



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	Gore Oil Company
Well Name	NICKLESON 23-2
Doc ID	1215317

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3837	3840	LKC	3770
3867	3869	LKC	
3925	3925	LKC	
3949	3949	LKC	

FORM MUST BE TYPED

SIDE ONE

ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 065-21582-001

County Graham

N $\frac{1}{2}$ - NE - NE - Sec. 23 Twp. 9S Rge. 24 XX^E

4950 Feet from SW (circle one) Line of Section

660 Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Nickelson Well # 2-23

Field Name Glen Dale SE

Producing Formation LKC

Elevation: Ground 2450 KB 2458

Total Depth 4045 PBDT 4045

Amount of Surface Pipe Set and Cemented at 249^{5 21 KCC} Feet

Multiple Stage Cementing Collar Used? XX Yes No

If yes, show depth set 2114 Feet

If Alternate II completion, cement circulated from 2114

feet depth to Surface w/ 450 sx cmt.

Drilling Fluid Management Plan AH-2 OK'd per Dist. 4
(Data must be collected from the Reserve Pit? 5-10-'00 U.C.)

Chloride content 5,000 ppm Fluid volume 295 bbls

Dewatering method used evaporation

Location of fluid disposal if hauled offsite:

Operator Name Ron's Oil Operations, Inc.

Lease Name Nickelson License No. 6861

NE Quarter Sec. 23 Twp. 9 S Rng. 24 E/W

County Graham Docket No. 15-065-21582-001

Operator: License # 6861

Name: Ron's Oil Operations, Inc

Address RR #1, Box 194

City/State/Zip Penokee, KS 67659

Purchaser: Farmland

Operator Contact Person: Ron Nickelson

Phone (785) 421-2409

Contractor: Name: VonFeldt Drilling

License: 9431

Wellsite Geologist: N/A -- Washdown

Designate Type of Completion

 New Well Re-Entry X Workover

XX Oil SMD SIGW Temp. Abd.

 Gas ENHR SIGW

 Dry Other (Core, WSM, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: Reach Petroleum Corp.

Well Name: Nickelson #1

Comp. Date 2-22-82 Old Total Depth 4214

X Re-named well

 Deepening Re-perf. Conv. to Inj/SMD

 Plug Back PBDT

 Coamingled Docket No.

 Dual Completion Docket No.

 Other (SMD or Inj?) Docket No.

12-14-99

12-15-99

12-29-99

Spud Date

Date Reached TD

Completion Date

Start

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Ronald Nickelson

Title Pres Date 4-10-00

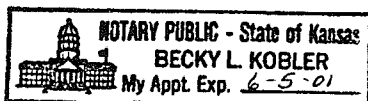
Subscribed and sworn to before me this 10th day of April, 19 2000.

Notary Public Becky L. Kobler

Date Commission Expires 6-5-2001

K.C.C. OFFICE USE ONLY		
F	<u> </u>	Letter of Confidentiality Attached
C	<u> X </u>	Wireline Log Received
C	<u> </u>	Geologist Report Received
Distribution		
<u> </u>	KCC	<u> </u> SMD/Rep
<u> </u>	KGS	<u> </u> Plug
<u> </u>		<u> </u> NGPA
<u> </u>		<u> </u> Other
(Specify)		

Form ACO-1 (7-91)



X

Operator Name Ron's Oil Operations, Inc Lease Name Nickelson Well # 2-23

Sec. 23 Twp. 9S Rge. 24 East West County Graham

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

List All E.Logs Run: Gamma-Neutron CCL
Gamma-Cement Bond Log

Log Formation (Top), Depth and Datums Sample

Name Top Datum

CASING RECORD New Used

Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs./Ft.	Setting Depth ^{RT} _{FEET}	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	10-3/4	8-5/8"		249'	Common		
Production	7-7/8	4-1/2"	10.5#	4045	Common	150	
<i>Port COLLAR</i>				<i>2114'</i>	<i>170-Poz 255-Common</i>	<i>450</i>	

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
1 hole	3949	250 15% NE	
1 hole	3925	250 gallons 15% NE	
4 holes	3867 - 3869	500 gallons 15% NE	
6 holes	3837 - 3840	750 gallons 15% NE	

TUBING RECORD Size 2-3/8" Set At 3899 Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SMD or Inj. _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	<u>11</u>		<u>23</u>		<u>36</u>

Disposition of Gas: METHOD OF COMPLETION Vented Sold Used on Lease (If vented, submit ACO-18.)

Production Interval Open Hole Perf. Dually Comp. Commingled _____

Other (Specify) _____

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
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

July 22, 2014

Pat Canaday
Gore Oil Company
202 S ST FRANCIS
PO BOX 2757
WICHITA, KS 67202-4518

Re: Plugging Application
API 15-065-21582-00-01
NICKLESON 23-2
NE/4 Sec.23-09S-24W
Graham County, Kansas

Dear Pat Canaday:

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 18, 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 4

(785) 625-0550