



KANSAS CORPORATION COMMISSION 1212012  
OIL & GAS CONSERVATION DIVISION

Form CP-1  
March 2010

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	Woolsey Operating Company, LLC
Well Name	TUCKER B 4 H
Doc ID	1212012

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
5024	8067	Mississippian frac ports	



Woolsey  
Tucker B #4-H  
Barber Co. KS

**MD**  
**1:240**  
**Feet**

AAPI

ft per hr

Gama

ROP

150

150

4160  
4165  
4170  
4175  
4180  
4185  
4190  
4195  
4200  
4205  
4210  
4215  
4220  
4225  
4230  
4235  
4240  
4245  
4250  
4255  
4260  
4265  
4270  
4275  
4280  
4285  
4290  
4295  
4300  
4305  
4310  
4315  
4320  
4325  
4330  
4335  
4340  
4345

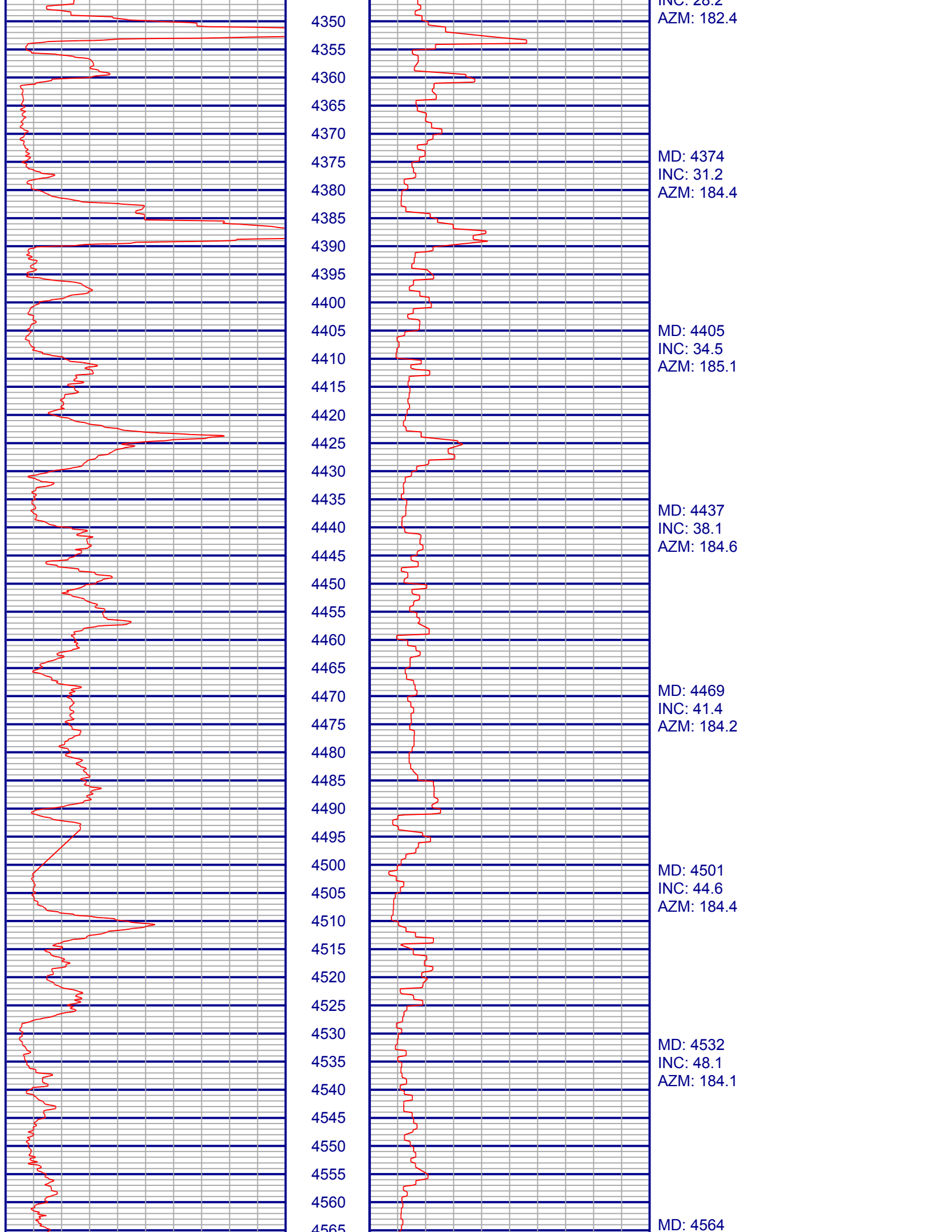
MD: 4184  
INC: 11  
AZM: 190

MD: 4216  
INC: 14.3  
AZM: 187

MD: 4248  
INC: 17.8  
AZM: 184.4

MD: 4279  
INC: 21.4  
AZM: 181.9

MD: 4311  
INC: 25  
AZM: 180.8



4350

4355

4360

4365

4370

4375

4380

4385

4390

4395

4400

4405

4410

4415

4420

4425

4430

4435

4440

4445

4450

4455

4460

4465

4470

4475

4480

4485

4490

