



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

I

Form	CP1 - Well Plugging Application
Operator	Barker, Bob dba Barker Oil
Well Name	BARKER OIL 1
Doc ID	1229964

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
732	736	Bartlesville	0

WELL RECORD

API # 15-133-24,349

Well No. # 1 Farm **Barker.Gordon,**

Producer **Barker oil co.**

Location **1800°N SL-300°E WL-- W½ SW¼**

Sec. **4**

Twp. **27 S**

Rg. **18 E**

Elevation

State **Kansas**

County **Neosho**

Kind (Oil, Gas, Water, Dry Hole) **(oil)**

Contractor **Way Drilling co.**

Producing formation **Bartlesville**

Top **(732°**

Bottom **741°)**

Shot with _____ qts.

from _____

to _____

Packer Set at _____

Kind _____

Size _____

Liner _____ from _____

to _____

Perforated from _____

to _____

LOG

Total Depth **805'**

~~Minimum~~ Cement surface 8 sacks.

Casing **6 5/8"** at **36'**

Casing _____ at _____

Casing _____ at _____

Cement **The 2" to the surface**

Tubing _____

~~Minimum~~ Seating nipple- _____ Ft.

Additional Information

Core # 1 from - 733

3	Min Sand Oil lt Bleed	734
4	" " " " " "	735
3	" " " " S sh stk	736
4	" " " " " "	737
6	" Shale W/sand stk Bleed	738
6	" Shale Top Bleed Bot. ½	739
4	" Sand Oil/sh Bleed Stks	740
5	" " " " " "	741

Core Bleed well in sand streaks

in bottom Four ft. Top had more

gas

Thick-ness	Strata	Depth	Thick-ness	Strata	Depth
13	Soil-clay	13	19	Slate shl dk	543
4	Sand-clay, gravel	17	10	Shale gy	553
2	Shale	19	15	Lime (20") TCT	568
4	Lime/shale	23	8	Slate shl dk	576
21	Lime	44	4	Lime (5")	580
10	Shale gy/sand	54	8	Shale gy sdy	588
6	Sand/shl	60	6	Sand	594
7	Shale gy	67	21	Shale gy sdy	615
42	lime gy br wt	109	1	Lime br	616
2	Slate bl	111	40	Shale dk	656
Minimum			8	Shale G SGO CRT	664
17	Lime gy	128	7	Shale dk	671
5	Slate bl	133	2	Lime br (2")	673
7	Lime	140	2	Coal slate	675
17	Shale G sdy/lm	157	8	Sand	683
6	Lime (Oil Top)	163	24	Shale G Sdy dk	707
4	Slate bl	167	2	Coal slate	709
41	Lime	208	23	Shale gy sdy	732
3	Sand	211	1	Sand/sh Oil sh D	733
125	Shale G D sdy/sd	336	4	Sand L Bld Core	737
9	Sand W/lm	345	2	Shale W/sd Bldtop	
29	Shale gy sdy dk	374		Bld Bot ½ shl	739
4	Slate bl	378		Minimum	
7	Shale gy	385	2	Sand oil W/shl Bleed	
10	Lime	395		in streaks(B.Ce)	741
4	Shale gy dk	399	16	Shale dk	757
5	Sand/lm sh grn	404	4	Sand gy	761
11	Sand Green GO	415	8	Shale gy dk sdy	769
10	Shale gy sdy GO	425	11	Sand gy shl	780
17	Sand gy	442	2	Sand W/lm	782
47	Shale gy sdy	489	12	Shale dk sdy	794
2	Lime (30')	491	1	Coal	795
6	Shale gy	497	5	Shale dk & G sdy	800
20	Lime Brown	517	5	Sand dk/sh lm st	805
4	Slate bl	521		(Total depth)	805
3	Lime	524			

Date Completed **4/18/84-- 4/20/84**

O. K.

Superintendent

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



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

October 29, 2014

Bob Barker
Barker, Bob dba Barker Oil
PO BOX 216
CHANUTE, KS 66720-0216

Re: Plugging Application
API 15-133-24349-00-00
BARKER OIL 1
SW/4 Sec.04-27S-18E
Neosho County, Kansas

Dear Bob Barker:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 3 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 3's phone number is (620) 432-2300. Failure to notify DISTRICT 3, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after April 29, 2015. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The April 29, 2015 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely,
Production Department Supervisor

cc: DISTRICT 3