



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

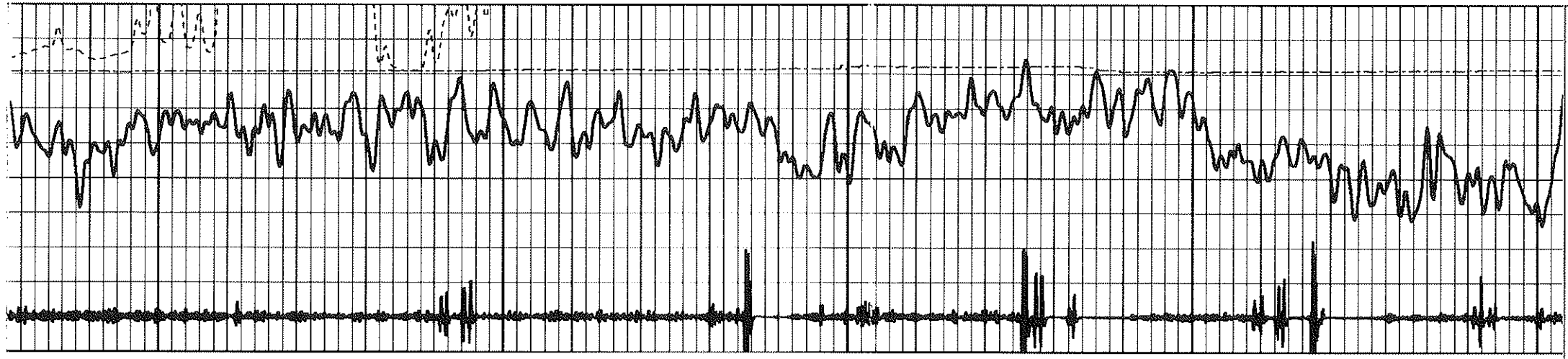
I

Form	CP1 - Well Plugging Application
Operator	D S & W Well Servicing, Inc.
Well Name	Heitschmidt 1
Doc ID	1255572

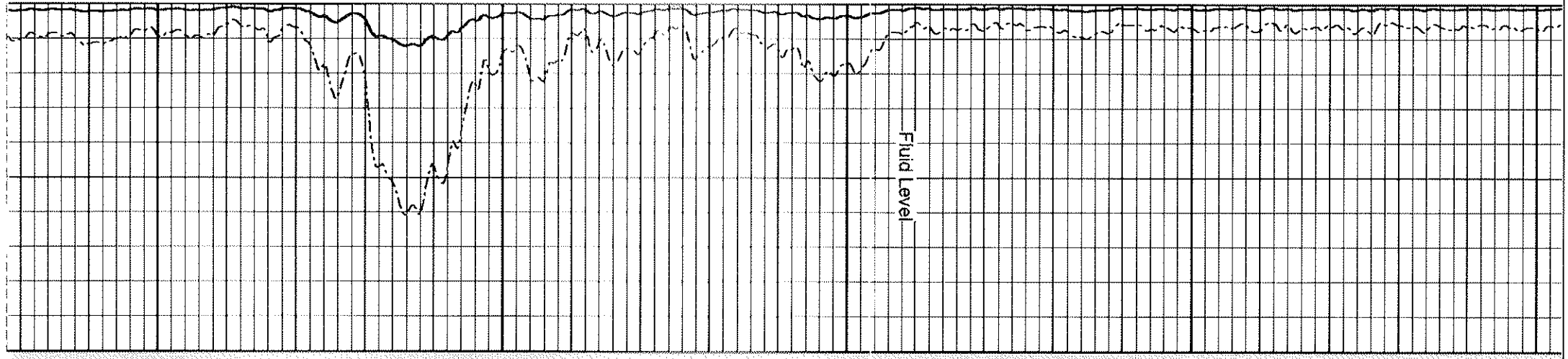
Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3302	3308	Arbuckle	

