



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.

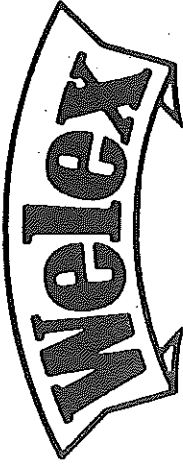
If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I Submitted Electronically

| | |
|-----------|---------------------------------|
| Form | CP1 - Well Plugging Application |
| Operator | Vess Oil Corporation |
| Well Name | JOHANSEN B 1 |
| Doc ID | 1197977 |

Perforations And Bridge Plug Sets

| Perforation Top | Perforation Base | Formation | Bridge Plug Depth |
|-----------------|------------------|-------------|-------------------|
| 3368 | 3372 | LKC D | |
| 3412 | 3416 | LKC G | |
| 3454 | 3456 | LKC H | |
| 3478 | 3482 | LKC I | |
| 3597 | 3601 | Arbuckle OH | |



THERMAL MULTIGATE
DECAY LOG
(TMD)

COMPANY FIELD RENT WELL JOHANSEN COUNTY ELLIS STATE KANSAS

FIELD BELUS COUNTY ELLIS STATE KANSAS

COMPANY CITIES SERVICE OIL COMPANY WELL JOHANSEN "B" #1-A COUNTY ELLIS STATE KANSAS

Location: 330' W / 510' S OF N/4 CORNER Other Services: CAL

Sec. 34 Twp. 11 S Rge. 17 W

Permanent Datum GROUND LEVEL Elev. 2106' Elev.: K.B. 2114'
 Log Measured From KELLY BUSHING 8' Ft. Above Perm. Datum D.F. 2111'
 Drilling Measured From KELLY BUSHING G.L. 2106'

Date 5-11-84

Run No. ONE

Depth — Driller 3595'

Depth — Welex 3602'

Bitm. Log Inter. 3602'

Top Log Inter. 2850'

Type Fluid in Hole AIR

Salinity ppm NaCl -

Density lb./gal. -

Level 3540'

Max. Rec. Temp. -

Opr. Rig Time 2 1/2 HRS.

Equip. / Location 19321 HAYS | |

Recorded by R. SPEISER

Witnessed by MR DONALD E. SHELDON

PRELIMINARY
 PRELIMINARY
 PRELIMINARY

| Borehole Record | | Casing & Tubing Record | | | | |
|-----------------|-------------------|------------------------|---------------|----------|------------|--------------|
| Bit | From | To | Size | Weight | From | To |
| <u>7 7/8"</u> | <u>245'</u> | <u>3595'</u> | <u>8 5/8"</u> | <u>-</u> | <u>0</u> | <u>245'</u> |
| | | | <u>4 1/2"</u> | <u>-</u> | <u>245</u> | <u>3595'</u> |
| | <u>DRILEY</u> | <u>9-26-63</u> | | | | |
| | <u>AIR FILLED</u> | <u>Bore Hole</u> | | | | |

| API NO. | | EQUIPMENT DATA | | | | SOFTWARE VERSION NO. | | | |
|-----------------------|---------|--------------------|---------------------------|-----|--|----------------------|--|--|--|
| | | GAMMA RAY | | TMD | | | | | |
| Run No. | ONE | Run No. | ONE | | | | | | |
| Tool Model No. | 395 | Log Type | TMD | | | | | | |
| Diameter | 1 1/16" | Tool Model No. | 395 | | | | | | |
| Detector Model No. | 395 | Diameter | 1 1/16" | | | | | | |
| Type | SCINT. | Detector Model No. | 395 | | | | | | |
| Length | 6" | Type - SS | SCINT. | | | | | | |
| Distance to N. Source | - | Type - LS | SCINT. | | | | | | |
| GENERAL | | Source Model No. | A-320-A | | | | | | |
| Hoist Truck No. | 1932 | Serial No. | 106330 | | | | | | |
| Instrument Truck No. | 1932 | Spacing | - | | | | | | |
| Tool Serial No. | 106330 | Type | 0-T | | | | | | |
| | | Strength | 1 x 10 ⁸ N/sec | | | | | | |