4495

4500

4505

4510

4515

4520

4525

4530

4535

4540

4545

4550

4555

4560

4565

INC: 28.2  
AZM: 182.4

MD: 4374  
INC: 31.2  
AZM: 184.4

MD: 4405  
INC: 34.5  
AZM: 185.1

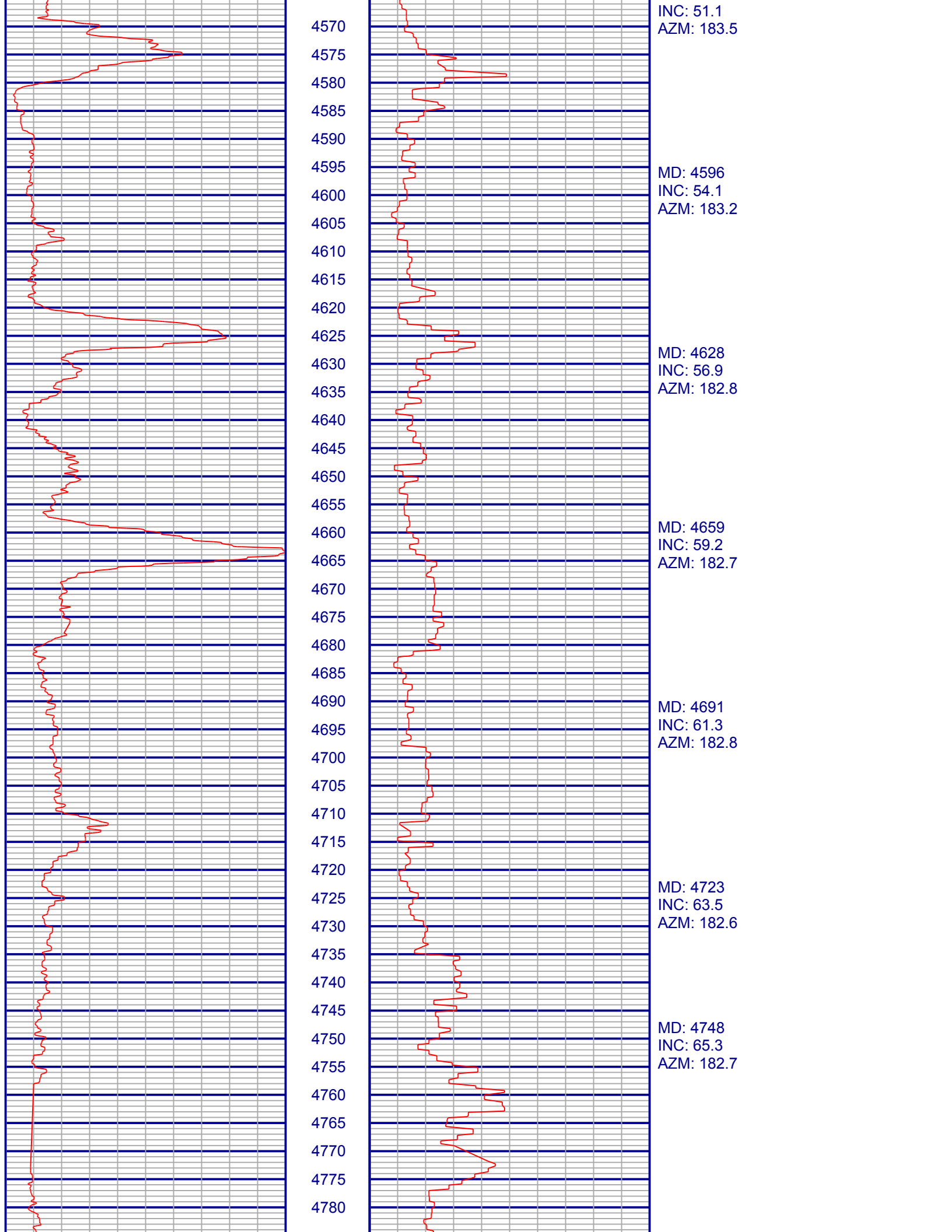
MD: 4437  
INC: 38.1  
AZM: 184.6

MD: 4469  
INC: 41.4  
AZM: 184.2

MD: 4501  
INC: 44.6  
AZM: 184.4

MD: 4532  
INC: 48.1  
AZM: 184.1

MD: 4564



INC: 51.1  
AZM: 183.5

MD: 4596  
INC: 54.1  
AZM: 183.2

MD: 4628  
INC: 56.9  
AZM: 182.8

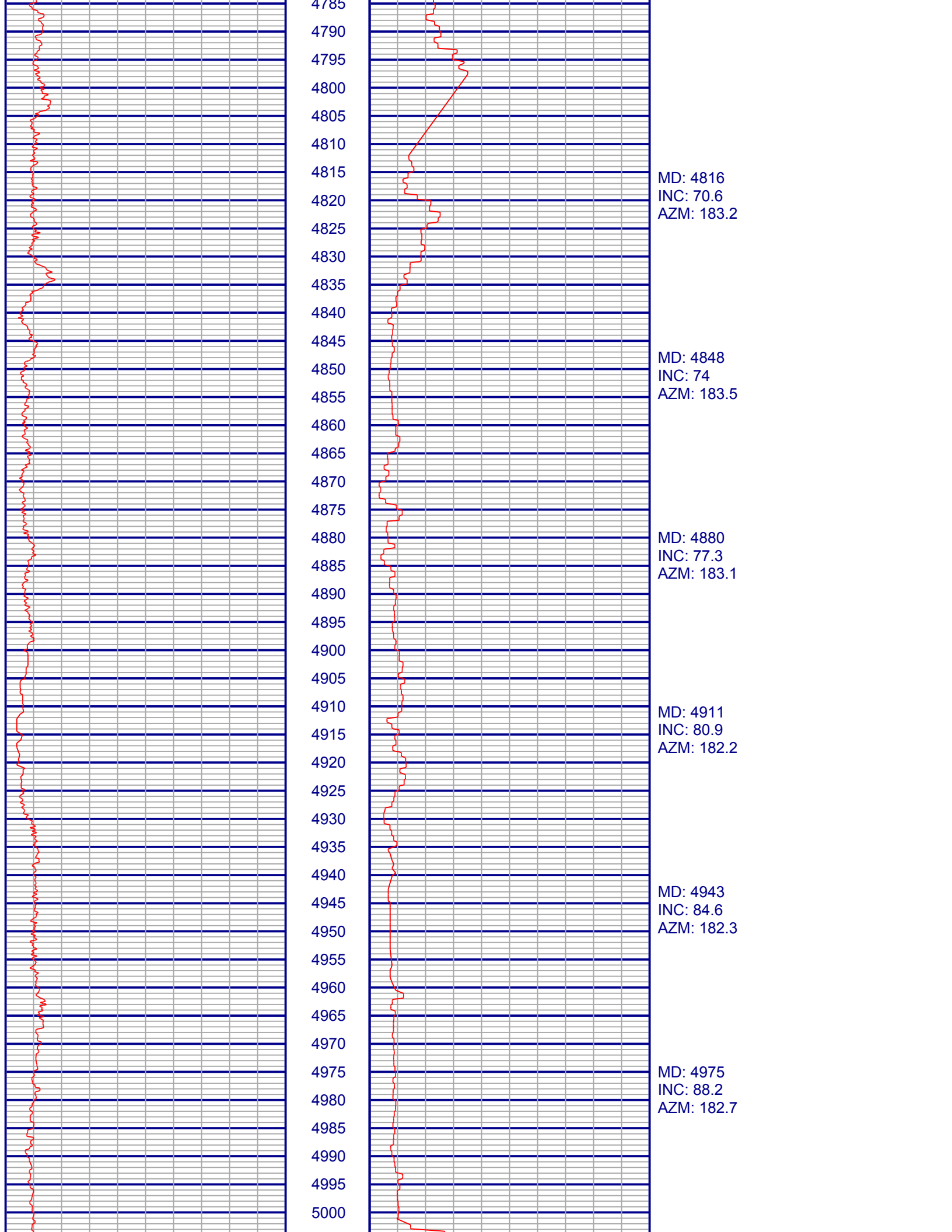
MD: 4659  
INC: 59.2  
AZM: 182.7

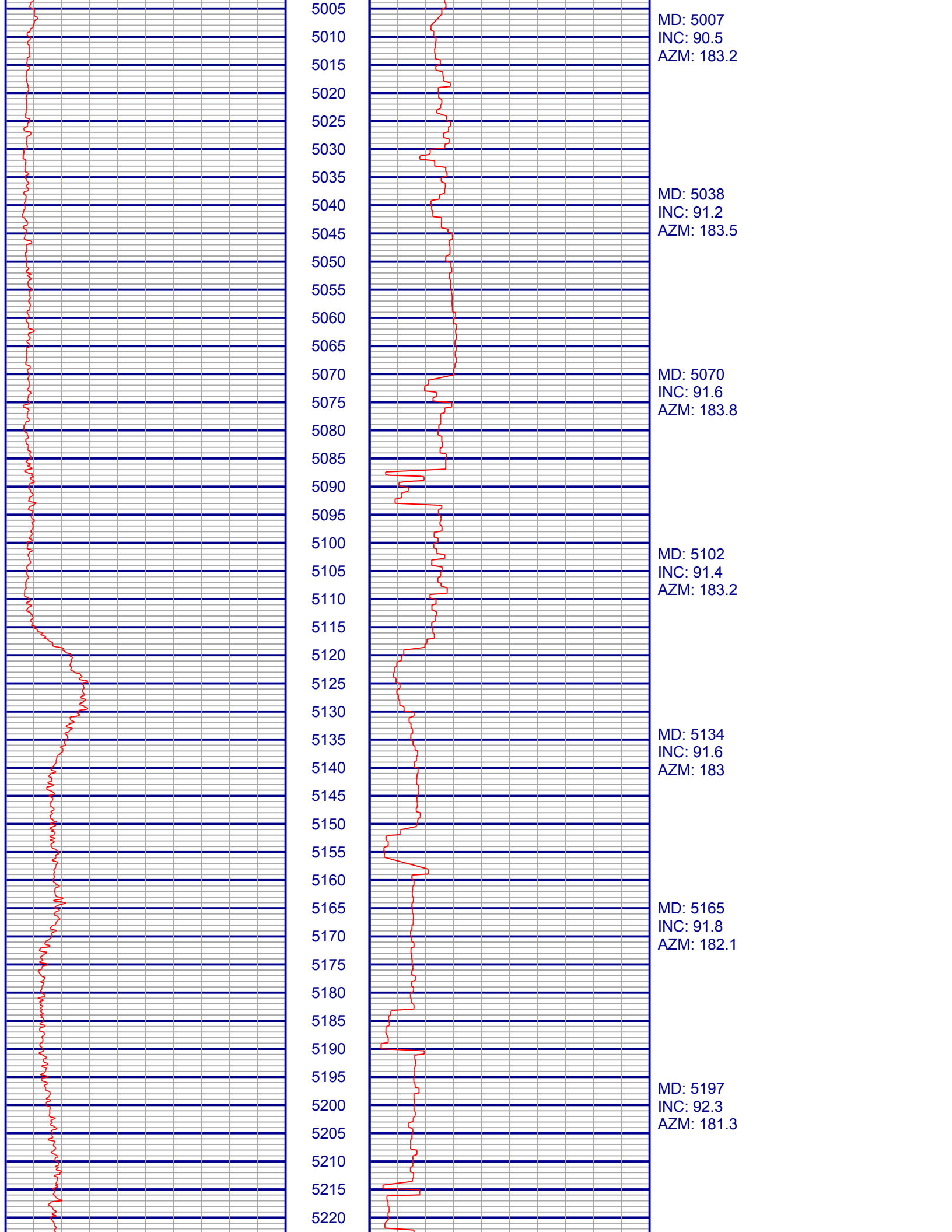
MD: 4691  
INC: 61.3  
AZM: 182.8

MD: 4723  
INC: 63.5  
AZM: 182.6

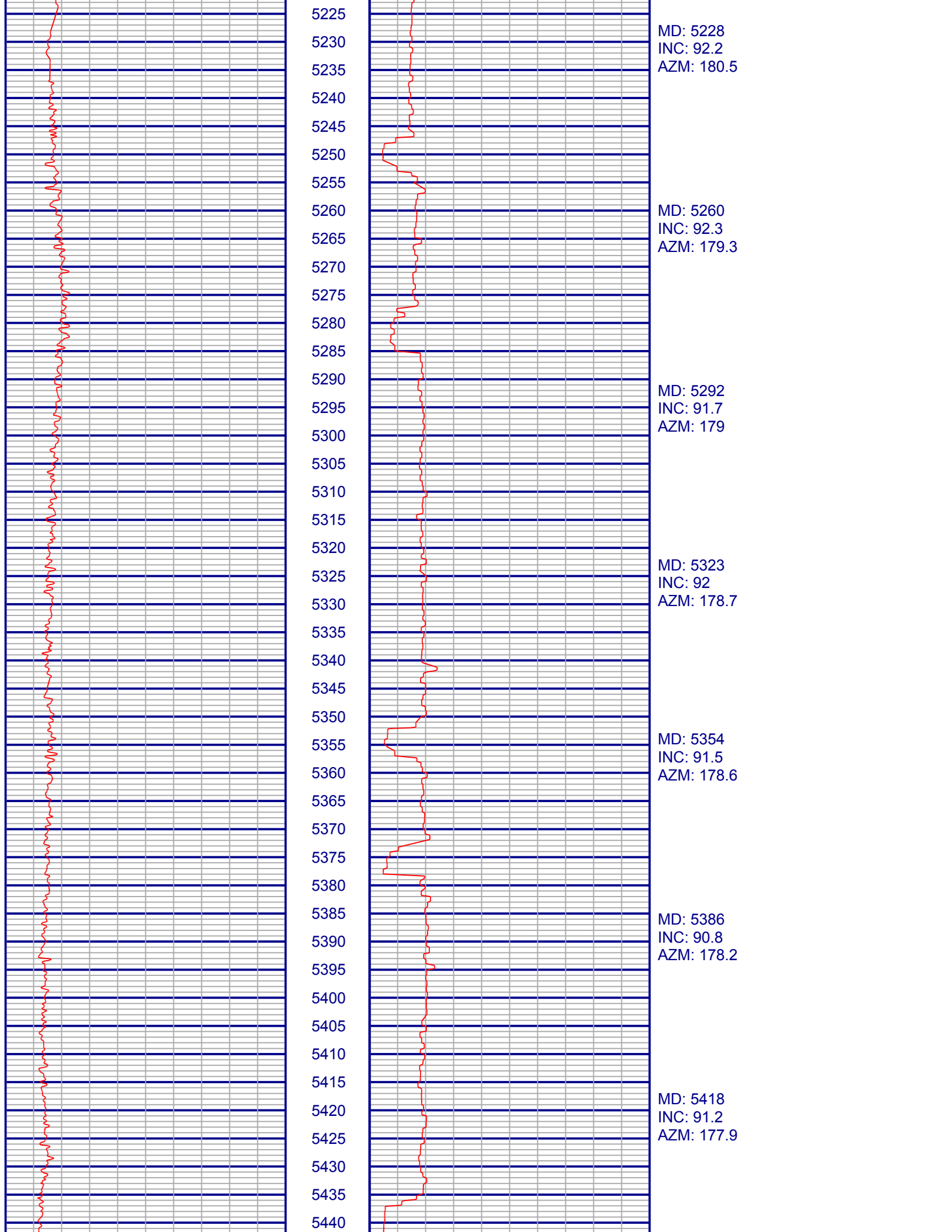
MD: 4748  
INC: 65.3  
AZM: 182.7

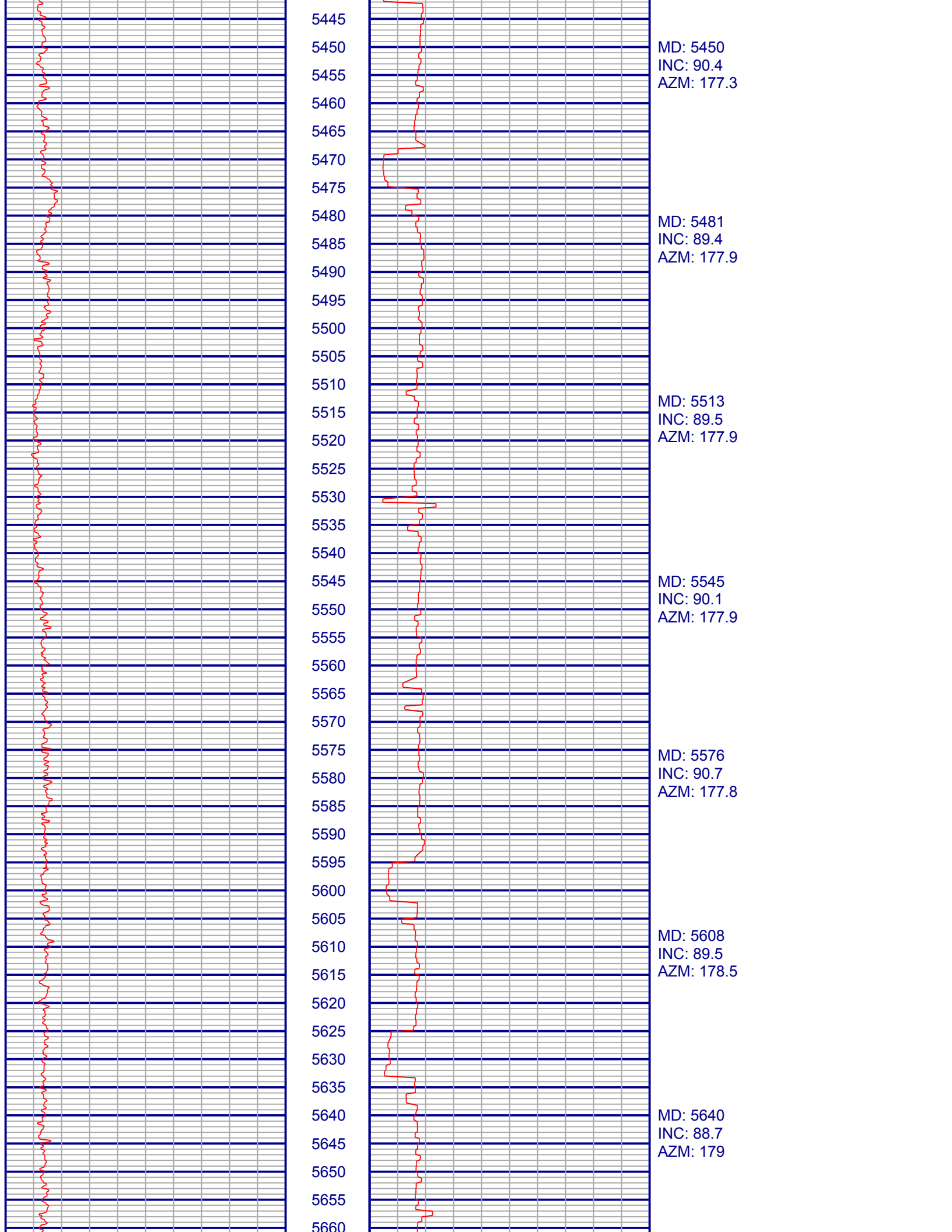
4570  
4575  
4580  
4585  
4590  
4595  
4600  
4605  
4610  
4615  
4620  
4625  
4630  
4635  
4640  
4645  
4650  
4655  
4660  
4665  
4670  
4675  
4680  
4685  
4690  
4695  
4700  
4705  
4710  
4715  
4720  
4725  
4730  
4735  
4740  
4745  
4750  
4755  
4760  
4765  
4770  
4775  
4780