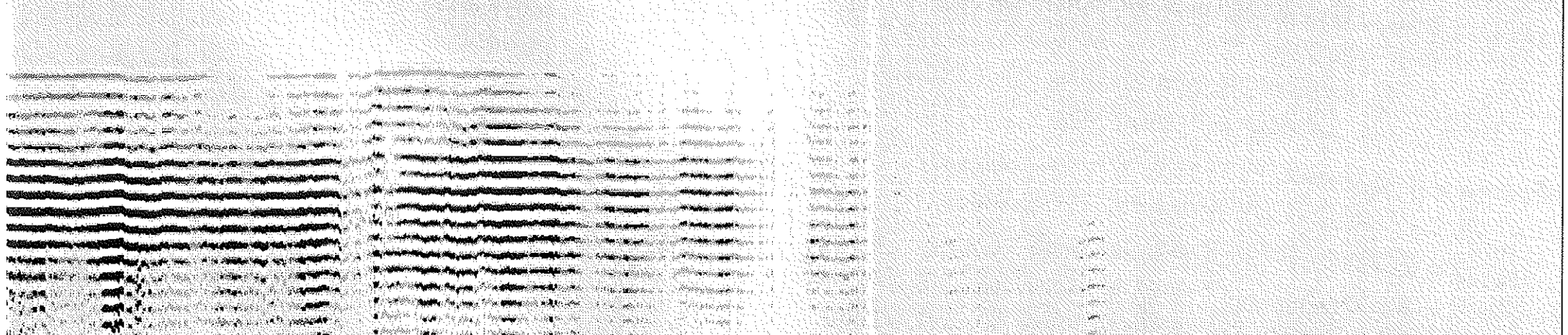
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0	Gamma Ray (GAPI)	150
320	TT3 (usec)	120
0	LTEN (lb)	2000

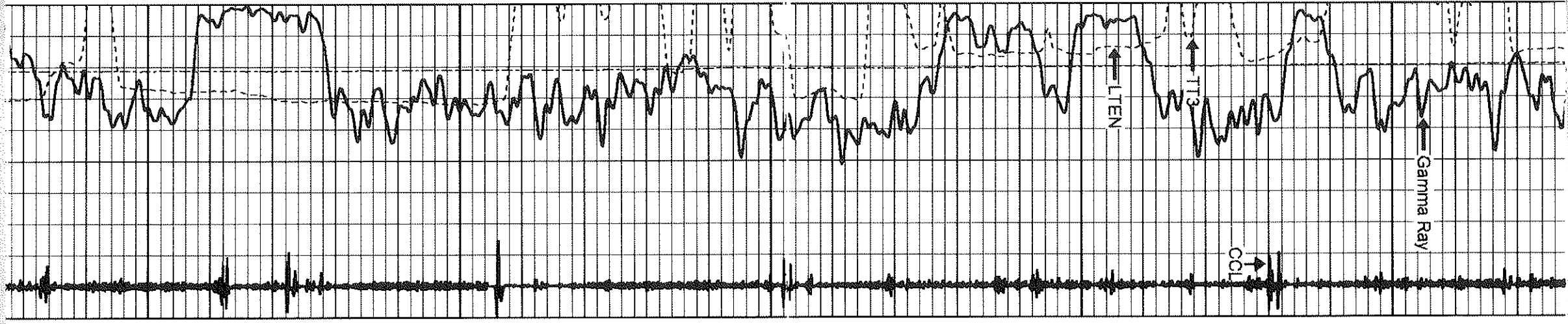


0	Amplitude (mV)	100
0	X5 Amplitude (mV)	20

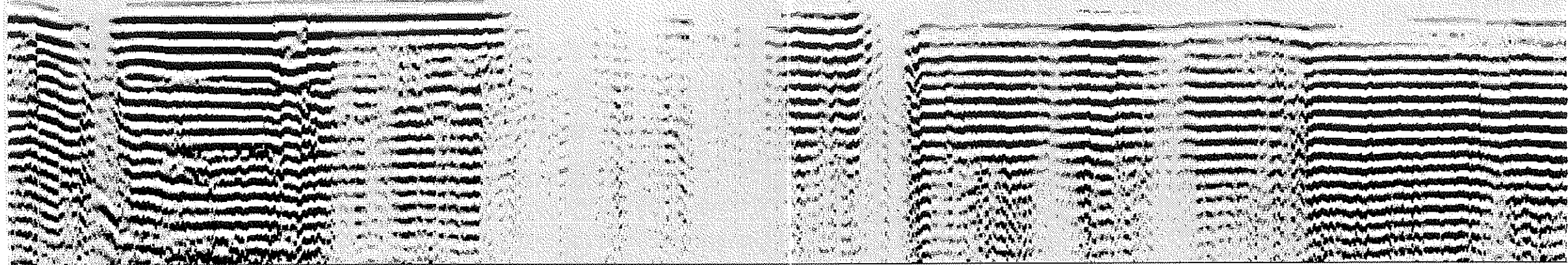
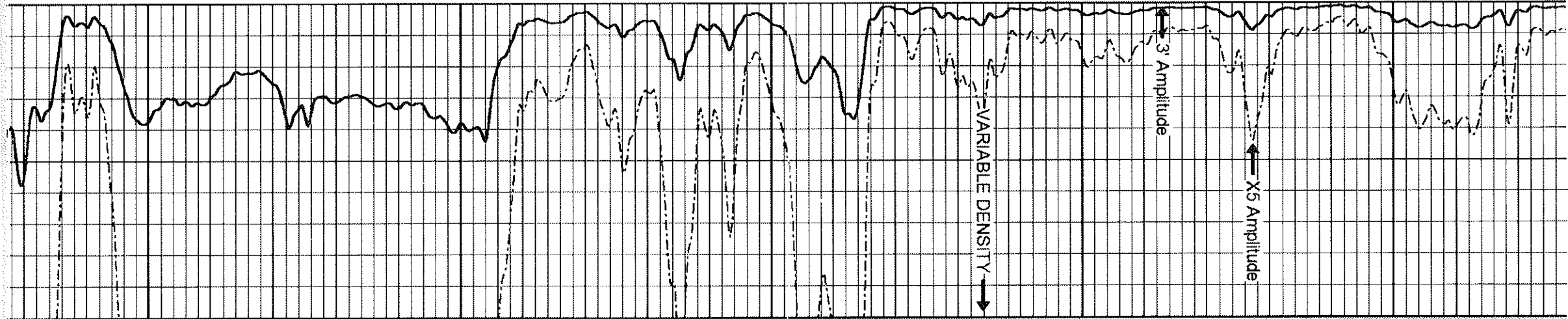


