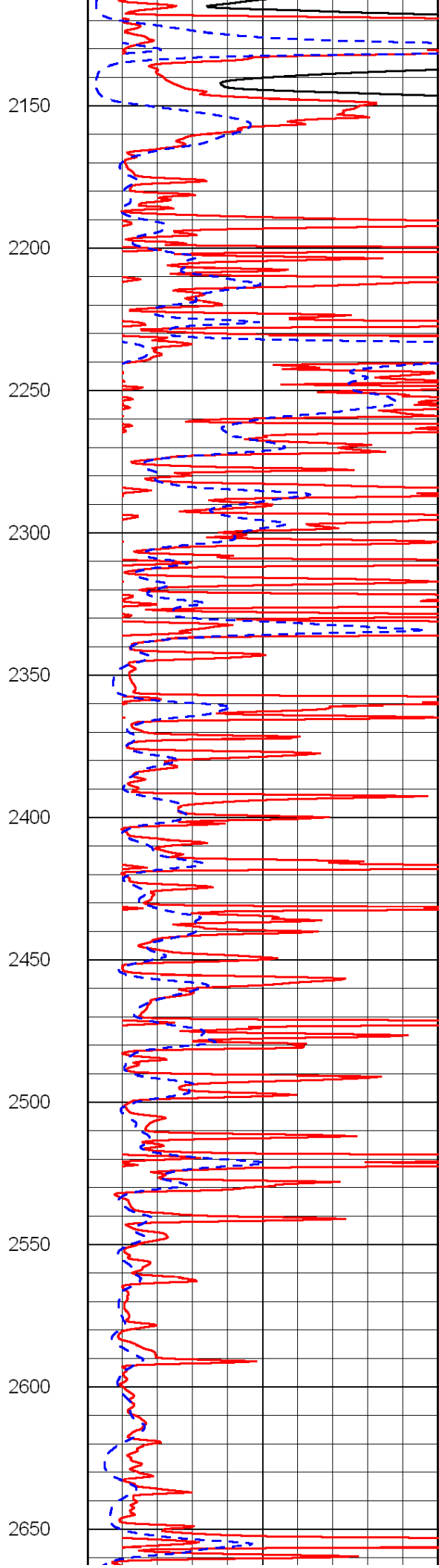
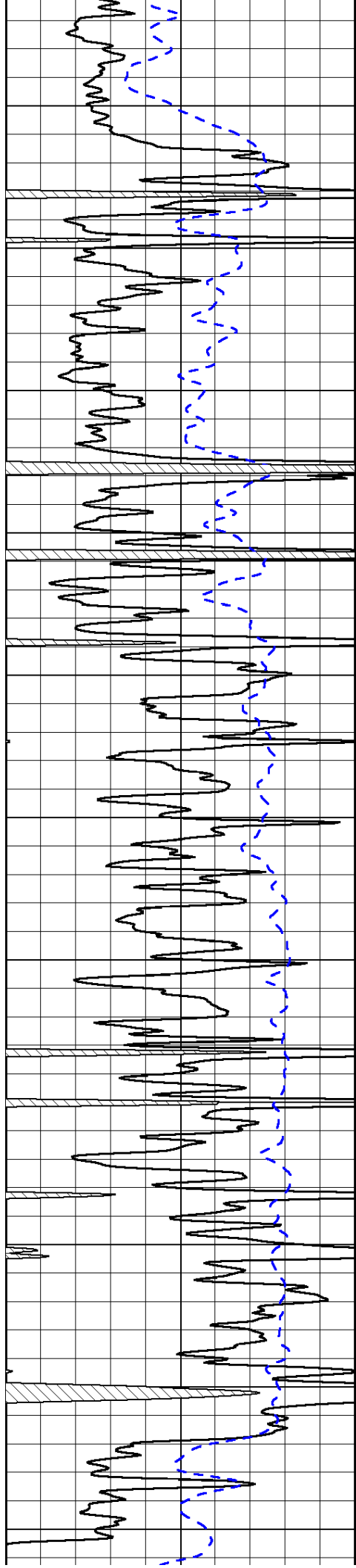
50	Shallow Resistivity	500
50	Deep Resistivity	500