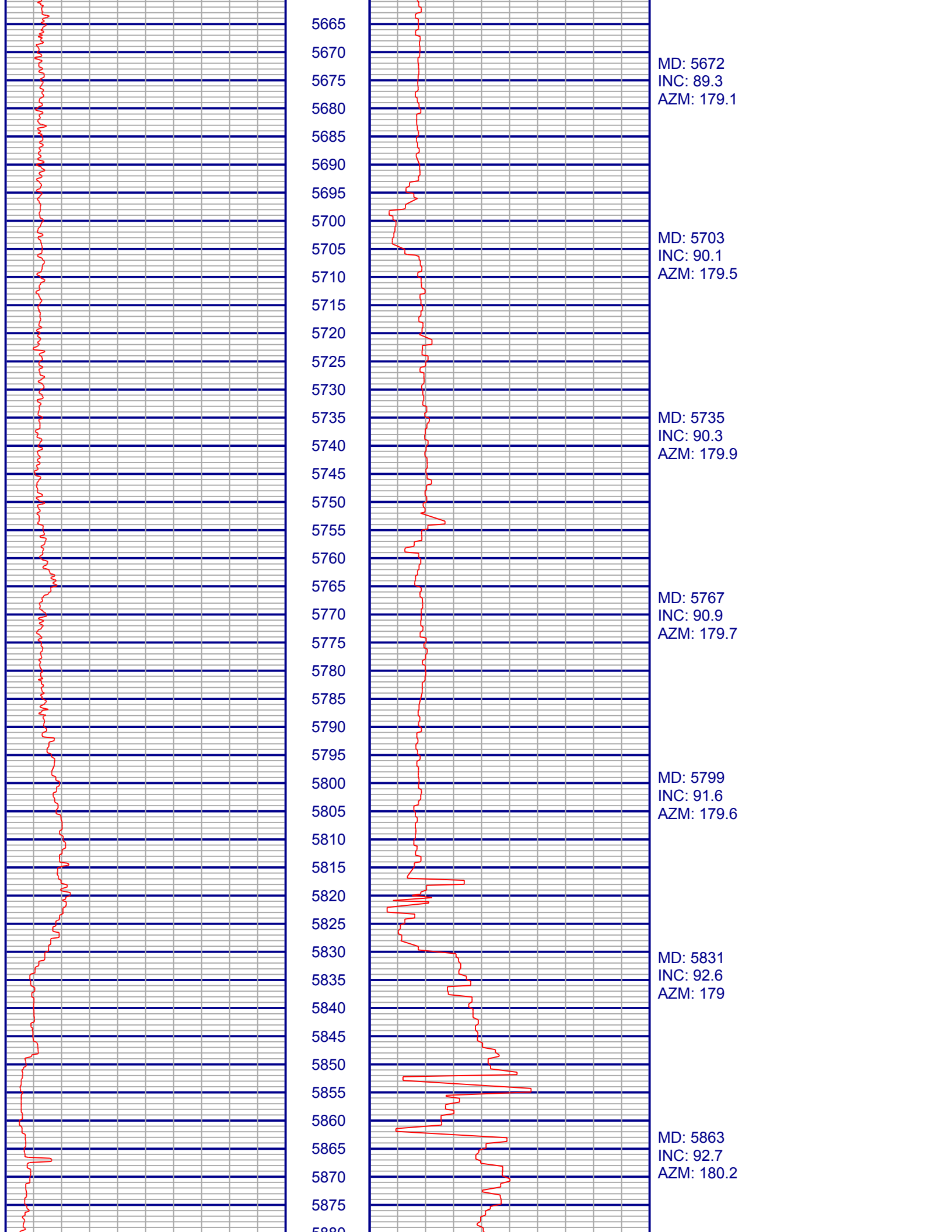












5665

5670

5675

5680

5685

5690

5695

5700

5705

5710

5715

5720

5725

5730

5735

5740

5745

5750

5755

5760

5765

5770

5775

5780

5785

5790

5795

5800

5805

5810

5815

5820

5825

5830

5835

5840

5845

5850

5855

5860

5865

5870

5875

5880

MD: 5672  
INC: 89.3  
AZM: 179.1

MD: 5703  
INC: 90.1  
AZM: 179.5

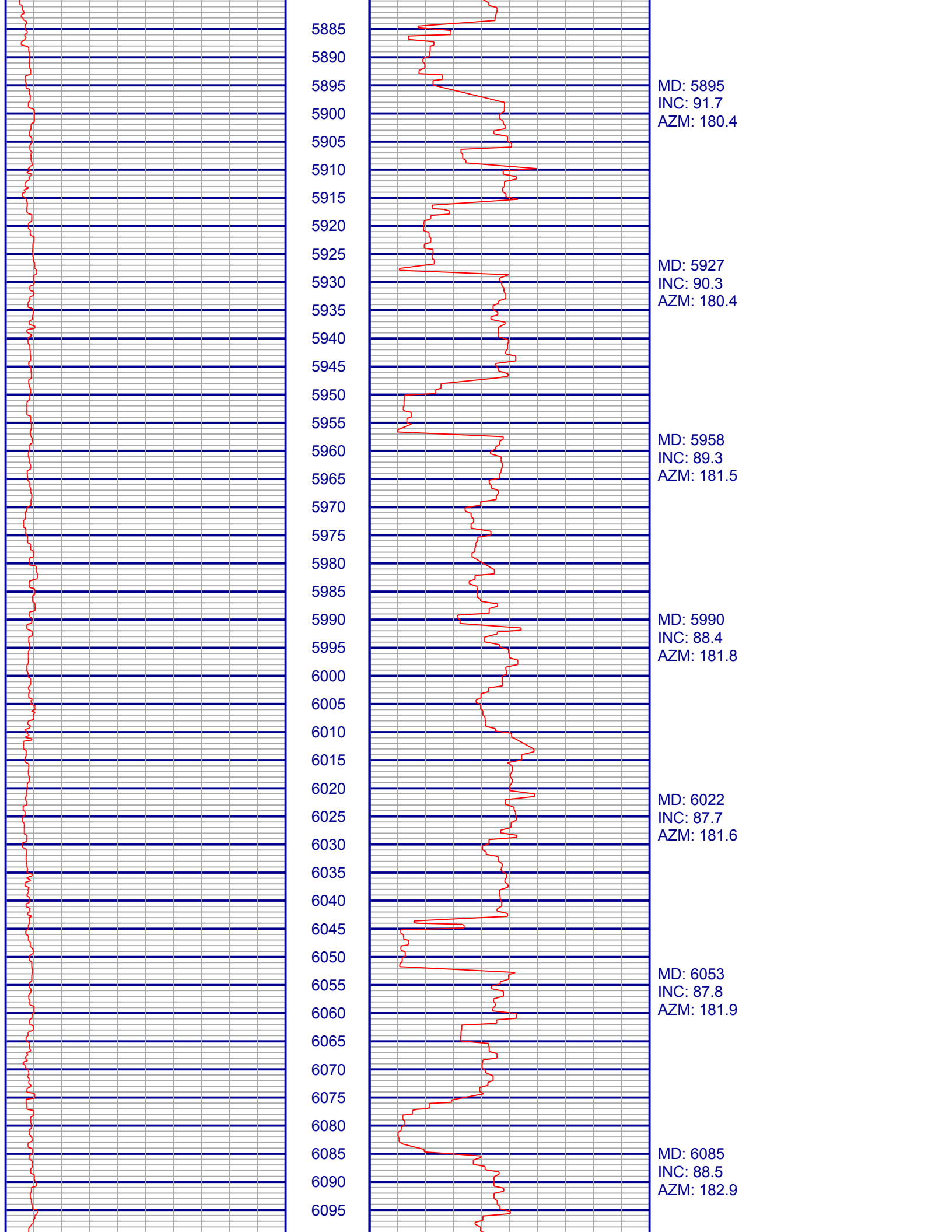
MD: 5735  
INC: 90.3  
AZM: 179.9

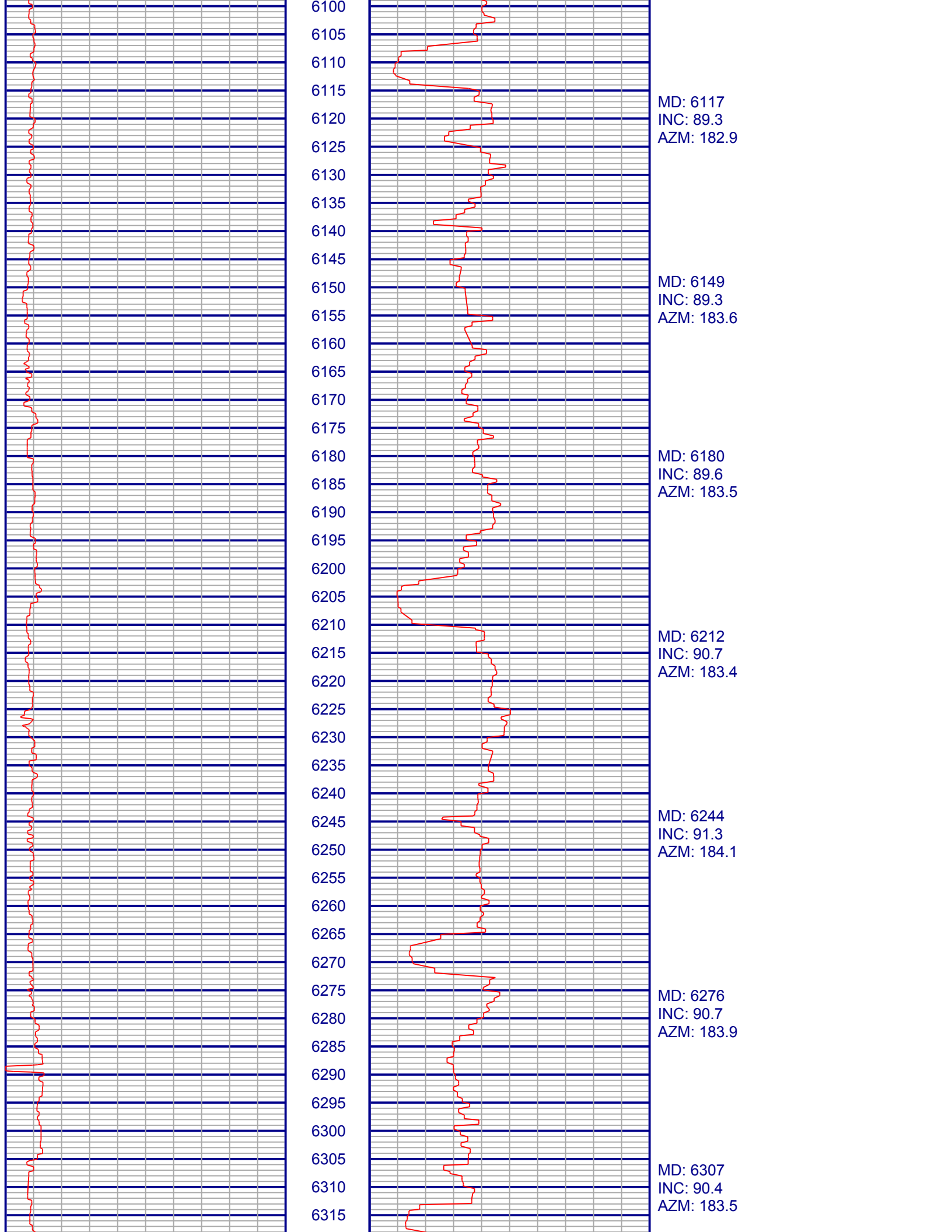
MD: 5767  
INC: 90.9  
AZM: 179.7

MD: 5799  
INC: 91.6  
AZM: 179.6

MD: 5831  
INC: 92.6  
AZM: 179

MD: 5863  
INC: 92.7  
AZM: 180.2





6100  
6105  
6110  
6115  
6120  
6125  
6130  
6135  
6140  
6145  
6150  
6155  
6160  
6165  
6170  
6175  
6180  
6185  
6190  
6195  
6200  
6205  
6210  
6215  
6220  
6225  
6230  
6235  
6240  
6245  
6250  
6255  
6260  
6265  
6270  
6275  
6280  
6285  
6290  
6295  
6300  
6305  
6310  
6315