LOGGING DATA

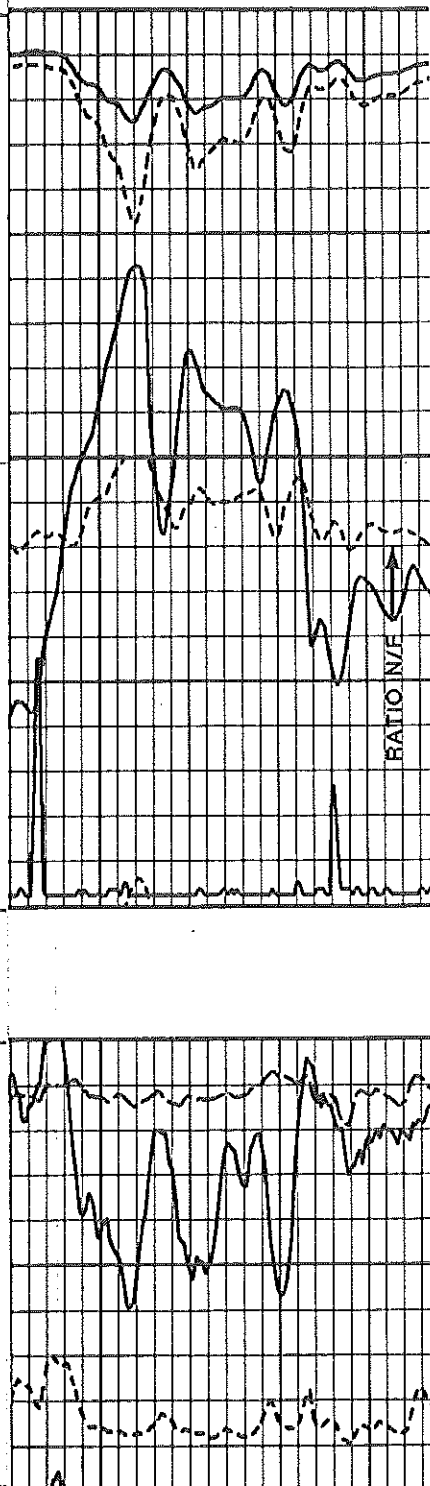
| GENERAL | | GAMMA RAY | | | TMD | | | | |
|-----------------------|-------|--------------------|----------------|------------------|-----------------------------|--------------------------|---|-------------------------------|------------------------------|
| Run No. | Depth | Filter Type B or A | Sens. Settings | Zero Div. L or R | API G.R. Units Per Log Div. | Input Filter Type B or A | Output Filter (Σ _{PM} only) Y or N | Borehole Option Fresh or Salt | R _{N/F} Sensitivity |
| | From | | | | | | | | |
| ONE | 3602' | 2850' | A | 150 | L | 15 | Y | SALT | 1.0 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Reference Literature: | | | | | | | | | |