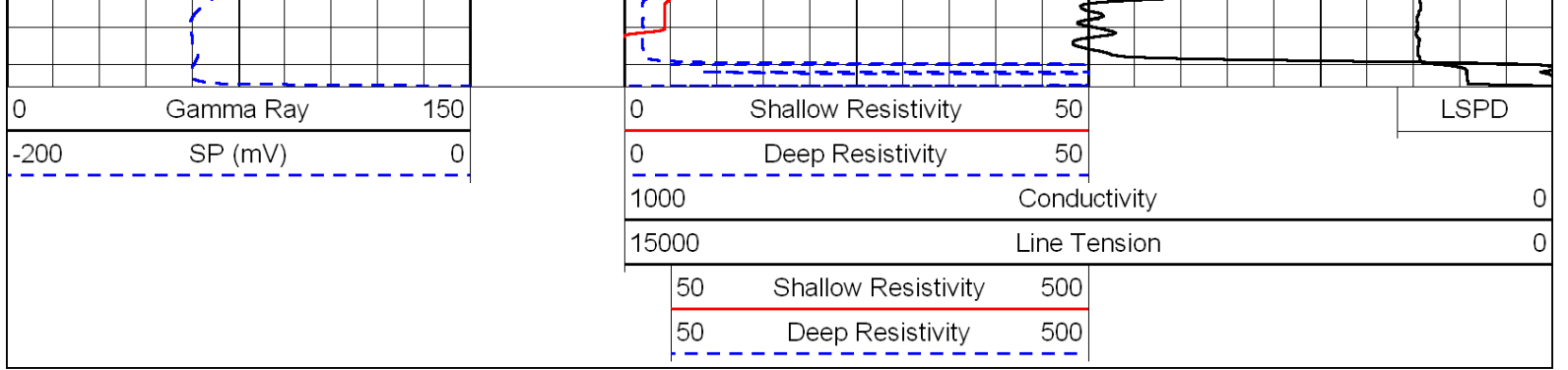