MD: 6117  
INC: 89.3  
AZM: 182.9

MD: 6149  
INC: 89.3  
AZM: 183.6

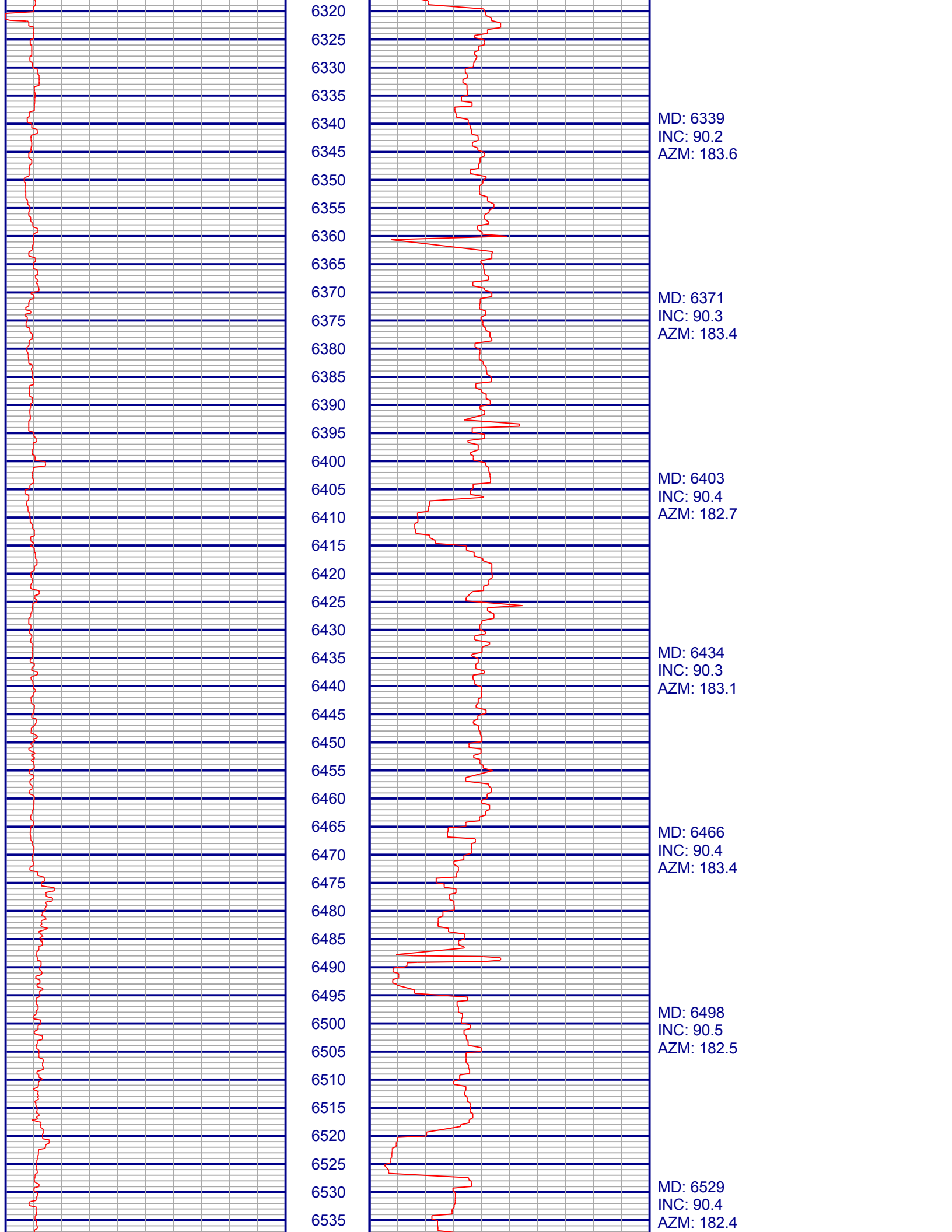
MD: 6180  
INC: 89.6  
AZM: 183.5

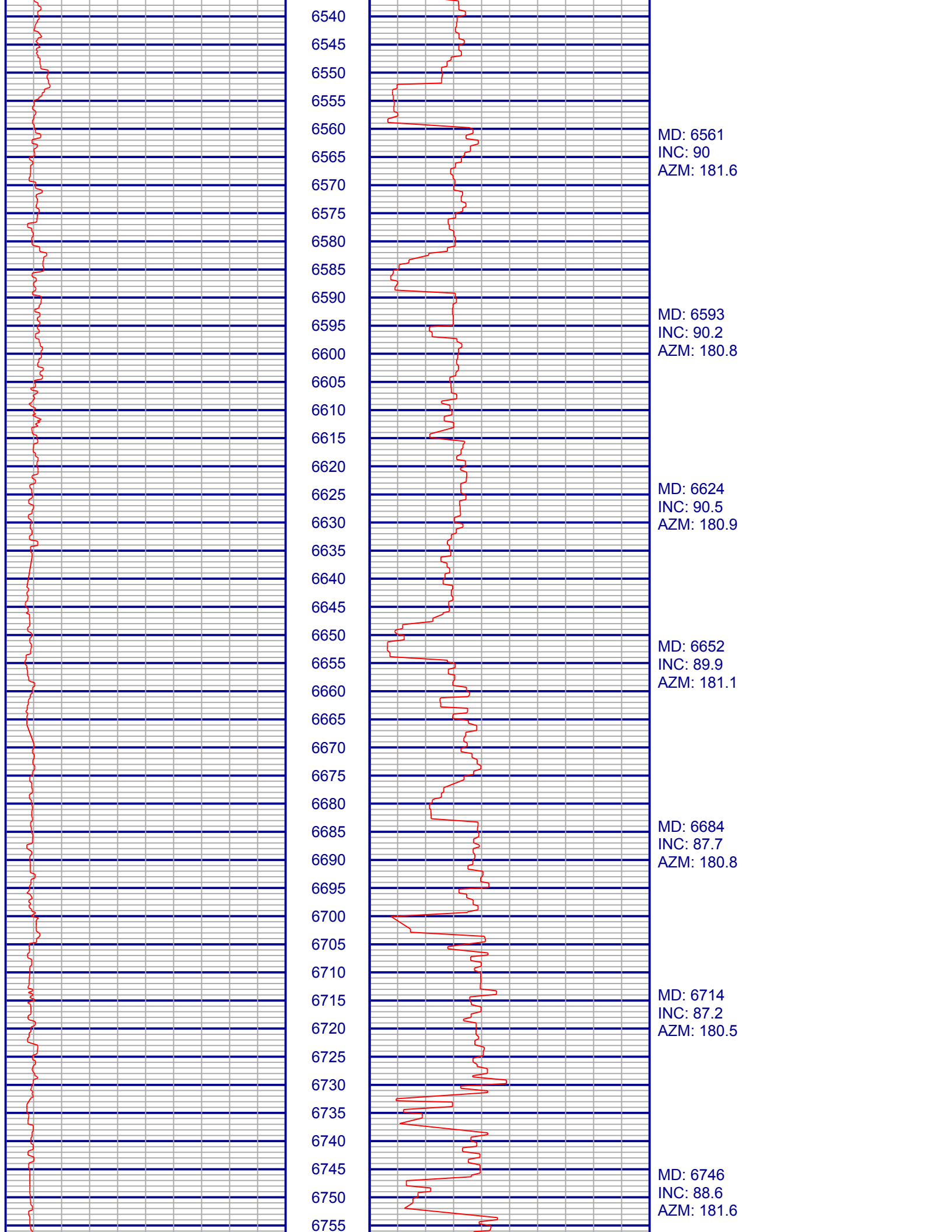
MD: 6212  
INC: 90.7  
AZM: 183.4

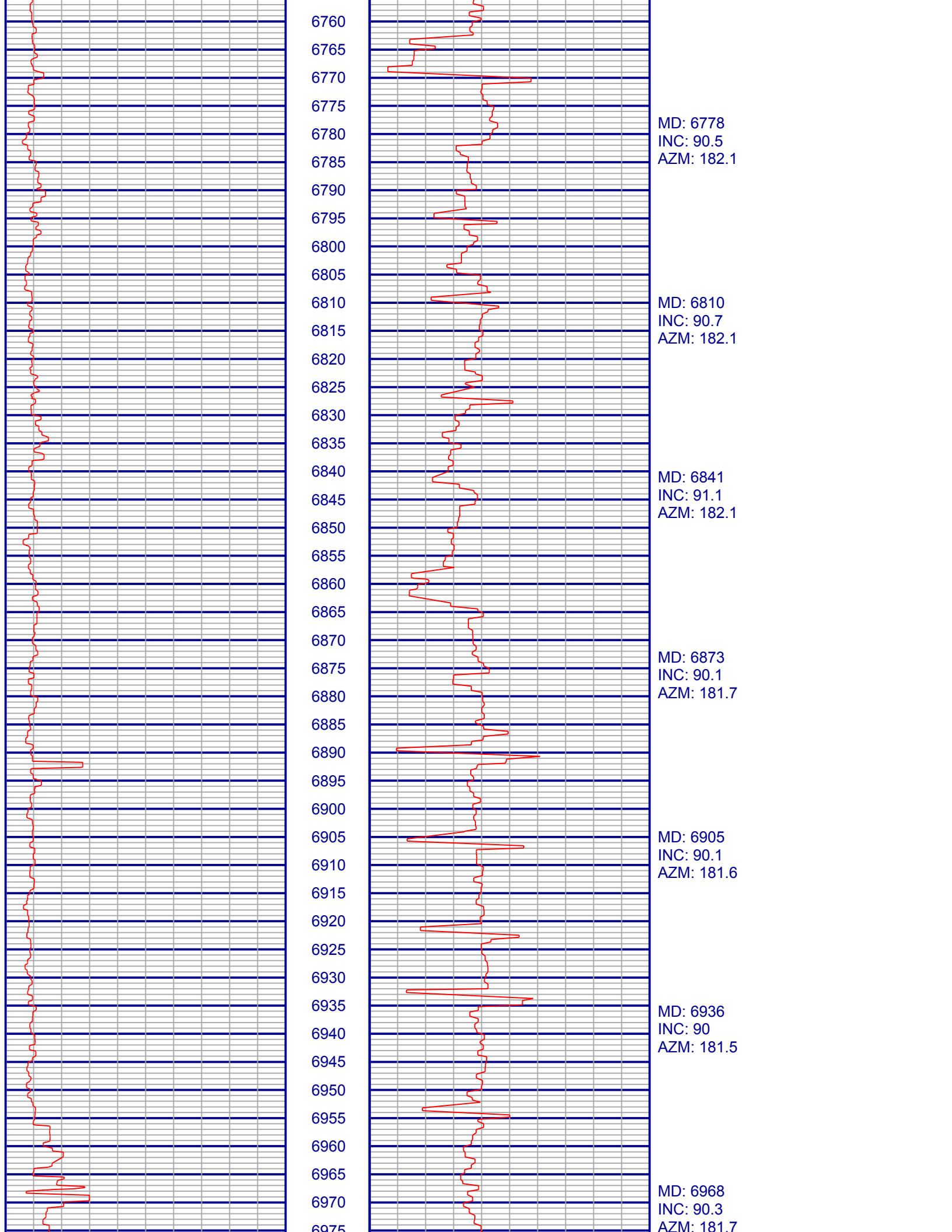
MD: 6244  
INC: 91.3  
AZM: 184.1

MD: 6276  
INC: 90.7  
AZM: 183.9

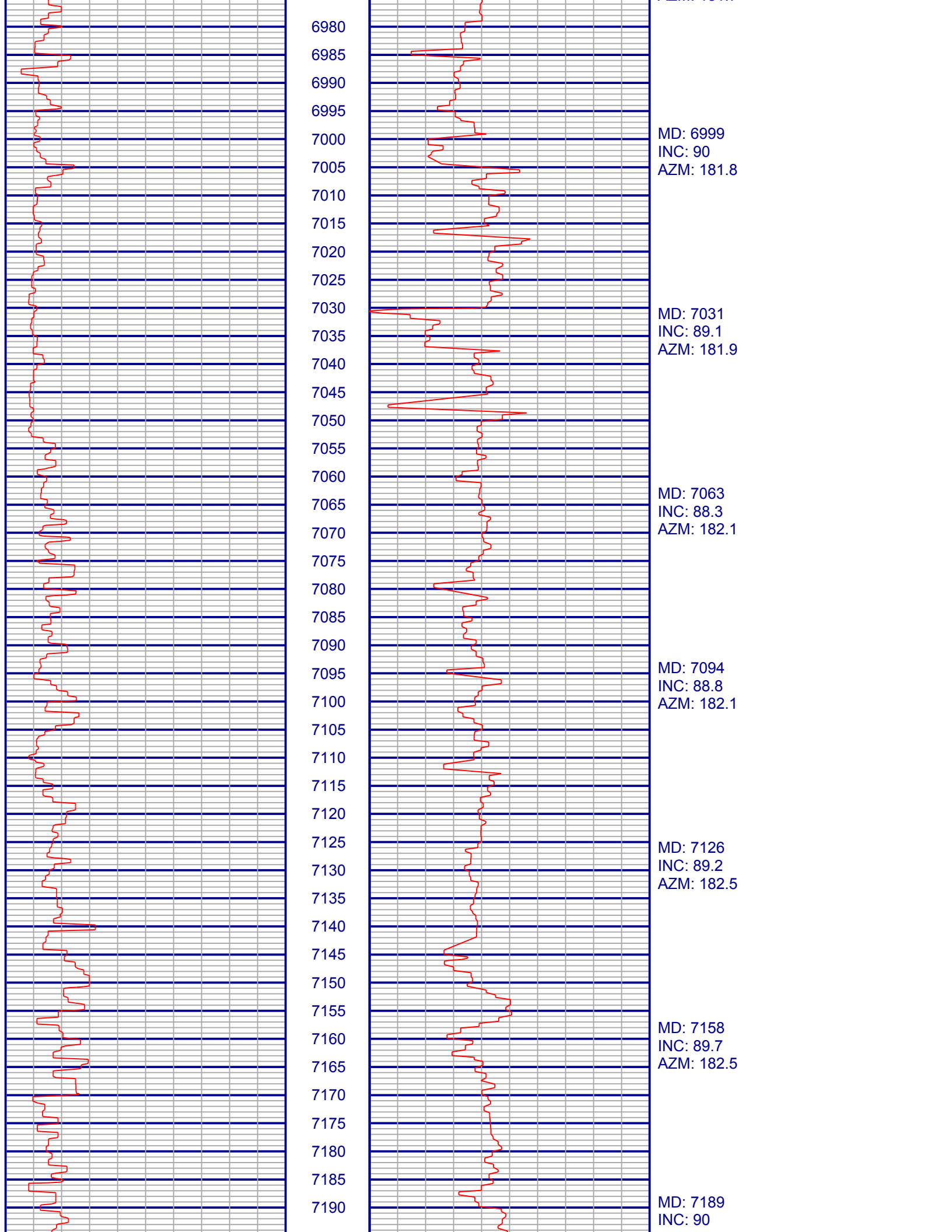
MD: 6307  
INC: 90.4  
AZM: 183.5

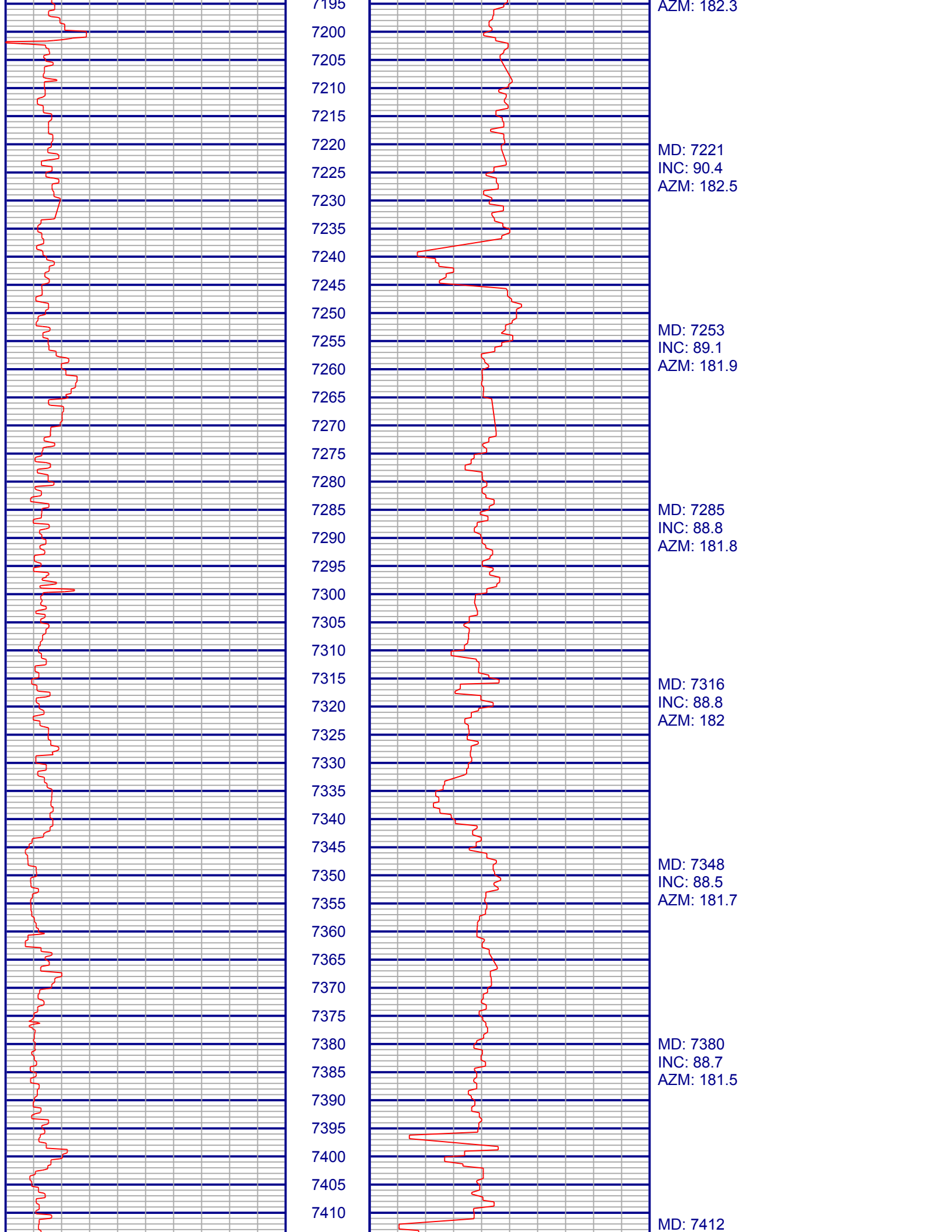


