



KANSAS CORPORATION COMMISSION 1251560
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

I

Form	CP1 - Well Plugging Application
Operator	Pickrell Drilling Company, Inc.
Well Name	CHENEY A 2
Doc ID	1251560

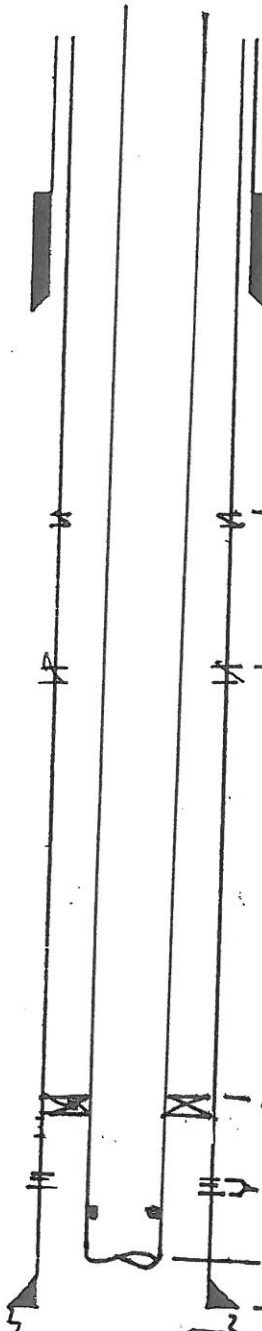
Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4289	4299	Mississippian	
4178	4182	Ft. Scott	
2515	2515	Csg. squeeze	
1711	1743	Csg. Squeeze (failed)	

Oil Company _____ Well No. 2 Field _____ Lease Cheney A
 Company Man _____ Date Drilled 7/68 County Gove State Kansas

C SW SE Sec 28-14S-27W
API 15-063-20029

**After second casing leak squeeze
 (Leak at 1711-1743, did not hold
 after squeeze).**



— 225 Base 8 7/8 w/1605x

— 1711-1743 May 2012
 Csg leak w/2005x.
 D.S. not hold.

— 2515 Csg leak at July '07
 Sqz. twice

— 4103 (Apprx) Baker Mod. A (in Comp.)

— 4178-4182 (Ft. Scott)

— 4283 Base 2 3/8

— 4289 Base 5 1/2 14.0# J-55 w/125 Sx 50/50 Poz. 4% gel plus 505x Comm.

— 4299 (P&D 5/5/03)

7-18-68 A-500 gel 28% (Miss)

7-19-68 R&A 2000 gel 28% (Miss)

4-30-03 Perf. Ft. Scott. A-500 gel 15%

Comingle Miss/Ft. Scott

July 2007 - Rep. Csg Lk 2515

May 2012 - S S S 1727 (failed)

**NOTE - During the July 2007 Csg
 Repair the leak @ 2515 was
 squeezed twice (1505x & then
 w/1505x again)**

REMARKS:

- During July, 2007, squeezed casing leak at 2515. Squeezed twice. Held.
- During May, 2012, squeezed casing leak at 1727. Failed. Decided to pump well below packer.
- Ran Baker Mod D (in compression). Set packer at APPRX 4088.

Attachment to Well Plugging Application
Cheney A #2

Have on location:

- 1) Lined workover pit
- 2) 400 sx 60/40 Poz 4% gel, 1/4 # Flocel/sx
- 3) 16 ca. 100# sx of gel
- 4) 600# of Hulls

Casing is 5 ½” 14.0# (5.012” I.D.)

Cement is 1.39 cu. ft. / sx

**Casing holds: 0.0244 bbl/lin. ft.
7.299 lin. ft./cu. ft.
40.98 lin. ft./bbl.**

Procedure:

- 1) Pull all equipment from well
- 2) Load hole (**at least to 900 ft.**)
- 3) **Perforate Anhydrite @ 1888 and Dakota @ 950**, both w/ 2 shots per foot.
- 4) Tie into 5 ½ casing and pump:
 - a) 200# hulls in water
 - b) 50 sx. Cement w/ 200# hulls (**up to 3782**)
 - c) 16 bbls gel-water spacer w/ 16 sx. Gel (**up to 3128**)
 - d) Cement w/ 200# hulls until hole full and pressure to 1000#.
- 5) Tie into 8 5/8 x 5 ½ annulus and pressure w/ cement to 300# holding.