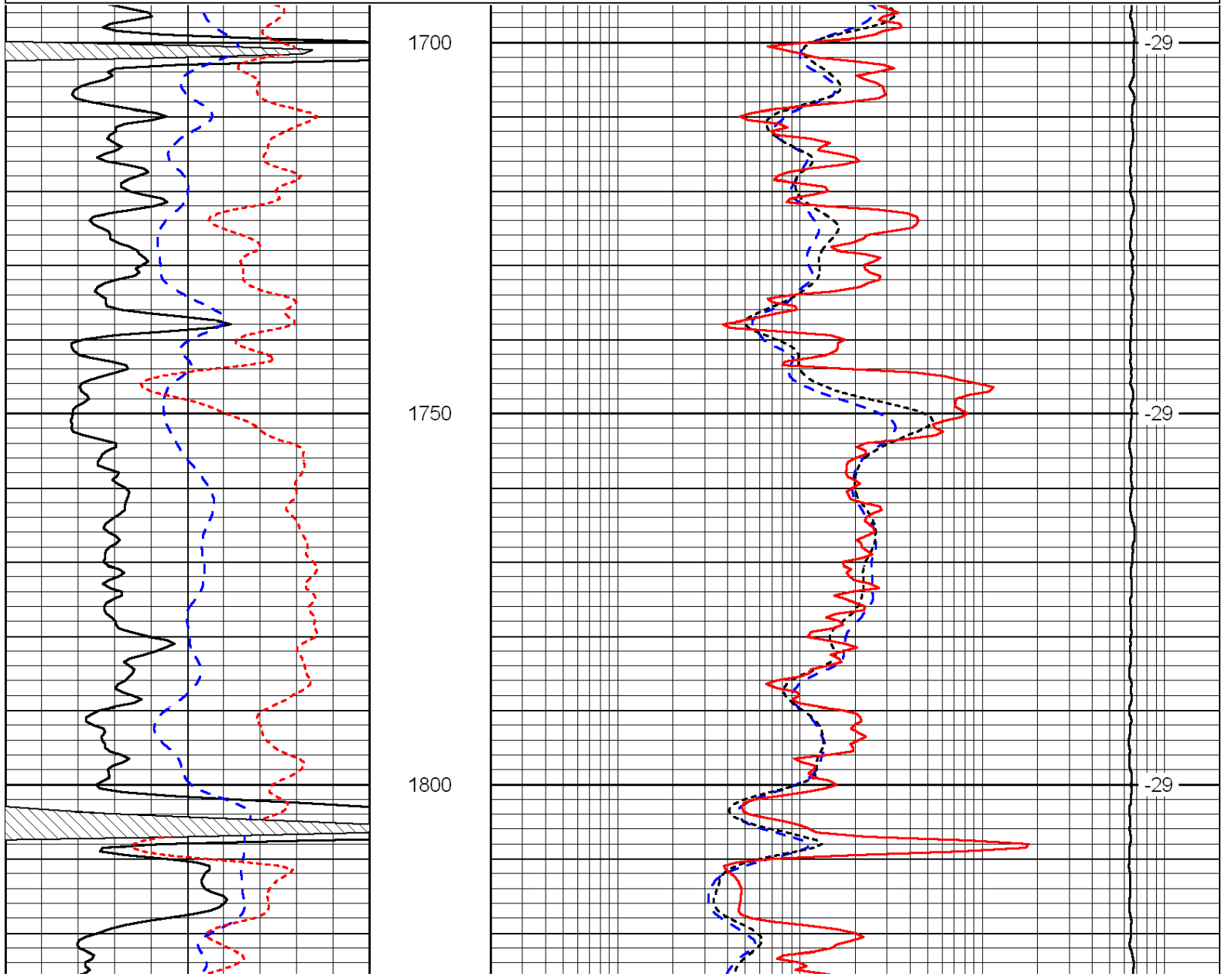
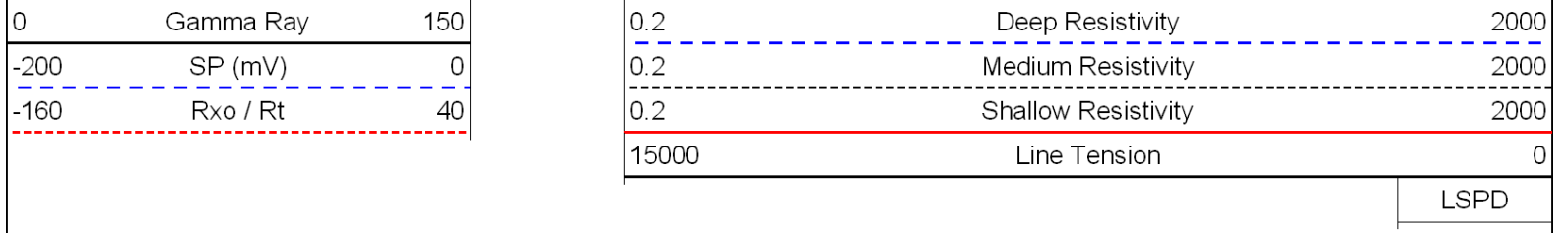


