



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

Unruh D 2-27  
P&A  
2/24/2014

**Well Data**

Well Name: Unruh D 2-27 W.I. = 100 N.R.I. = 87.5

Location: C NE NE, Section 27-T30S-R18W 4,620 FSL & 660 FEL

County: Kiowa County, KS

API #: 15-097-20721 PN: 296171 AFE#:

TD: 5,114' PBTD: 5,104' (fill) Elevations: KB – 2,208' (10'), GL – 2,198'

**Formations**

Name	Type	Top	Bottom	Perforations	Comments
	Treatable Water		200		
Mississippi		5060		5060-5108'	

**Tubulars**

Surface Casing: 10 jts 8 5/8" 24# K-55 0' – 433'  
Cemented with 375 sacks cement circulated to surface.

Production Casing: 124 jts 4 1/2" 9.5# K-55 0' – 5,113'  
Cemented with 250 sacks cmt.  
(TOC – 4,200' Temp survey)

Production Tubing: 2 3/8" 4.7 J-55 tbg set @ 5097' (3/31/2006).

Pipe	ID	Drift	Bbls/ft	Burst	Collapse	%
8 5/8", 24#, J55	8.097"	7.972"	0.0637	2950	1370	100
4 1/2", 9.5#, K-55	4.090"	3.965"	0.0162	4380	3310	100

**Procedure**

1. Obtain plugging permit from OCC office and notify plugging supervisor 24 hrs. before plugging operations begin.
2. MIRU WO unit. ND WH, NU BOP. Kill well if necessary with lease water.
3. POOH laying down downhole equipment. Stand back tbg in derrick.
4. MIRU WL Unit and RIH with 4 1/2" CIBP and set at +/-50' above perms. Dump bail 10' of cement on CIBP. RDMO WL unit.
5. RIH w/ tbg, set EOT @ +/-50' above CIBP and circulate hole with 9#, 36 vis (minimum plugging mud and circulate plugging mud to surface). TOOH w/tbg.
6. Unpack 4 1/2" wellhead and weld on 4 1/2" pull sub. Install csg jacks and work casing to determine free point. If free point is below surface casing depth, cut and pull casing and go to step #7. If above surface casing depth, see NOTE. Cut off csg as deep as possible & lay down csg.
7. RIH w/ tbg to csg stub and spot 100' cmt plug in and out of 4 1/2" csg stub.
8. PUH with tubing. Circulate cement across the 8-5/8" csg shoe and spot 100' cement cmt plug.
9. PUH with tubing. Circulate cement across Base of Treatable Water and spot 100' cmt plug. WOC and POOH.
10. RIH with tubing and tag cement plug.. Respot more cement if necessary.
11. PUH with tbg to 34' and spot 30' cement plug (34' to 4') from surface.
12. RDMO WO unit. Cut off csg 4' below ground level and weld on ID Plate.

**NOTE :**

If 4 1/2" casing cannot be cut off below surface casing shoe, the 4 1/2" casing must be perforated at surface casing shoe and block squeezed, raising cement to 50' above the surface csg shoe depth. The cement plug must then be tagged at 50' from shoe or higher. Go to step #9.

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/>

Shari Feist Albrecht, Chair  
Thomas E. Wright, Commissioner  
Jay Scott Emler, Commissioner

Sam Brownback, Governor

March 27, 2014

Sarah Rodriguez/Doug Kathol  
Chesapeake Operating, Inc.  
6200 N WESTERN AVE  
PO BOX 18496  
OKLAHOMA CITY, OK 73118-1046

Re: Plugging Application  
API 15-097-20721-00-00  
UNRUH D 2-27  
NE/4 Sec.27-30S-18W  
Kiowa County, Kansas

Dear Sarah Rodriguez/Doug Kathol:

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 September 23, 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 1

(620) 225-8888