Run No.	Depths		Speed Ft/Min.	T. C. Sec.	Sens. Settings	Zero Div. L or R	API G.R. Units per Log Div.	T. C. Sec.	Sens. Settings	Zero Div. L or R	API N. Units per Inch
	From	To									
1	4300	3200	20	2	100	1-L		2	5	2-L	
1	2450	1850	20	2	100	1-L		2	5	2-L	
1	3200	2450	60	3	100	1-L		2	5	2-L	
1	1850	SURF.	60	3	100	1-L		2	5	2-L	

GAMMA RAY

GAMMA RAY ZERO ——— DIV. TO LEFT OF THIS LINE

API UNITS

DEPTHS

NEUTRON

NEUTRON ZERO ——— DIV. TO LEFT OF THIS LINE

API UNITS

CALIPER

6 7 8 9 10 11 12 13 14 15 16

Hole Diameter in Inches

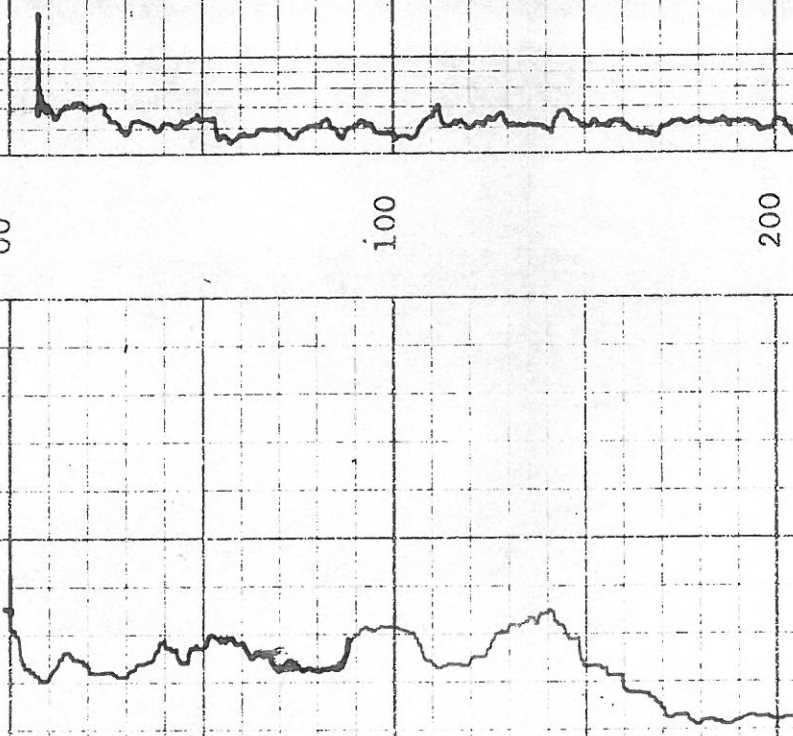
GUARD LOG RESISTIVITY ohms. m²/m

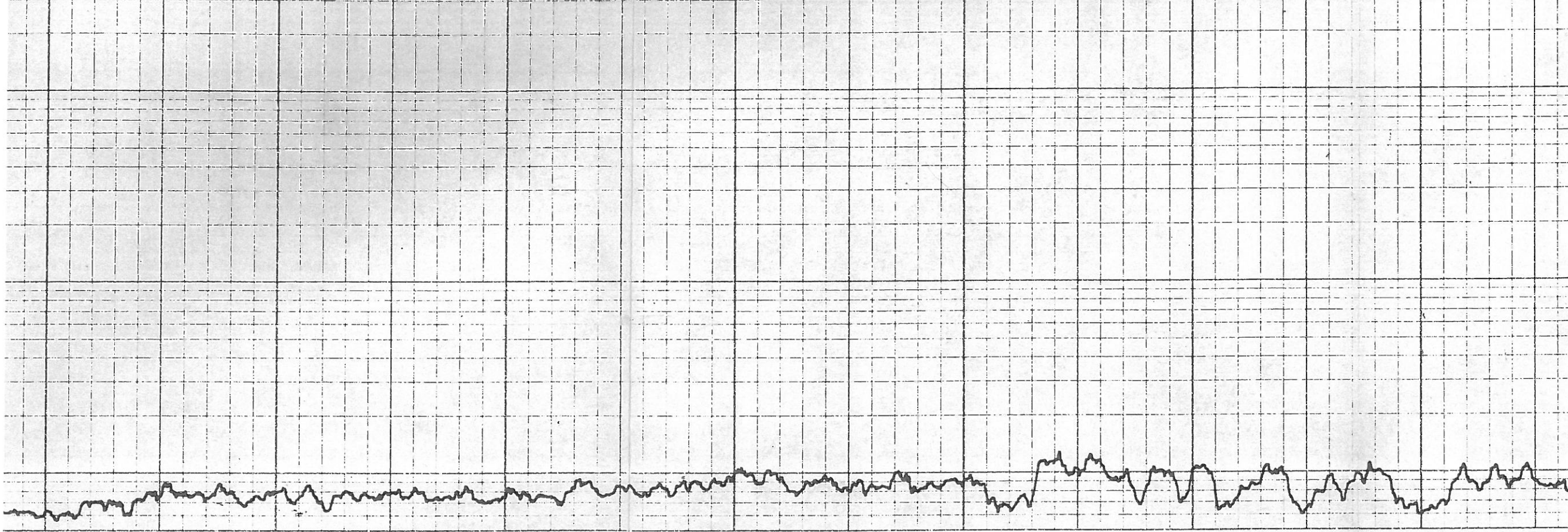
.5 — 1 — 10 — 100

00

100

200