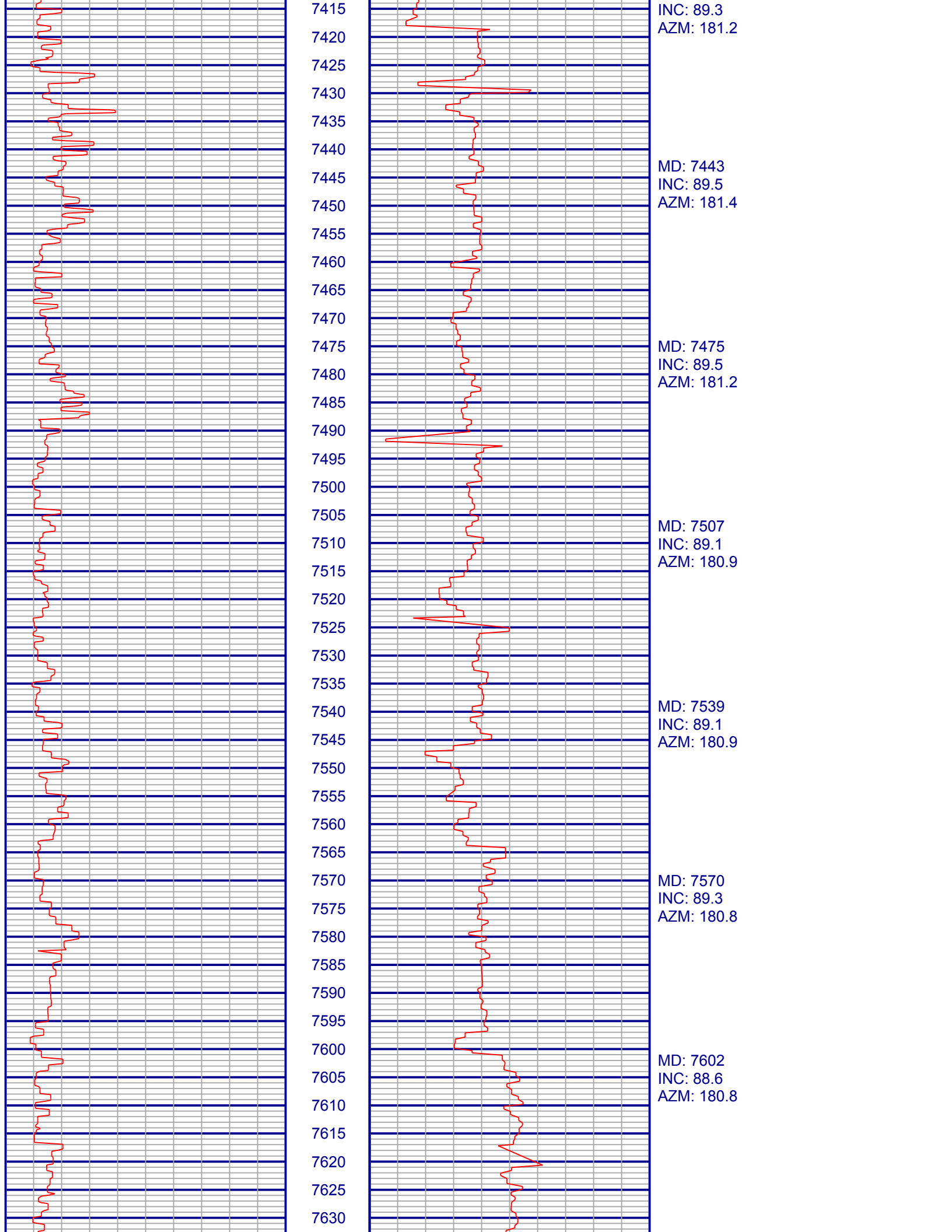












7415

INC: 89.3  
AZM: 181.2

7420

7425

7430

7435

7440

MD: 7443  
INC: 89.5  
AZM: 181.4

7445

7450

7455

7460

7465

7470

MD: 7475  
INC: 89.5  
AZM: 181.2

7475

7480

7485

7490

7495

7500

MD: 7507  
INC: 89.1  
AZM: 180.9

7505

7510

7515

7520

7525

7530

MD: 7539  
INC: 89.1  
AZM: 180.9

7535

7540

7545

7550

7555

7560

7565

MD: 7570  
INC: 89.3  
AZM: 180.8

7570