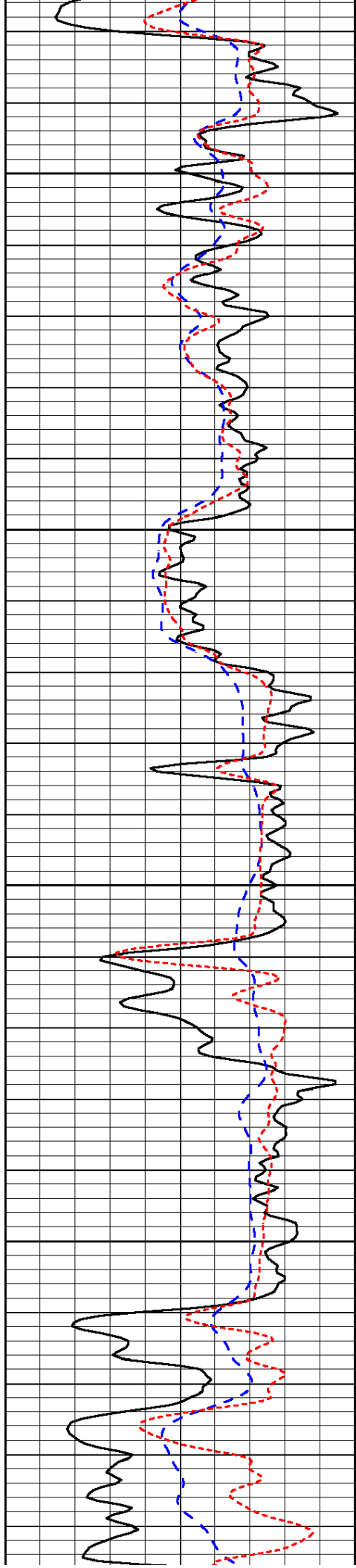






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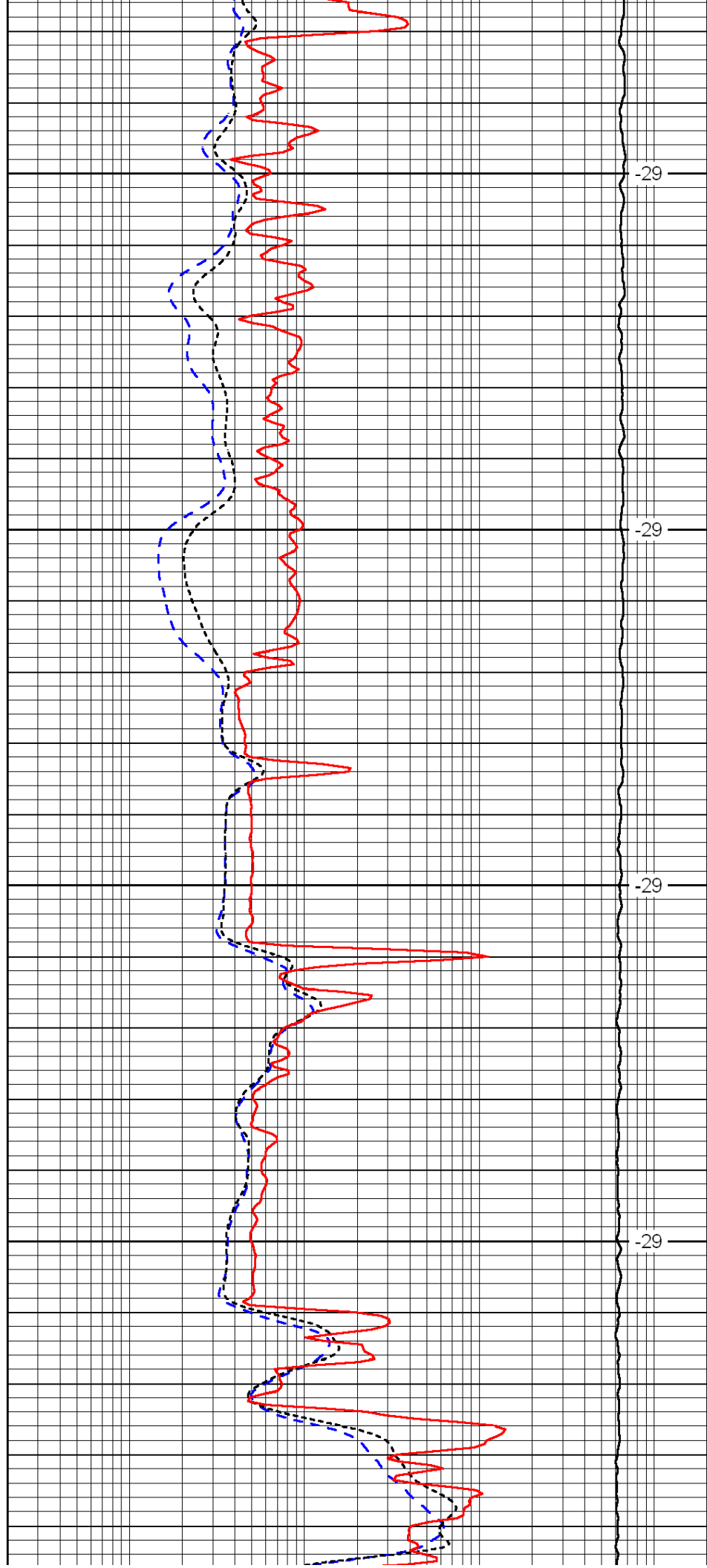