200

300

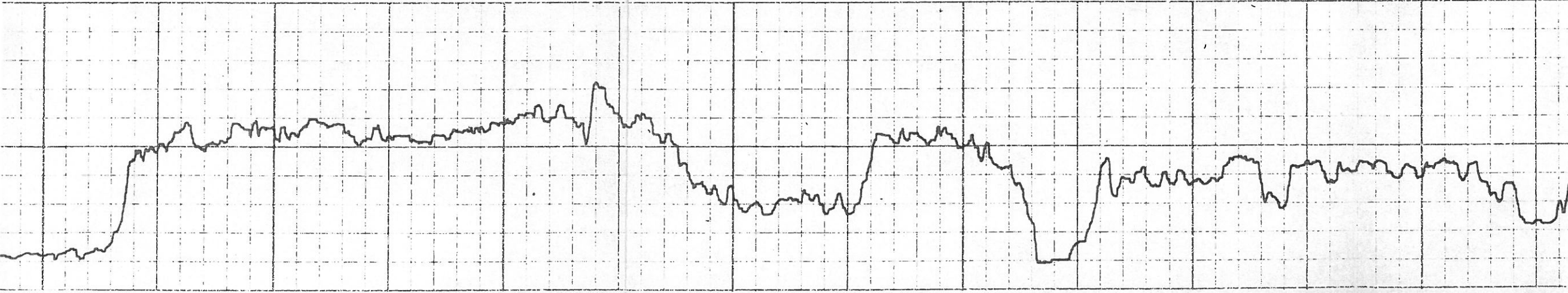
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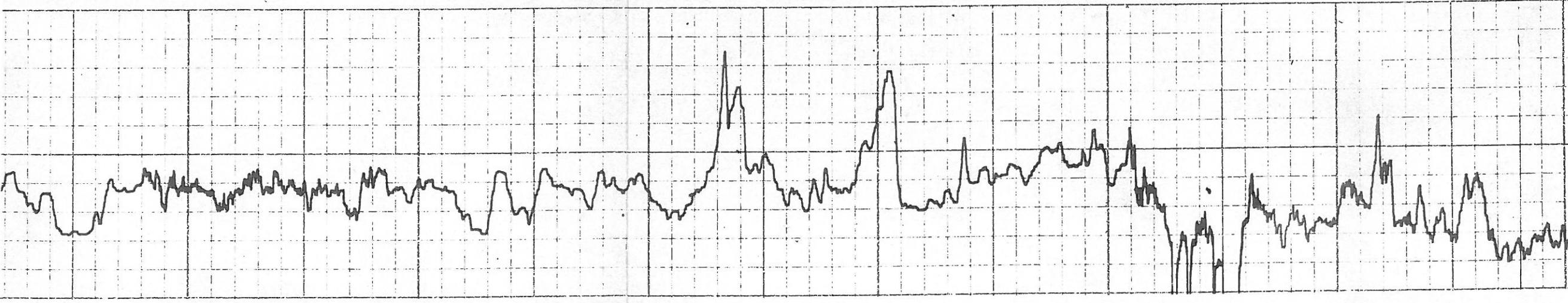
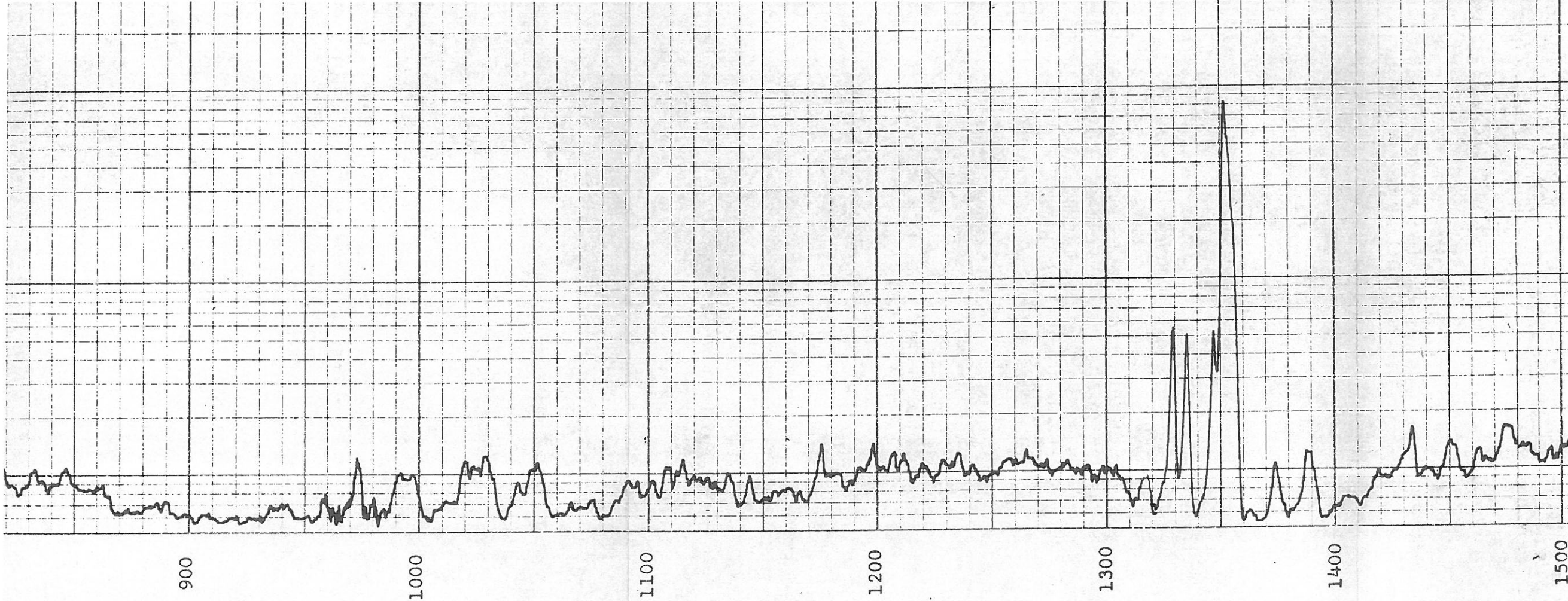
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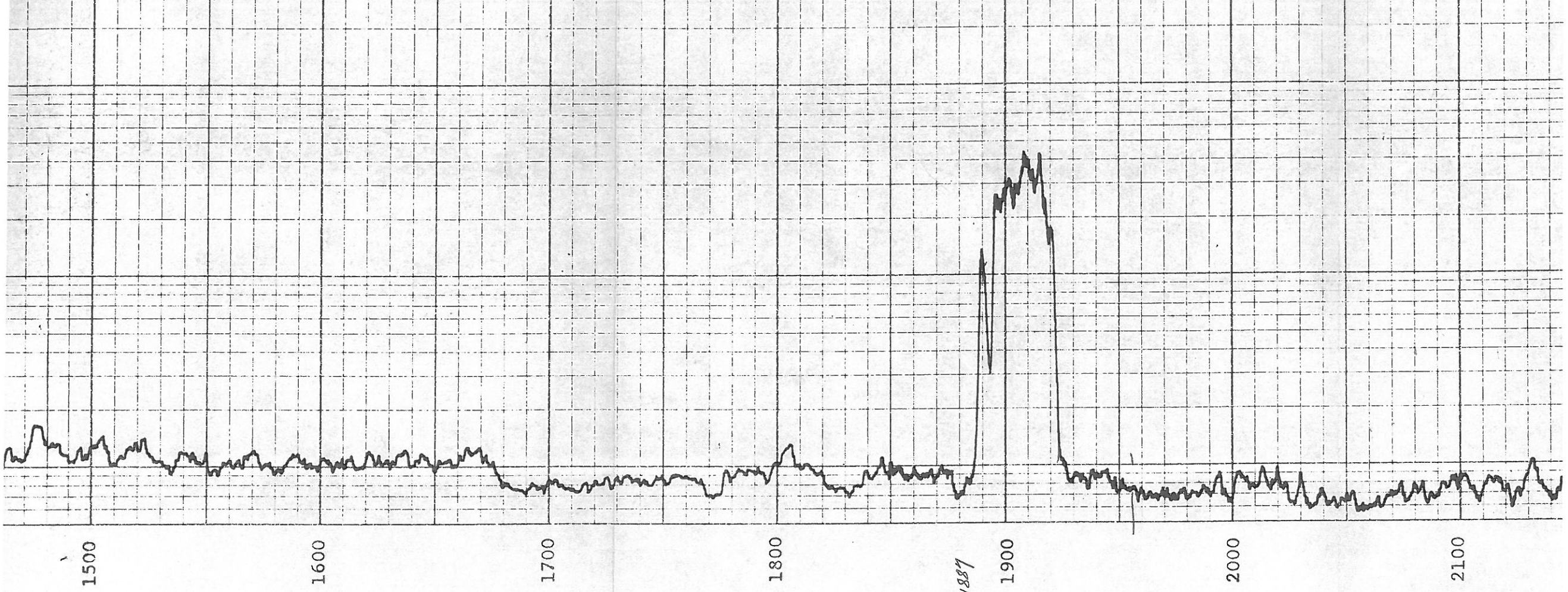
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700