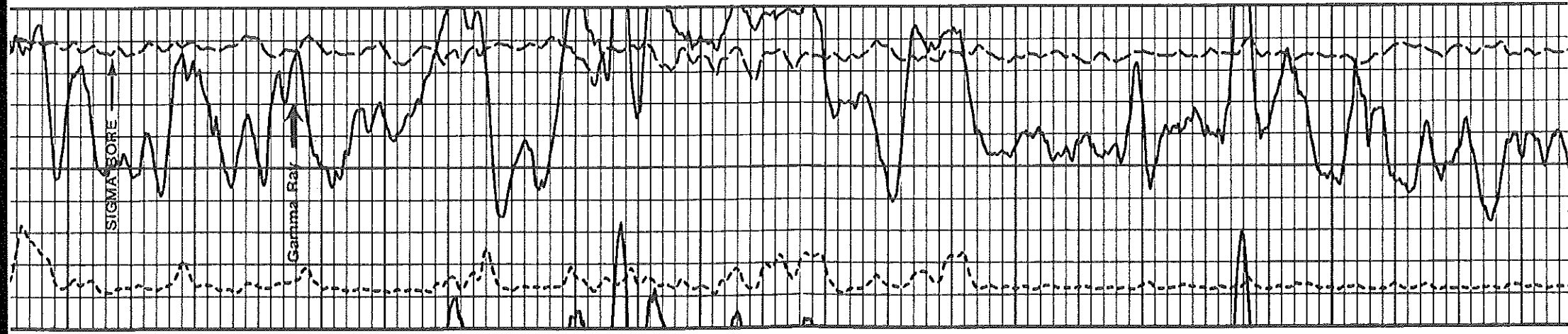
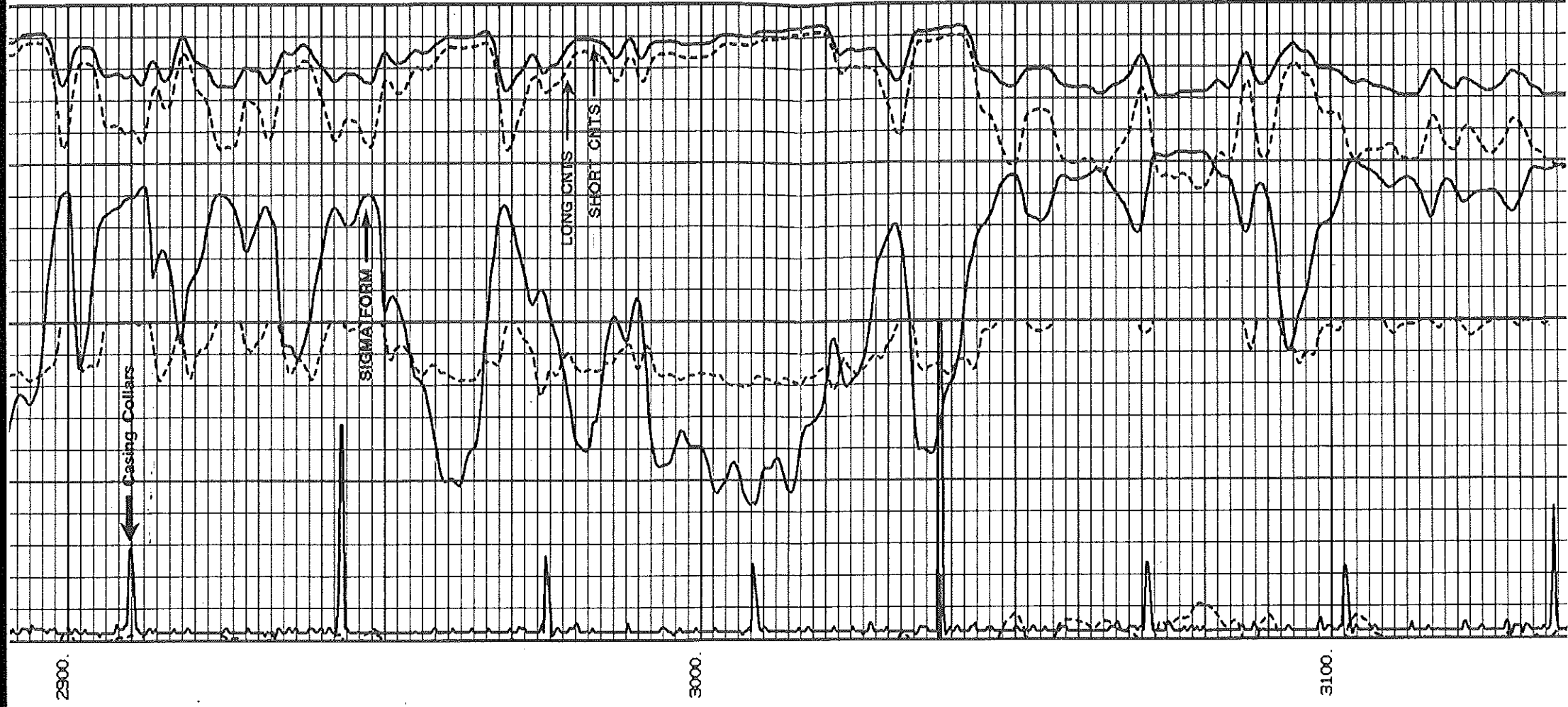
Service Ticket No. VL#169707 Remarks: Log took three runs with generator on while trying to adjust for weak collect locator. Thirty minutes was allowed for between runs 0 but background counts on quality log read high due to activation. Well drilled 09-26-63.