7575

7580

7585

7590

7595

MD: 7602  
INC: 88.6  
AZM: 180.8

7600

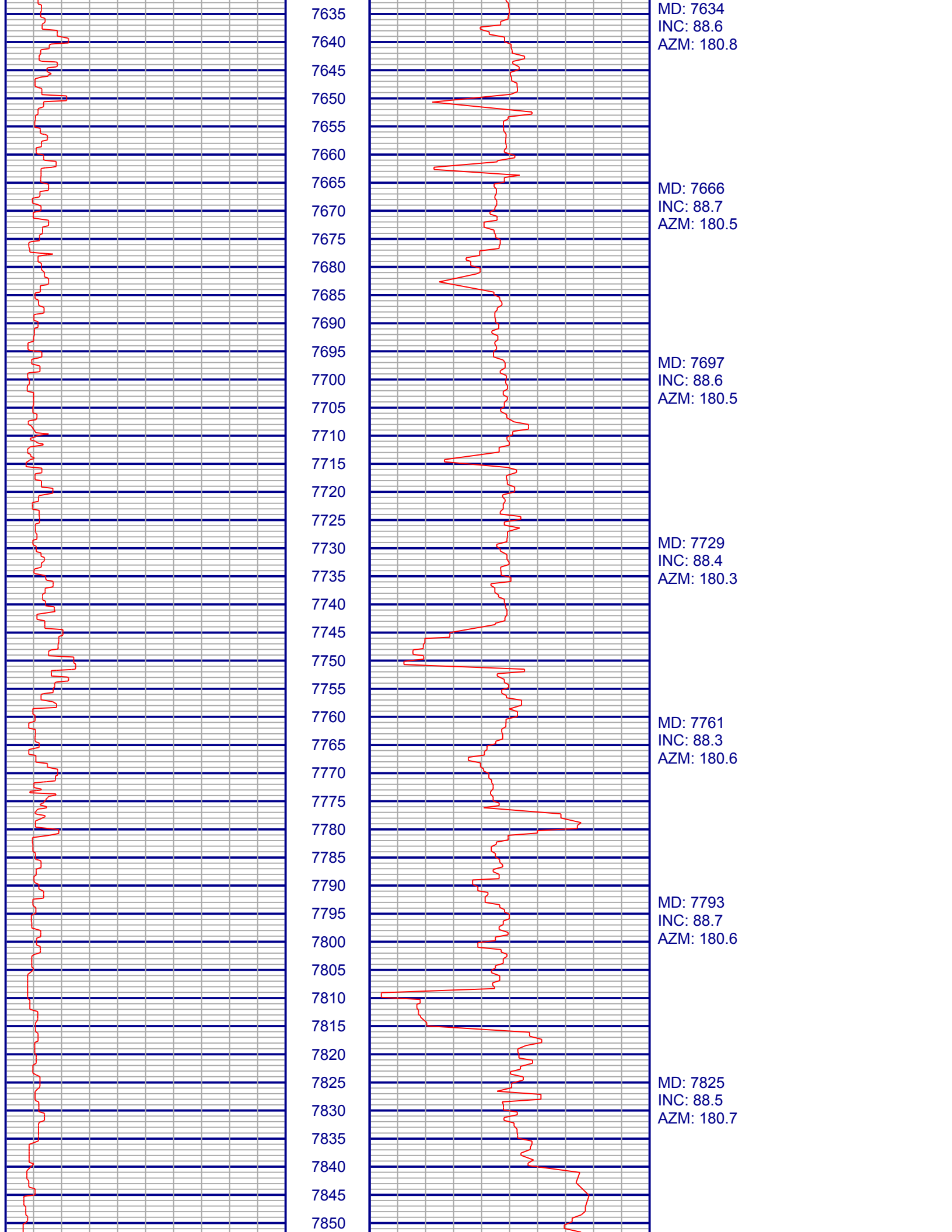
7605

7610

7615

7620

7630



7635  
7640  
7645  
7650  
7655  
7660  
7665  
7670  
7675  
7680  
7685  
7690  
7695  
7700  
7705  
7710  
7715  
7720  
7725  
7730  
7735  
7740  
7745  
7750  
7755  
7760  
7765  
7770  
7775  
7780  
7785  
7790  
7795  
7800  
7805  
7810  
7815  
7820  
7825  
7830  
7835  
7840  
7845  
7850