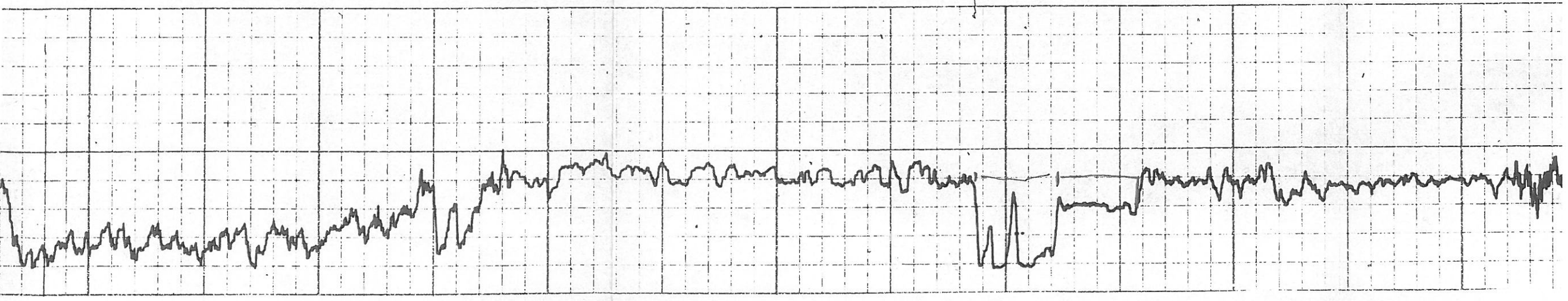
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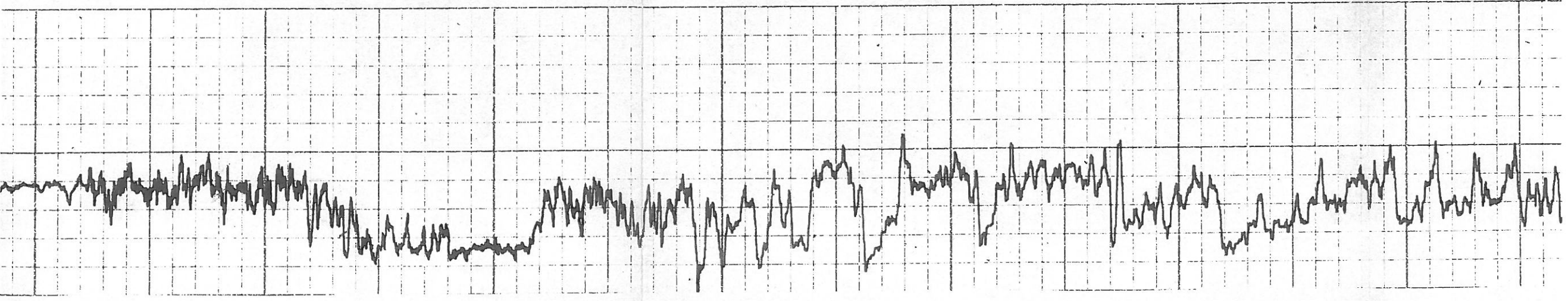
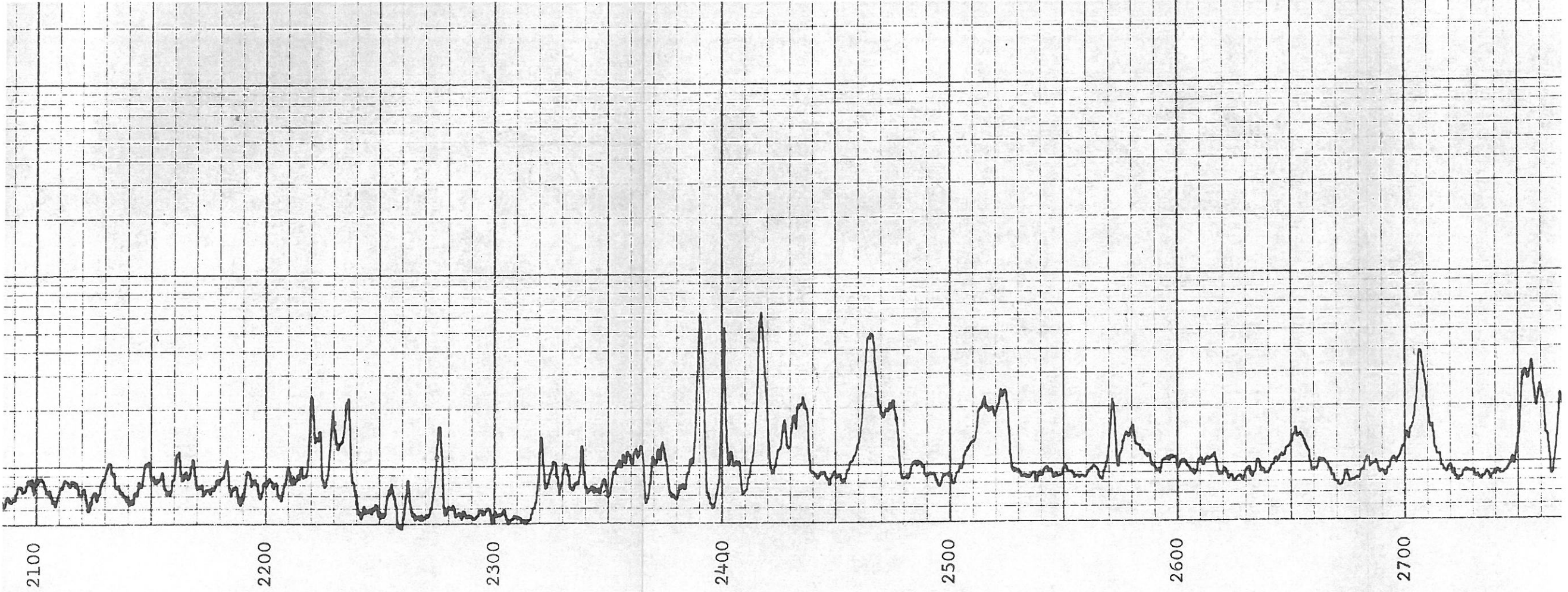