1850

1900

1950

2000

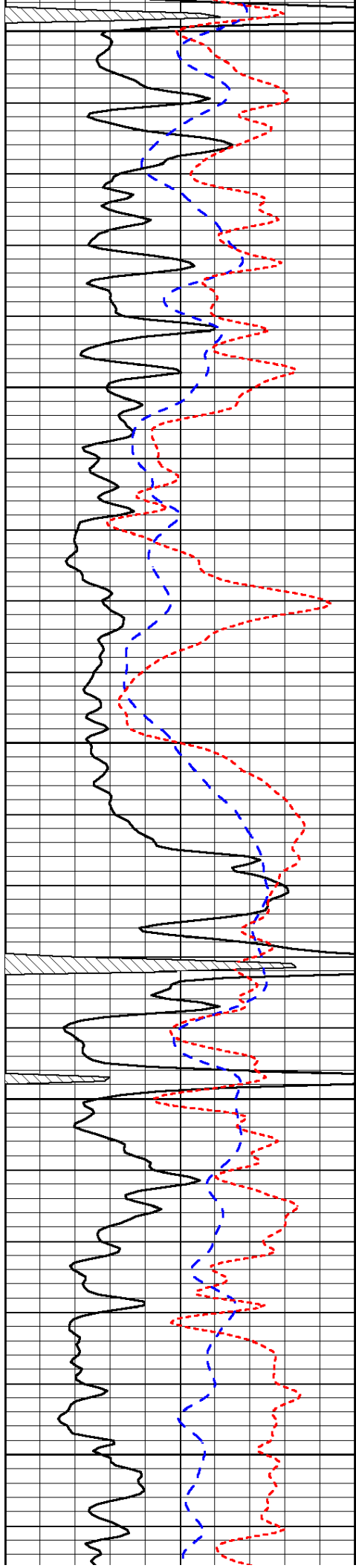


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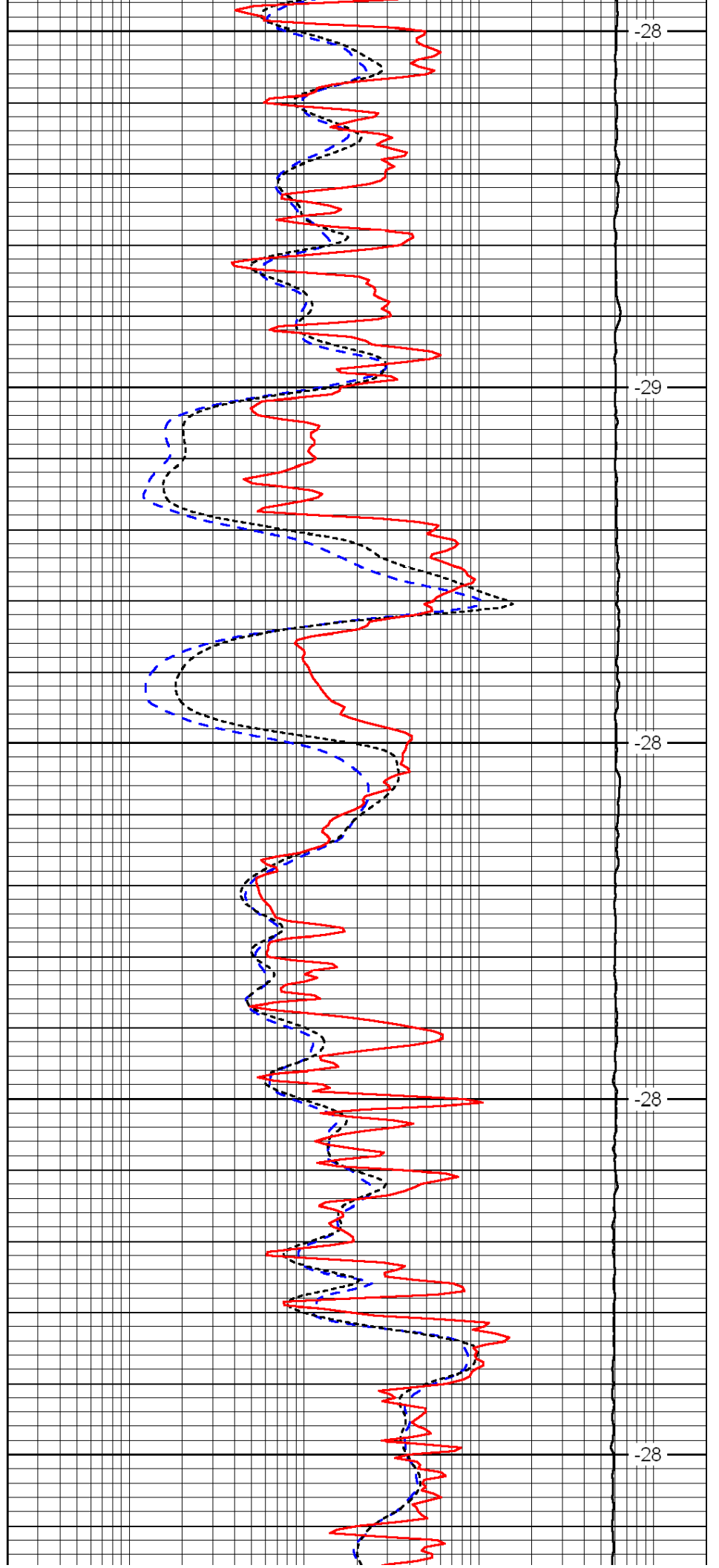
2050