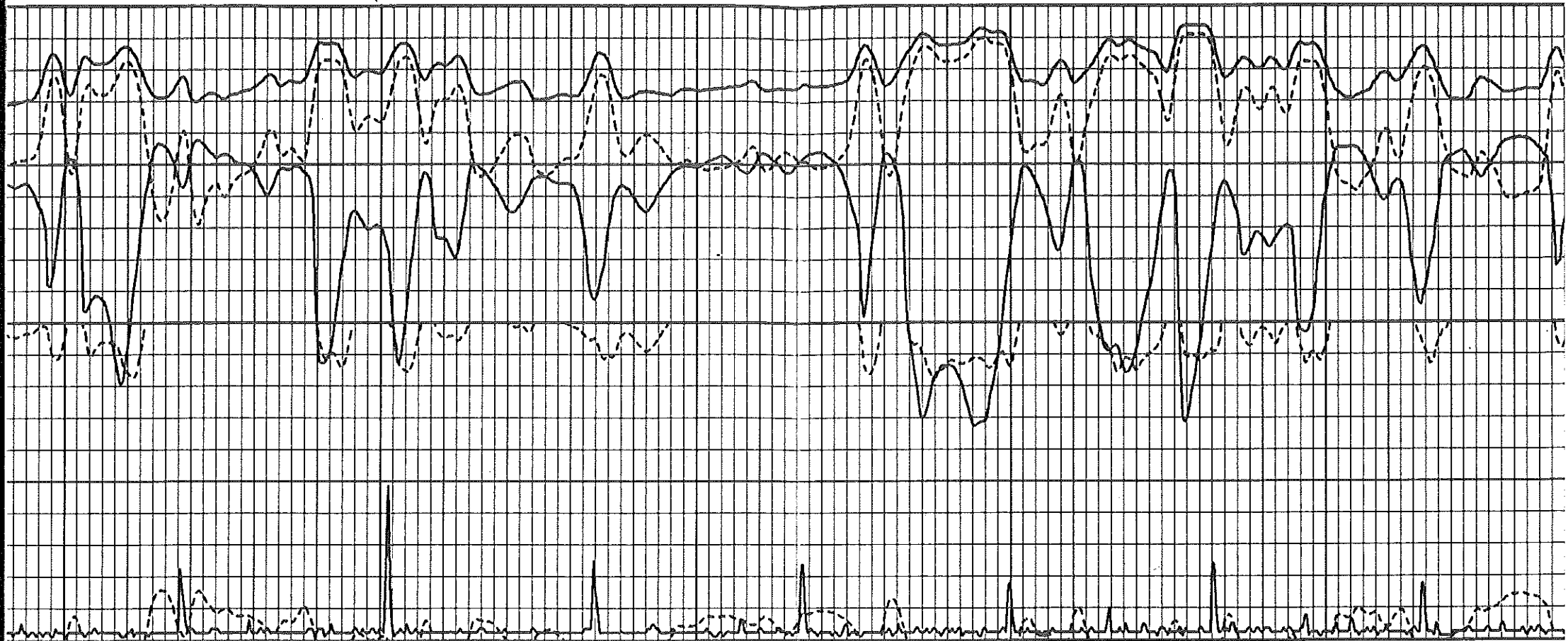
Welex does not guarantee the accuracy of any interpretation of log data, conversion of log data to physical rock parameters, or recommendations which may be given by Welex personnel or which may appear on the log or in any other form. Any use of such data, interpretations, conversions, or recommendations agrees that Welex is not responsible, except where due to gross negligence or willful misconduct, for any loss, damages, or expenses resulting from the use thereof.