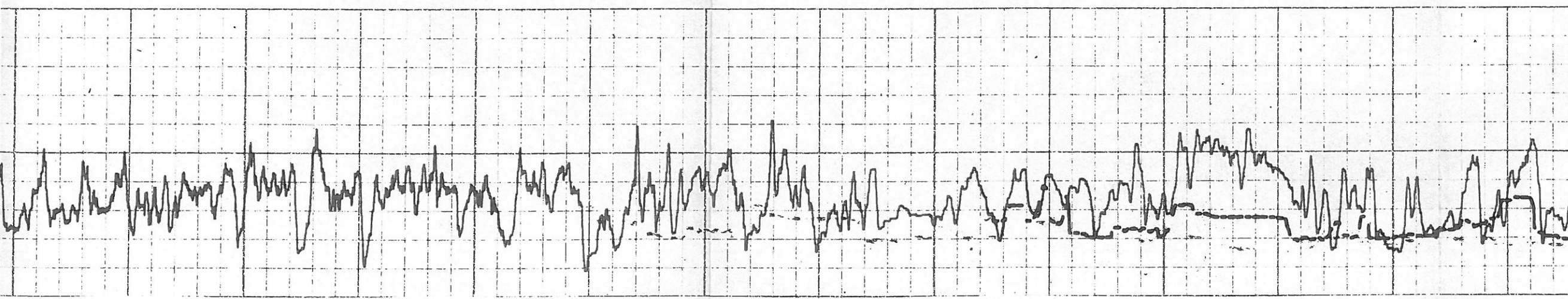
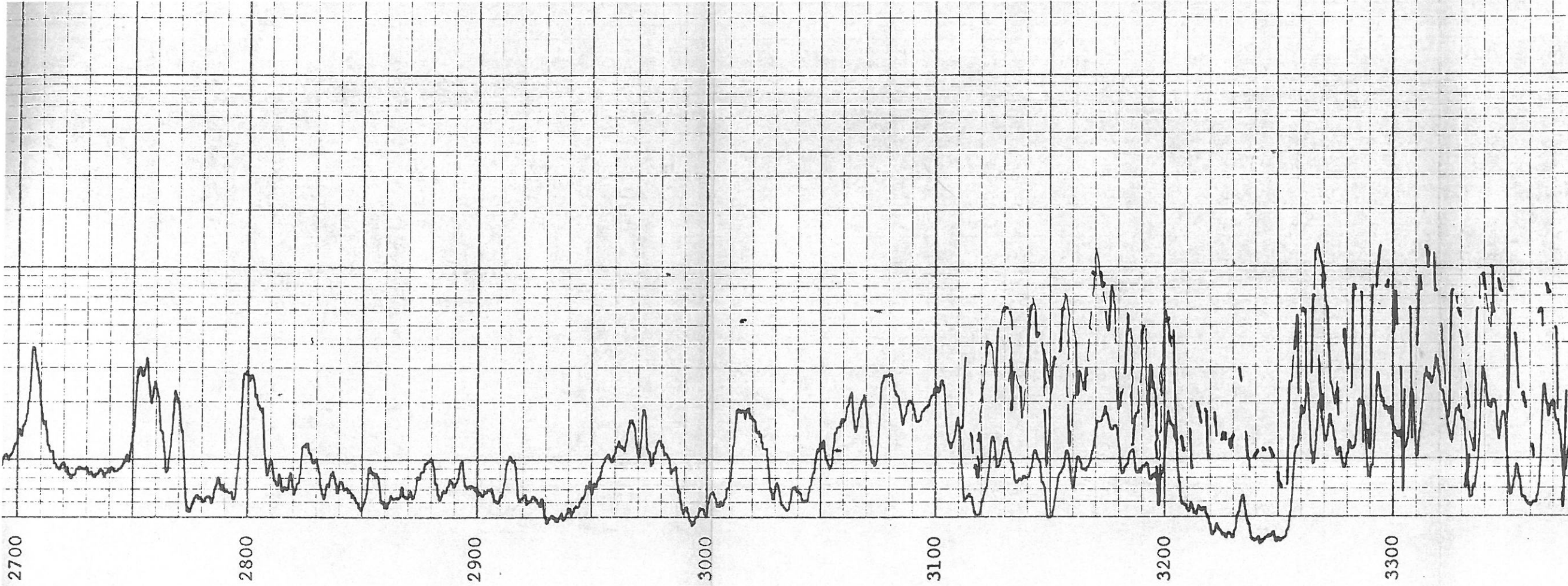