2100

2150

2200

2250



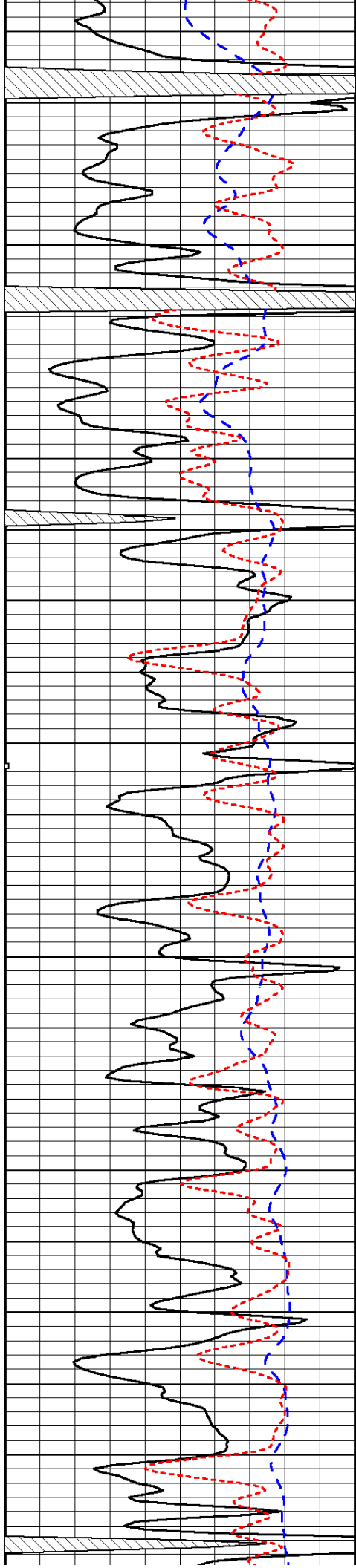
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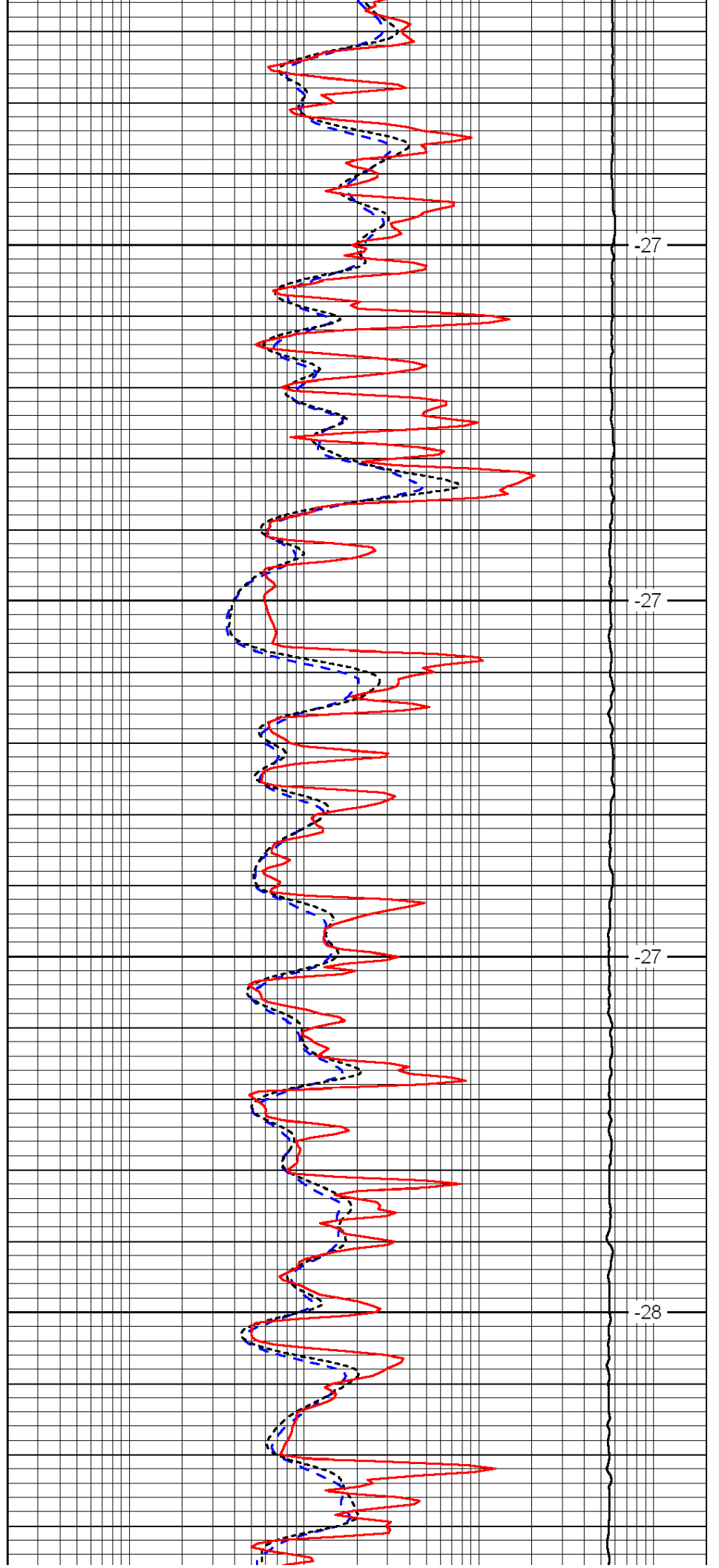


