



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 must provide the name and address of the surface owner by filling out the top section of this form and 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	Sirius Energy Corp.
Well Name	EWING B T7
Doc ID	1188900

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
625	667	Squirrel sand	

CORNISH

PHONE 431-9308
WIRELINE SERVICES, INC.
 P.O. DRAWER H
 CHANUTE, KANSAS

RADIOACTIVITY LOG

FILING NO. _____

COMPANY E.O.R. PETROLEUM COMPANY

WELL EWING B NO. T-7

FIELD _____

COUNTY ANDERSON STATE KANSAS

LOCATION: NE 1/4

SEC. 13 TWP. 21S RGE. 20E

OTHER SERVICES: _____

PERMANENT DATUM: _____		ELEV. _____	
LOG MEASURED FROM _____		G.L. _____	
DRILLING MEASURED FROM _____		G.L. _____	
DATE _____		ELEV.: K.B. _____	
RUN NO. _____		D.F. _____	
TYPE LOG _____		G.L. _____	
DEPTH—DRILLER	<u>1-28-83</u>	DEPTH—DRILLER	<u>1-28-83</u>
DEPTH—LOGGER	<u>1 NW</u>	DEPTH—LOGGER	<u>1 NW</u>
BOTTOM LOGGED INTERVAL	<u>GAMMA RAY</u>	BOTTOM LOGGED INTERVAL	<u>NEUTRON</u>
TOP LOGGED INTERVAL	<u>699.0'</u>	TOP LOGGED INTERVAL	<u>699.0'</u>
TYPE FLUID IN HOLE	<u>693.2'</u>	TYPE FLUID IN HOLE	<u>698.0'</u>
SALINITY, PPM CL.	<u>258'</u>	SALINITY, PPM CL.	<u>263'</u>
DENSITY	<u>WATER</u>	DENSITY	<u>WATER</u>
LEVEL	<u>FULL</u>	LEVEL	<u>FULL</u>
MAX. REC. TEMP., DEG F.		MAX. REC. TEMP., DEG F.	
OPERATING RIG TIME		OPERATING RIG TIME	
RECORDED BY	<u>SANBORN, G.</u>	RECORDED BY	<u>SANBORN, G.</u>
WITNESSED BY	<u>FRENCH, G.</u>	WITNESSED BY	<u>FRENCH, G.</u>

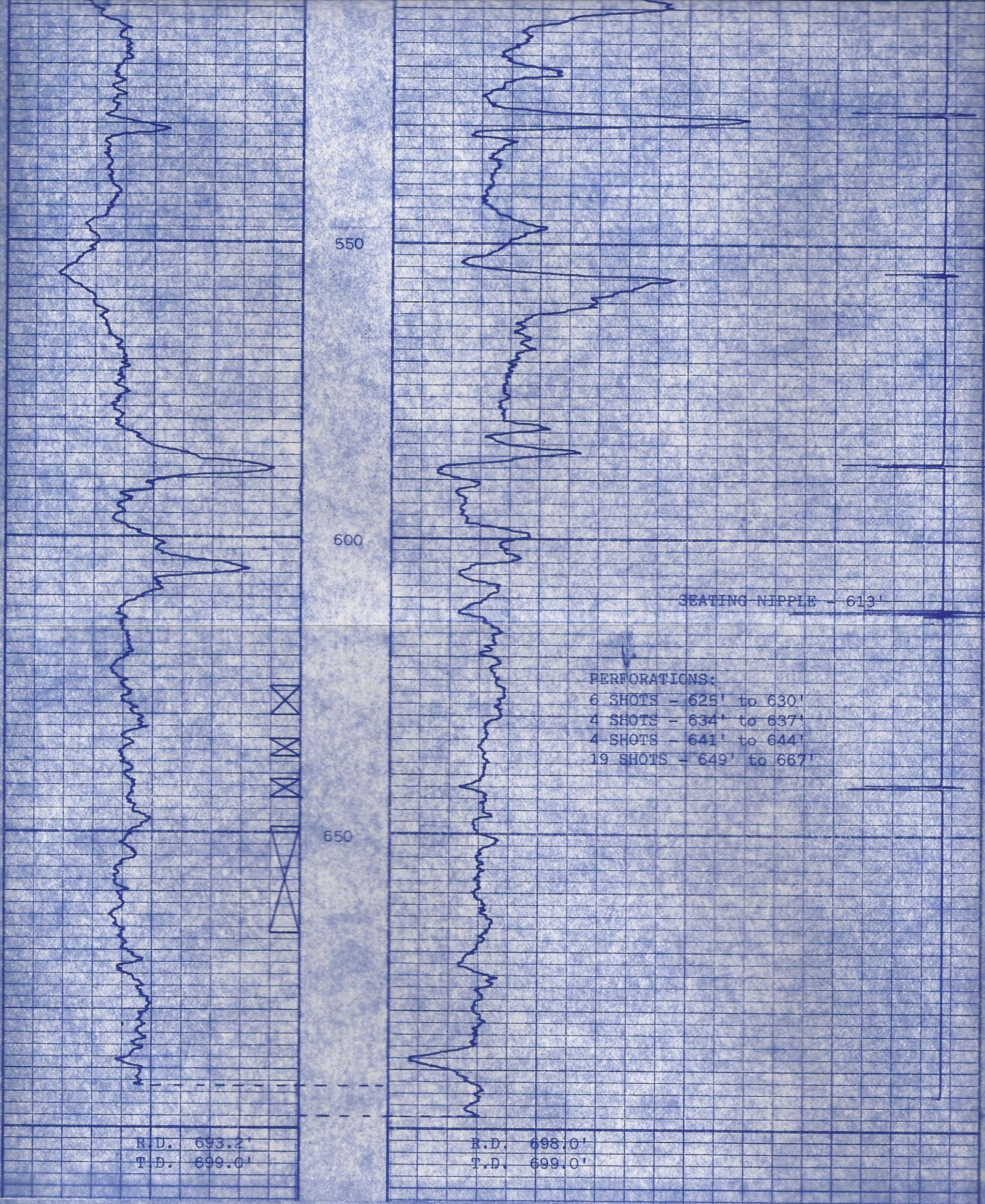
FOLD HERE THIS HEADING AND LOG CONFORMS TO API RP 33