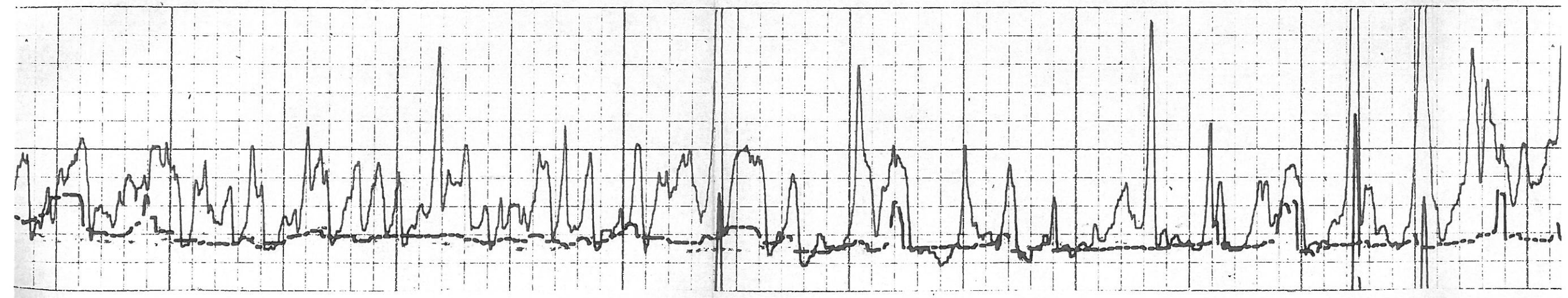
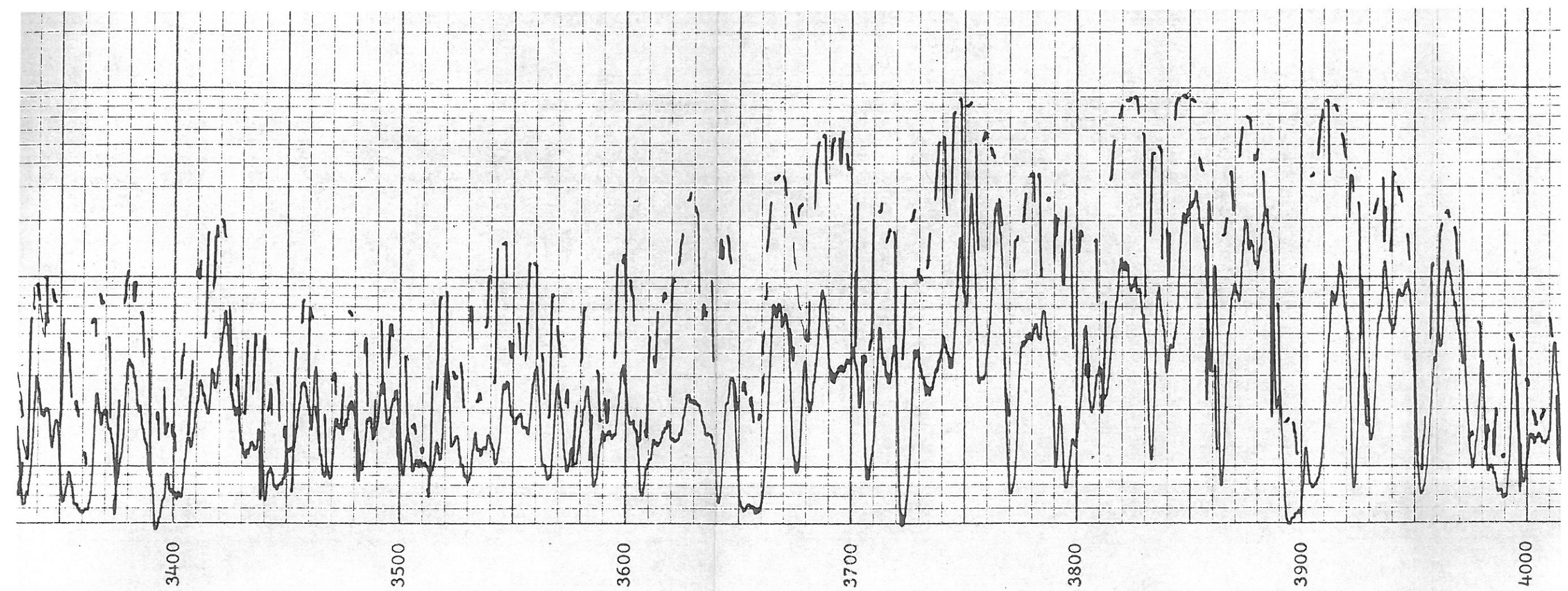