PRIMARY

| | | | | | |
|------|--------------------|------|------------------|-------------------|-----------------|
| 1.05 | Σ _{QUAL} | 0.55 | | Σ _{CORR} | 0 |
| 260 | Σ _{BH-SS} | 60 | CCL | 1000 | 6000 (G3-6) SS |
| 0 | GAMMA | 150 | R _{N/F} | 3 | 12000 (G3-6) LS |



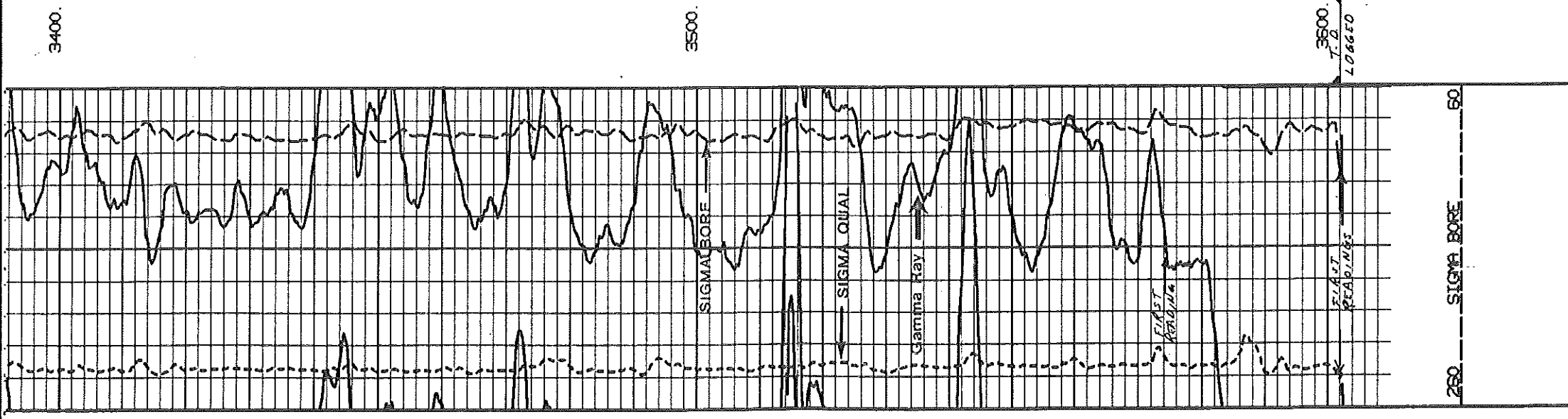
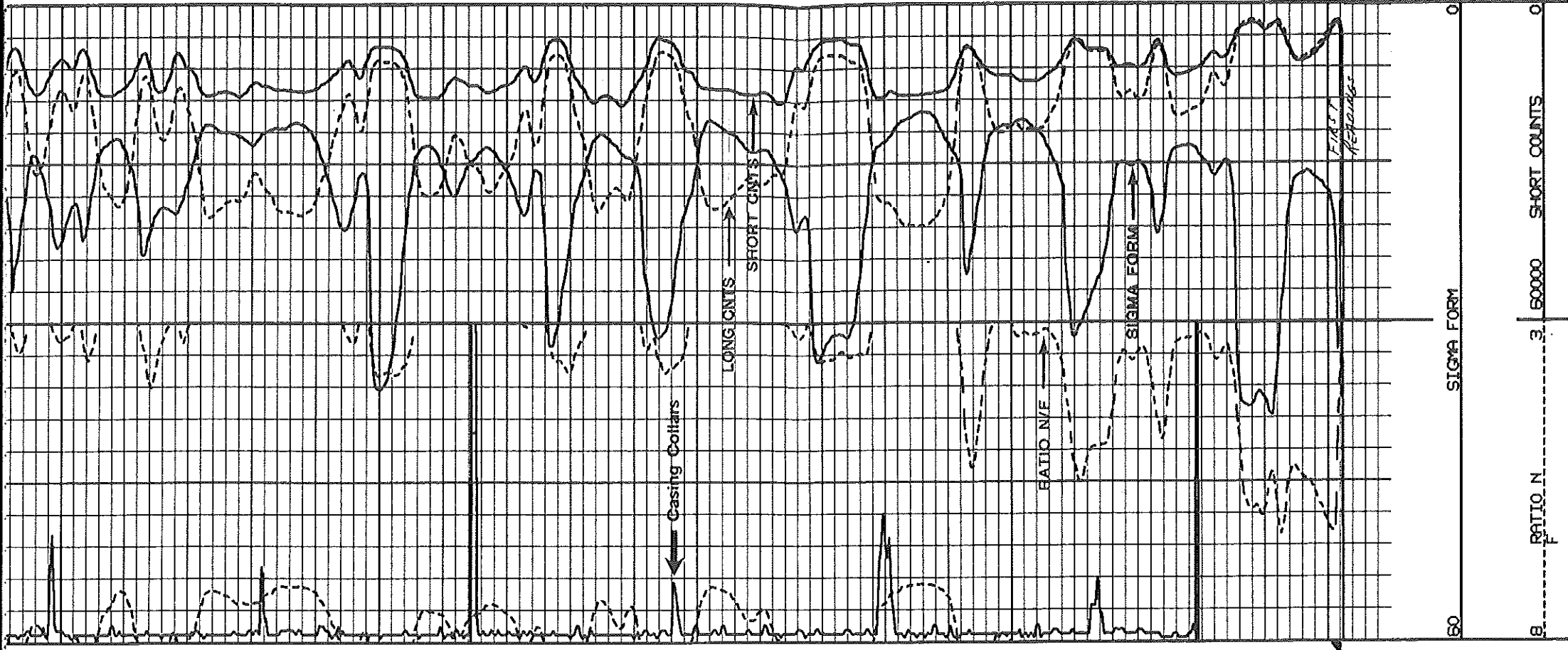