MD: 7634  
INC: 88.6  
AZM: 180.8

MD: 7666  
INC: 88.7  
AZM: 180.5

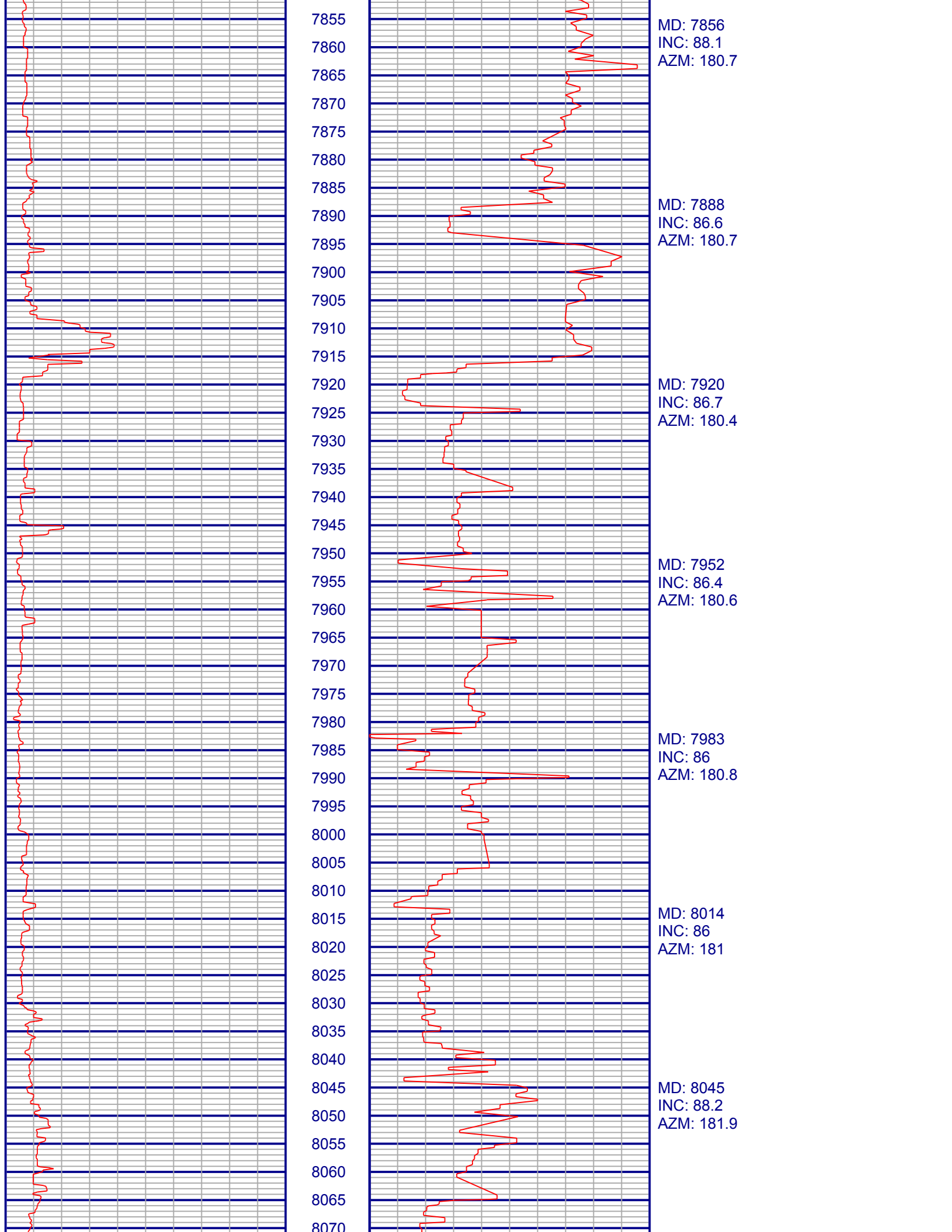
MD: 7697  
INC: 88.6  
AZM: 180.5

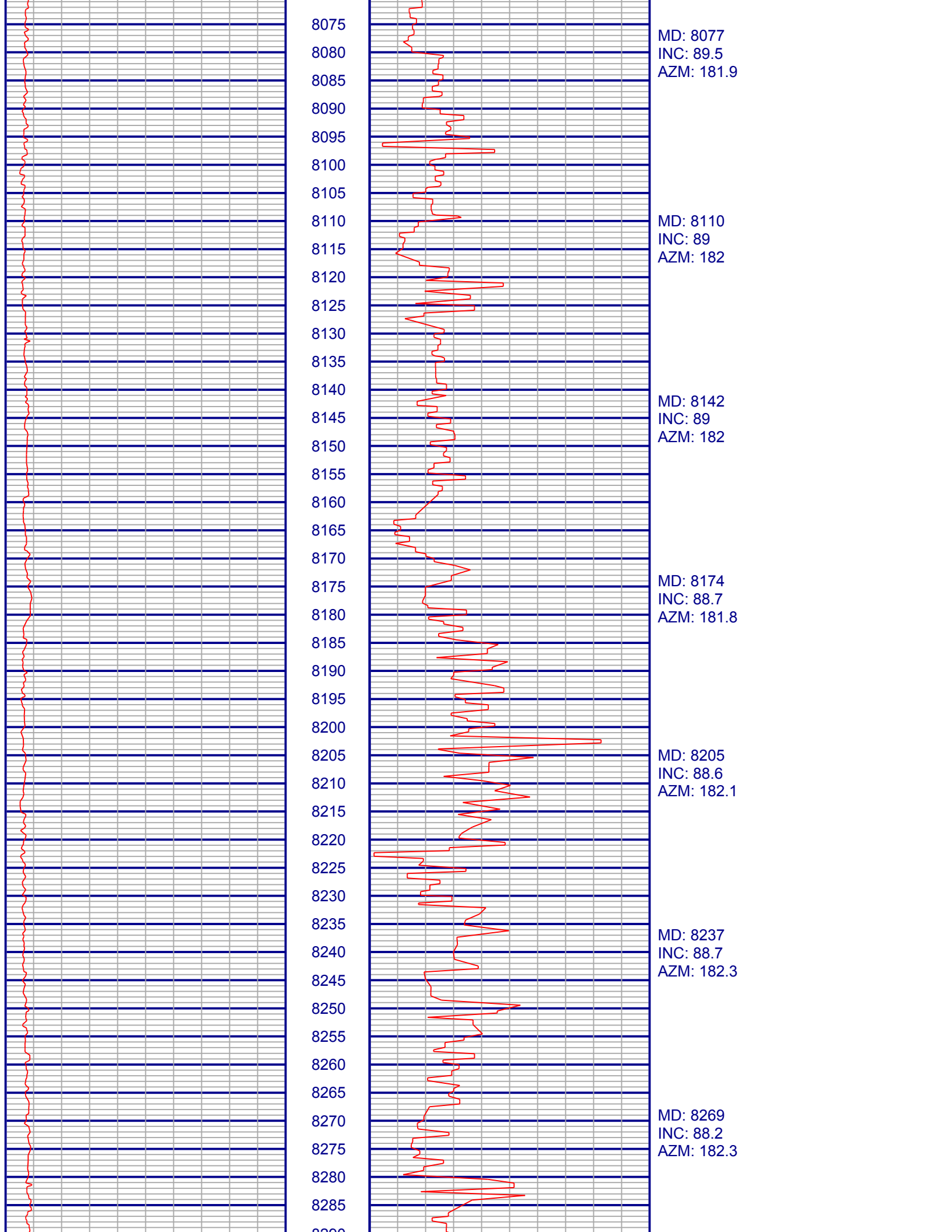
MD: 7729  
INC: 88.4  
AZM: 180.3

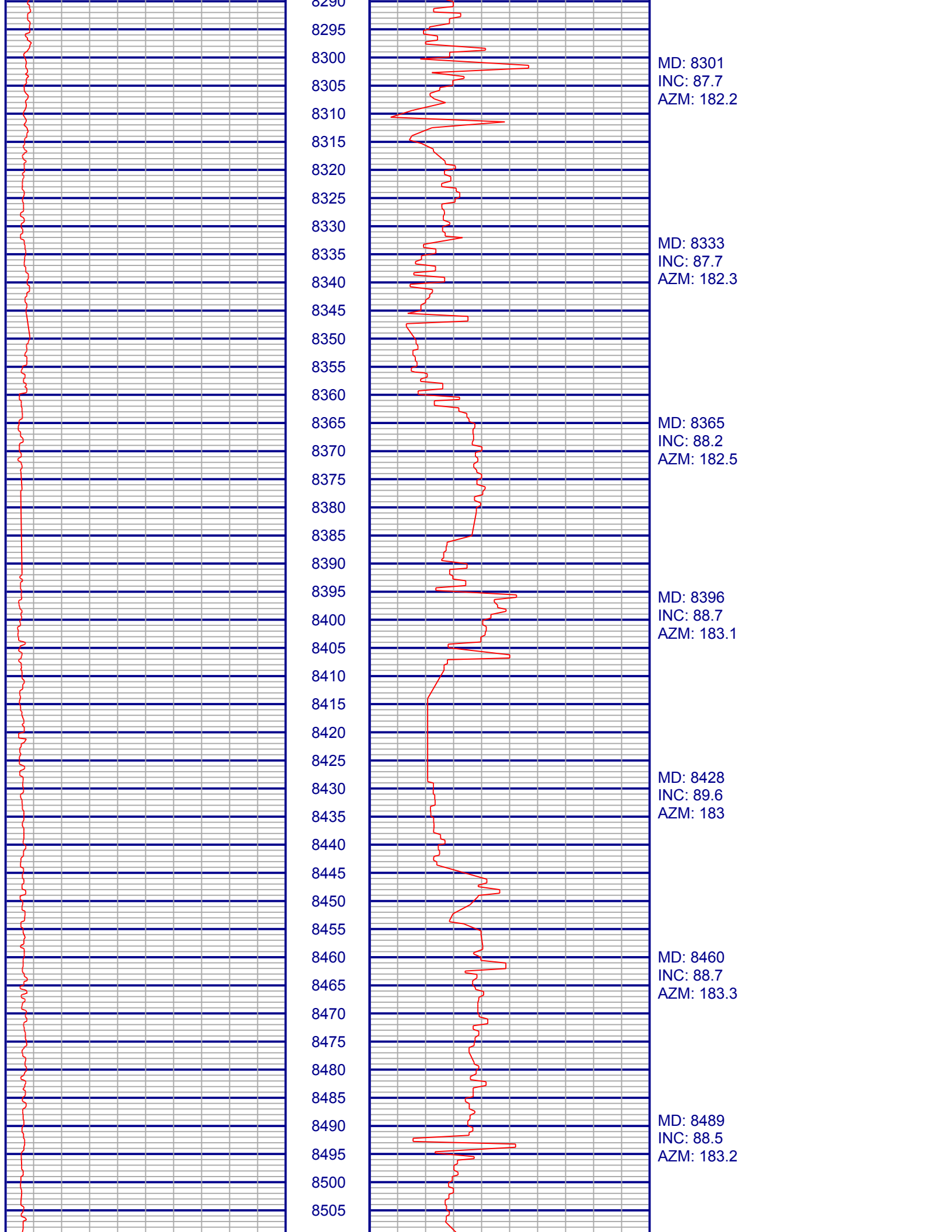
MD: 7761  
INC: 88.3  
AZM: 180.6

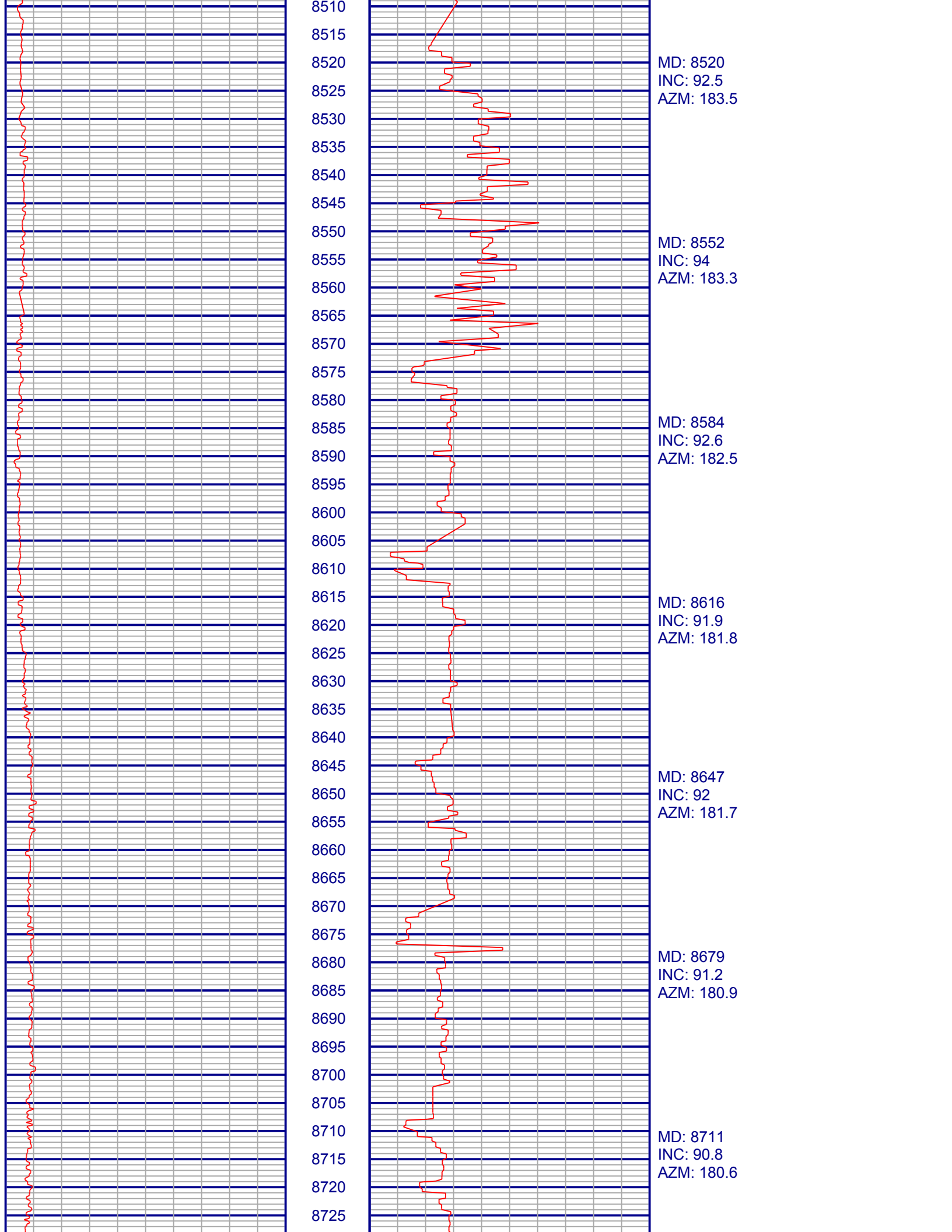
MD: 7793  
INC: 88.7  
AZM: 180.6

MD: 7825  
INC: 88.5  
AZM: 180.7









MD: 8520  
INC: 92.5  
AZM: 183.5

MD: 8552  
INC: 94  
AZM: 183.3

MD: 8584  
INC: 92.6  
AZM: 182.5

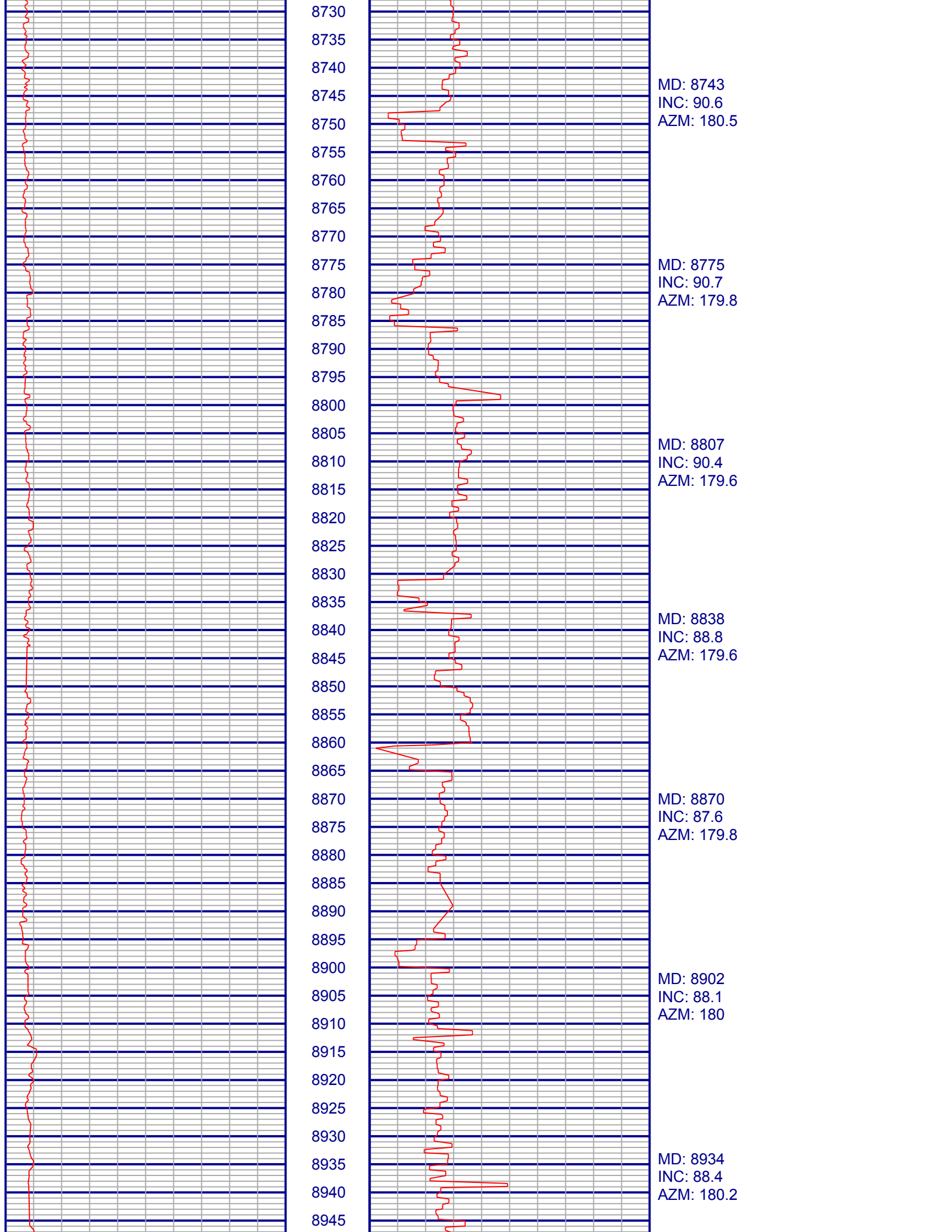
MD: 8616  
INC: 91.9  
AZM: 181.8

MD: 8647  
INC: 92  
AZM: 181.7

MD: 8679  
INC: 91.2  
AZM: 180.9

MD: 8711  
INC: 90.8  
AZM: 180.6





8730  
8735  
8740  
8745  
8750  
8755  
8760  
8765  
8770  
8775  
8780  
8785  
8790  
8795  
8800  
8805  
8810  
8815  
8820  
8825  
8830  
8835  
8840  
8845  
8850  
8855  
8860  
8865  
8870  
8875  
8880  
8885  
8890  
8895  
8900  
8905  
8910  
8915  
8920  
8925  
8930  
8935  
8940  
8945

MD: 8743  
INC: 90.6  
AZM: 180.5

MD: 8775  
INC: 90.7  