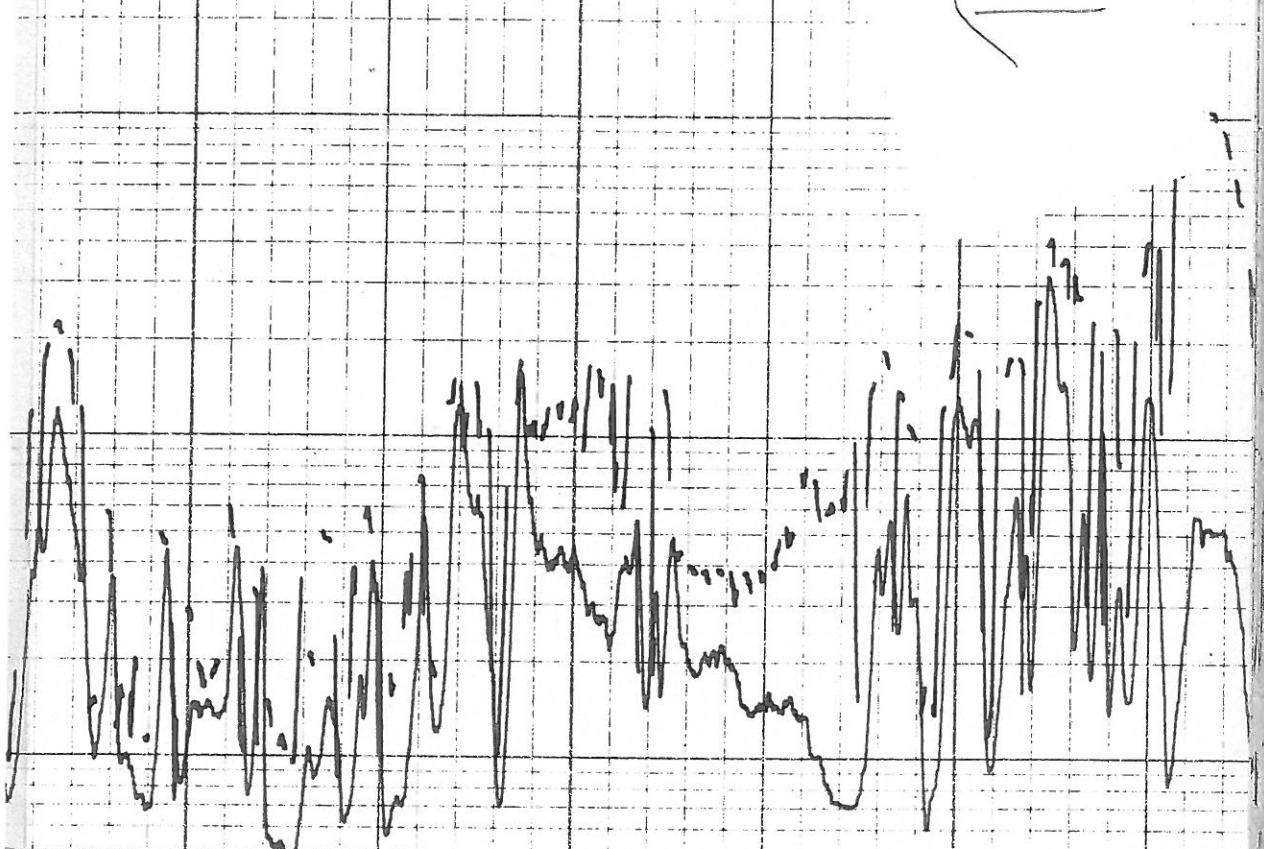
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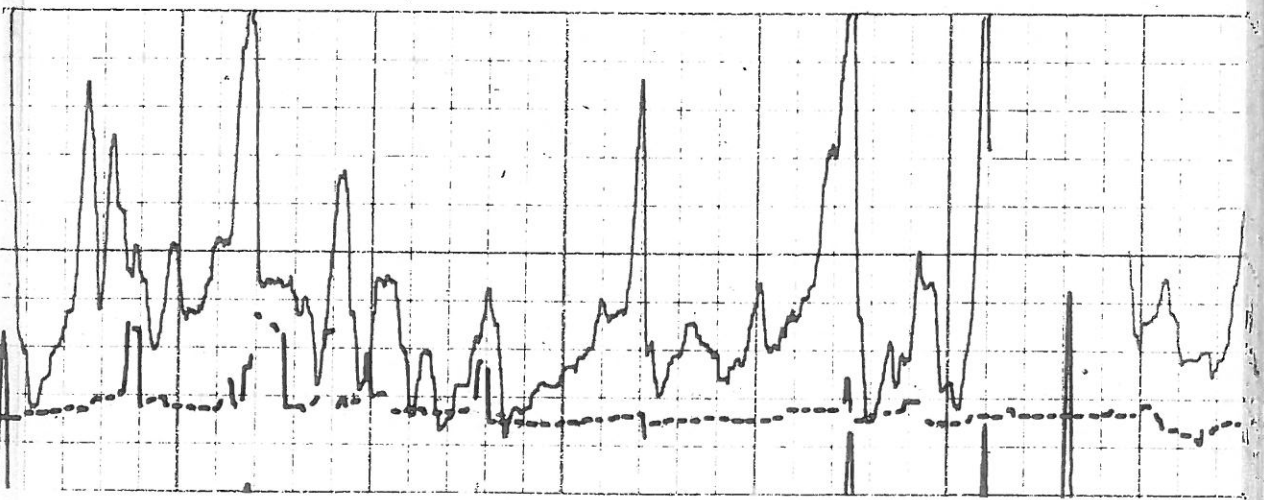




4000

4100

4200



May 06, 2015

Jack Gurley
Pickrell Drilling Company, Inc.
100 S MAIN STE 505
WICHITA, KS 67202-3738

Re: Plugging Application
API 15-063-20029-00-00
CHENEY A 2
SE/4 Sec.28-14S-27W
Gove County, Kansas

Dear Jack Gurley:

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

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 4 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 4's phone number is (785) 625-0550. Failure to notify DISTRICT 4, 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 November 06, 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 November 06, 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 4