EQUIPMENT DATA			
GAMMA RAY		NEUTRON	
RUN NO.	<u>1 NW</u>	RUN NO.	<u>1 NW</u>
TOOL MODEL NO.	<u>9205</u>	LOG TYPE	<u>NEU/NEU</u>
DIAMETER	<u>1-11/16"</u>	TOOL MODEL NO.	<u>9205</u>
DETECTOR MODEL NO.	<u>95SC</u>	DIAMETER	<u>1-11/16"</u>
TYPE	<u>SCINT.</u>	DETECTOR MODEL NO.	<u>95HE</u>
LENGTH	<u>1"x4"</u>	TYPE	<u>He³</u>
DISTANCE TO N. SOURCE	<u>8.5'</u>	LENGTH	<u>1"x6"</u>
		SOURCE MODEL NO.	<u>AC</u>
		SERIAL NO.	<u>MRC415</u>
		SPACING	<u>13"</u>
		TYPE	<u>Am/Be⁶</u>
		STRENGTH	<u>6.7x10⁶</u>

LOGGING DATA											
GENERAL		GAMMA RAY					NEUTRON				
RUN NO.	DEPTHS		SPEED FT./MIN.	T.C. SEC.	SENS. SETTINGS	ZERO DIV. L OR R	API G.R. UNITS PER LOG DIV.	T.C. SEC.	SENS. SETTINGS	ZERO DIV. L OR R	API N. UNITS PER LOG DIV.
	FROM	TO									
<u>1</u>	<u>698.0'</u>	<u>258'</u>	<u>25</u>	<u>2.5</u>	<u>10-.0</u>	<u>2L</u>	<u>20</u>	<u>2.0</u>	<u>0-.35</u>	<u>4L</u>	

REFERENCE LITERATURE: _____

REMARKS _____



EWING B NO. 1-7

E.O.R. PETROLEUM COMPANY

ANDERSON COUNTY, KANSAS

JANUARY 28, 1983

13/21S/20E

February 12, 2014

Craig Walford
Sirius Energy Corp.
526 COUNTRY PL, SOUTH
ABILENE, TX 79606-7032

Re: Plugging Application
API 15-003-22142-00-00
EWING B T7
NE/4 Sec.13-21S-20E
Anderson County, Kansas

Dear Craig Walford:

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 August 11, 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 3

(620) 432-2300