AZM: 179.8

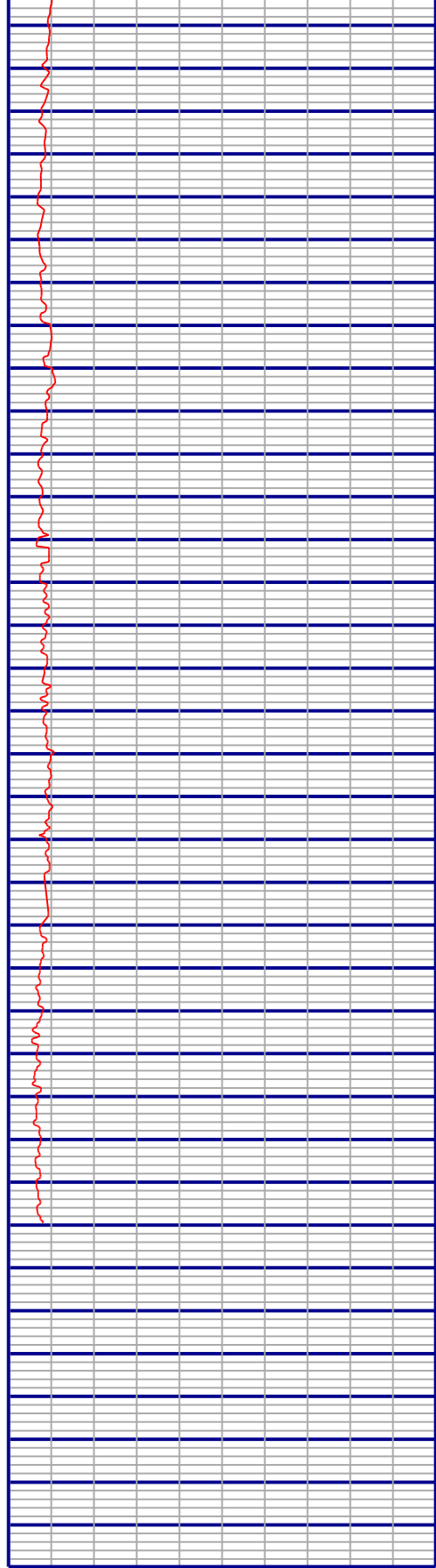
MD: 8807  
INC: 90.4  
AZM: 179.6

MD: 8838  
INC: 88.8  
AZM: 179.6

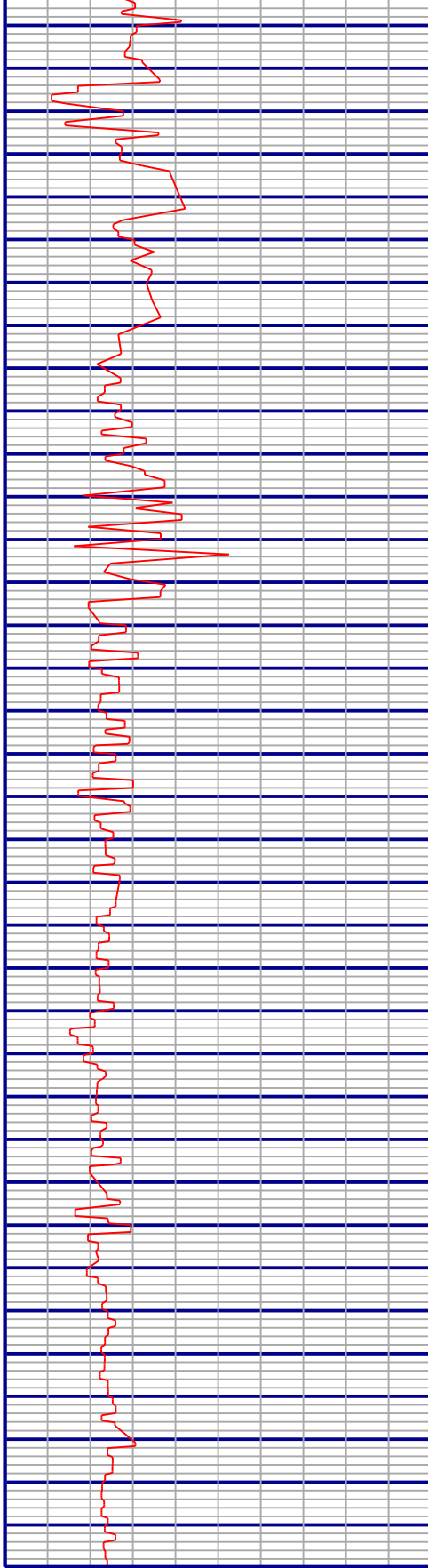
MD: 8870  
INC: 87.6  
AZM: 179.8

MD: 8902  
INC: 88.1  
AZM: 180

MD: 8934  
INC: 88.4  
AZM: 180.2



8950  
8955  
8960  
8965  
8970  
8975  
8980  
8985  
8990  
8995  
9000  
9005  
9010  
9015  
9020  
9025  
9030  
9035  
9040  
9045  
9050  
9055  
9060  
9065  
9070  
9075  
9080  
9085  
9090  
9095  
9100  
9105  
9110  
9115  
9120  
9125  
9130



MD: 8966  
INC: 89.3  
AZM: 180.9

MD: 8997  
INC: 90.1  
AZM: 181.3

MD: 9029  
INC: 90.9  
AZM: 181.3

MD: 9061  
INC: 91.1  
AZM: 181.3

MD: 9078  
INC: 91  
AZM: 181.2

August 27, 2014

Dean Pattisson  
Woolsey Operating Company, LLC  
125 N MARKET STE 1000  
WICHITA, KS 67202-1729

Re: Plugging Application  
API 15-007-23769-01-00  
TUCKER B 4 H  
NW/4 Sec.11-34S-11W  
Barber County, Kansas

Dear Dean Pattisson:

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 February 23, 2015. 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