2300

2350

2400

2450

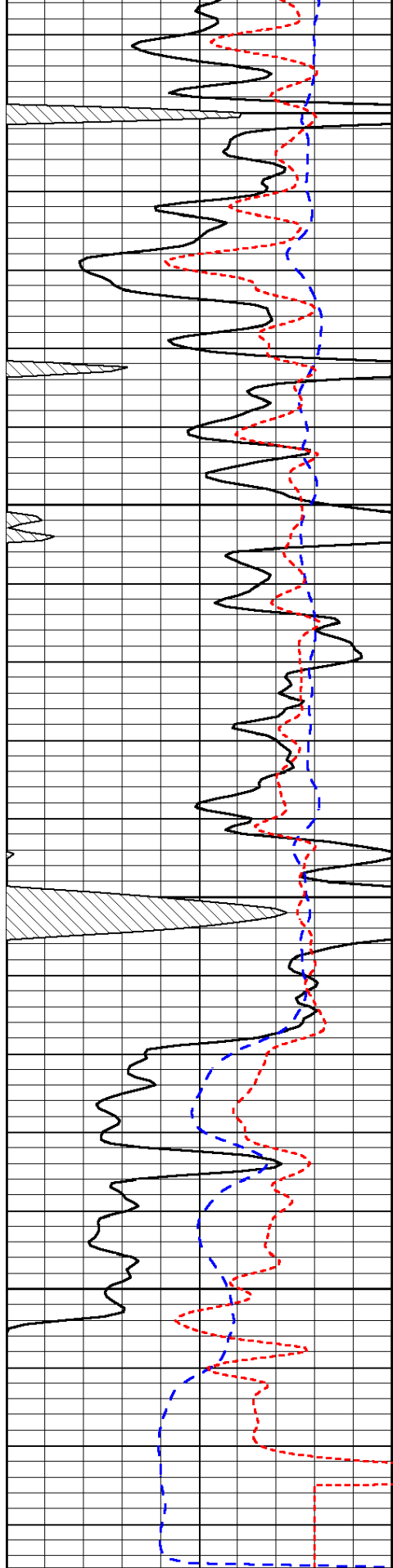


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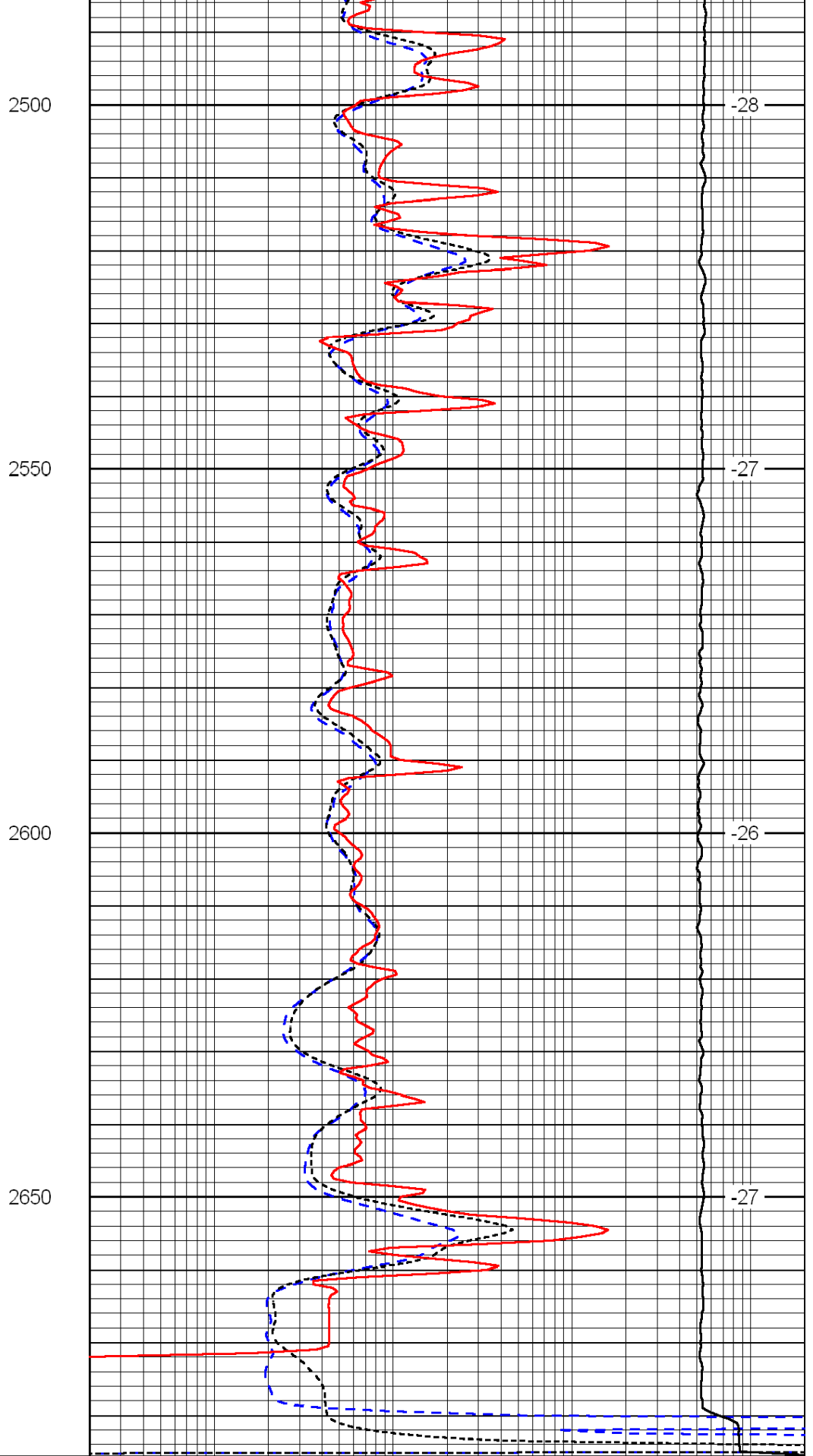
-27

-27

-28



0	Gamma Ray	150
-200	SP (mV)	0
-160	Rxo / Rt	40



0.2	Deep Resistivity	2000
0.2	Medium Resistivity	2000
0.2	Shallow Resistivity	2000
15000	Line Tension	0

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

July 19, 2013

Steve Sigler
BOP West, LLC
PO BOX 129
WOOSTER, OH 44691

Re: Plugging Application
API 15-169-20326-00-00
MAX REDDEN 1
SW/4 Sec.21-16S-01W
Saline County, Kansas

Dear Steve Sigler:

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 January 15, 2014. 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 2

(316) 630-4000