3200.

3300.



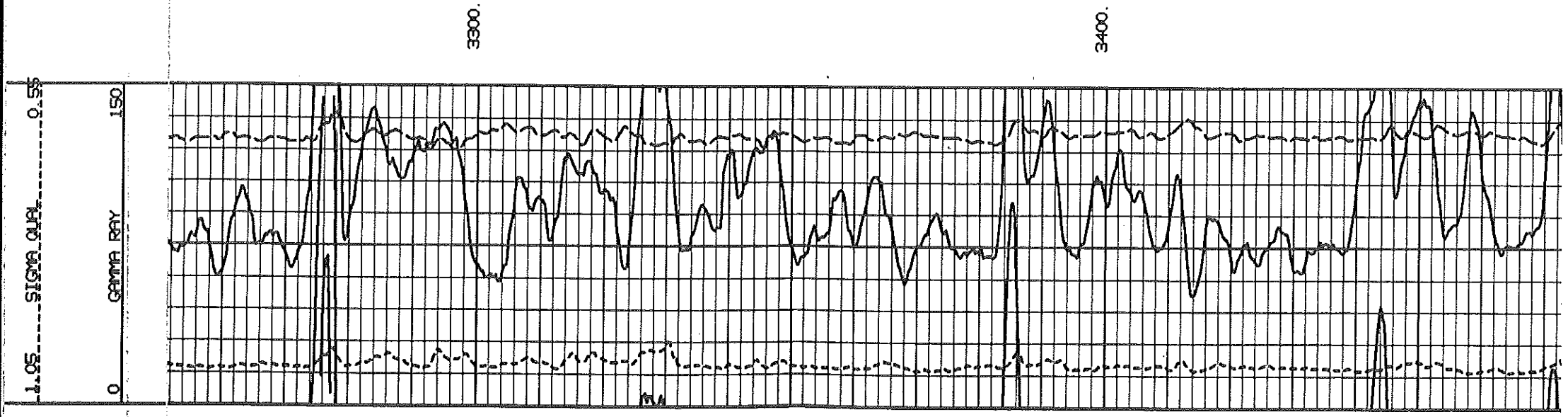
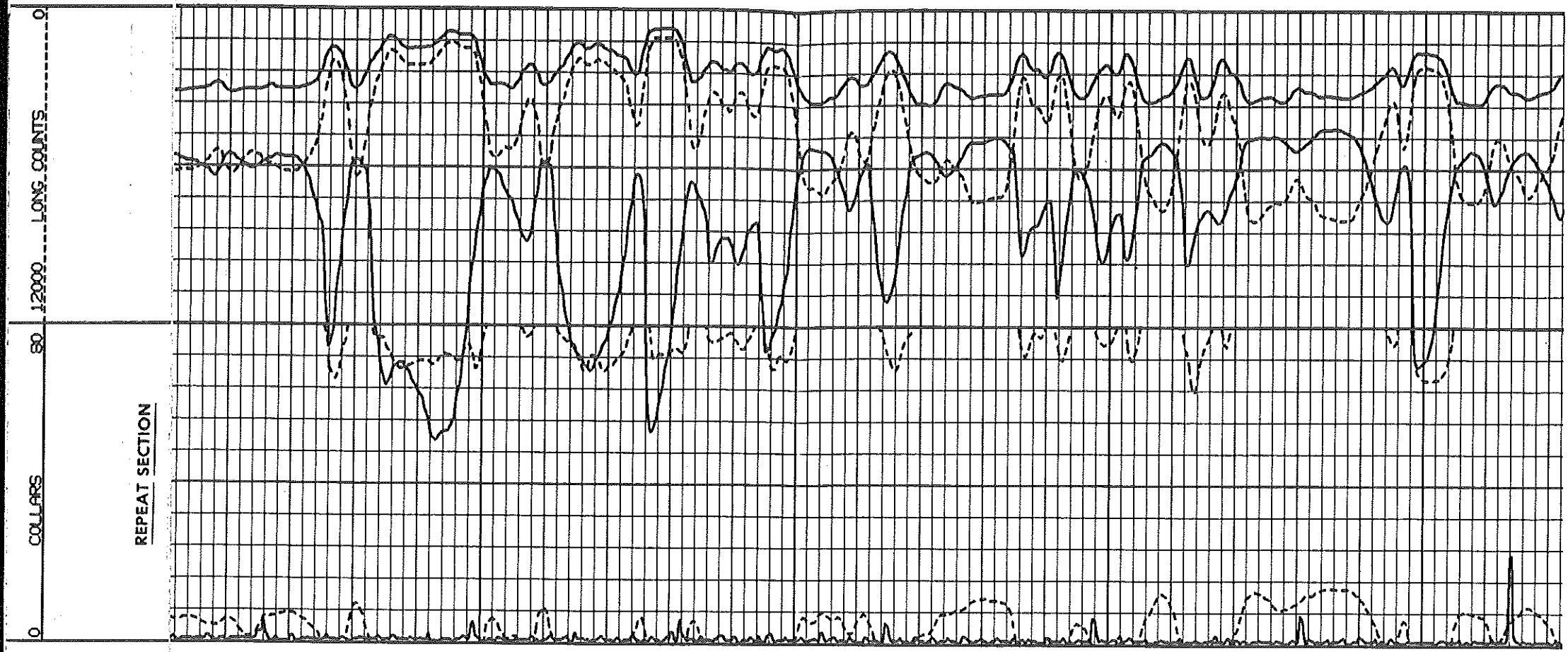


3400.

3500.

3600.

T. S. LOG



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

April 07, 2014

Dylan Klaus
Vess Oil Corporation
1700 WATERFRONT PKWY BLDG 500
WICHITA, KS 67206-6619

Re: Plugging Application
API 15-051-04901-00-00
JOHANSEN B 1
NW/4 Sec.34-11S-17W
Ellis County, Kansas

Dear Dylan Klaus:

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 October 04, 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 4

(785) 625-0550