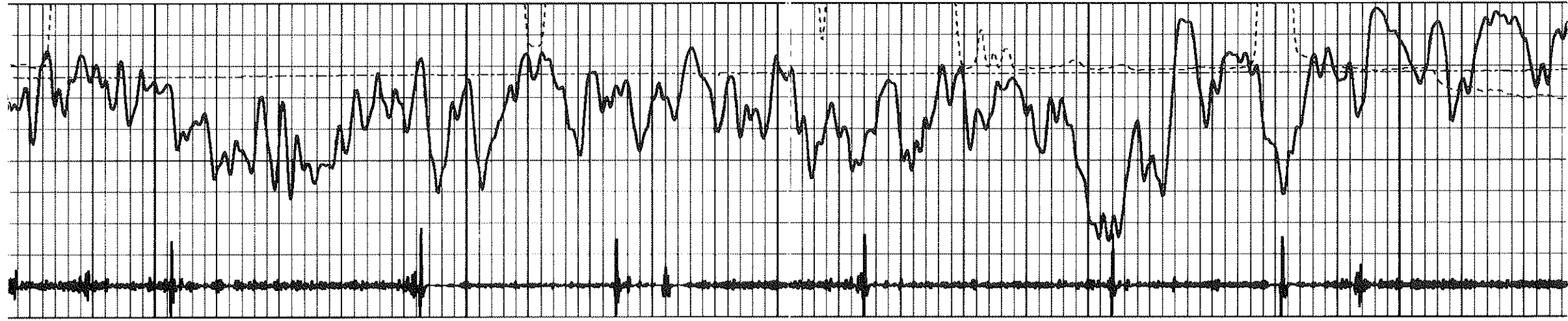
VARIABLE DENSITY 1200





1150 1100 1050 1000 950





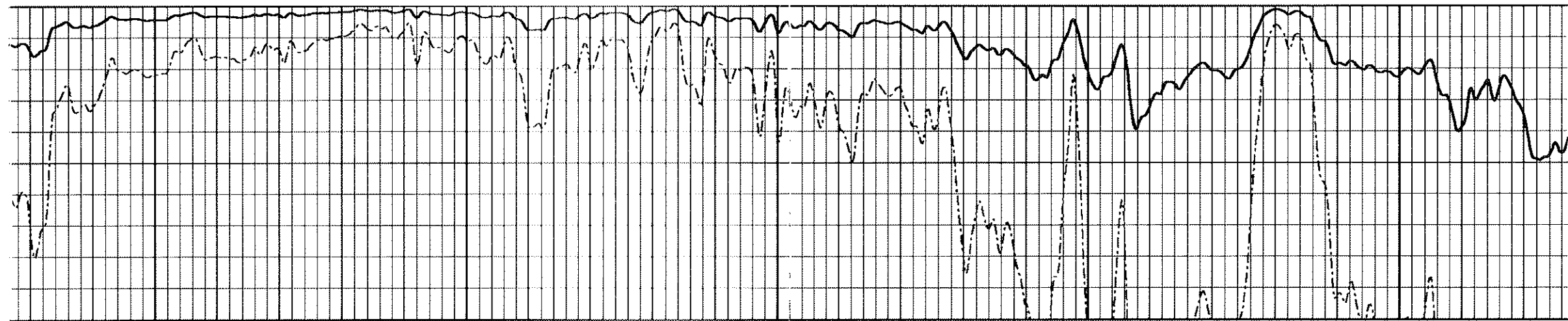
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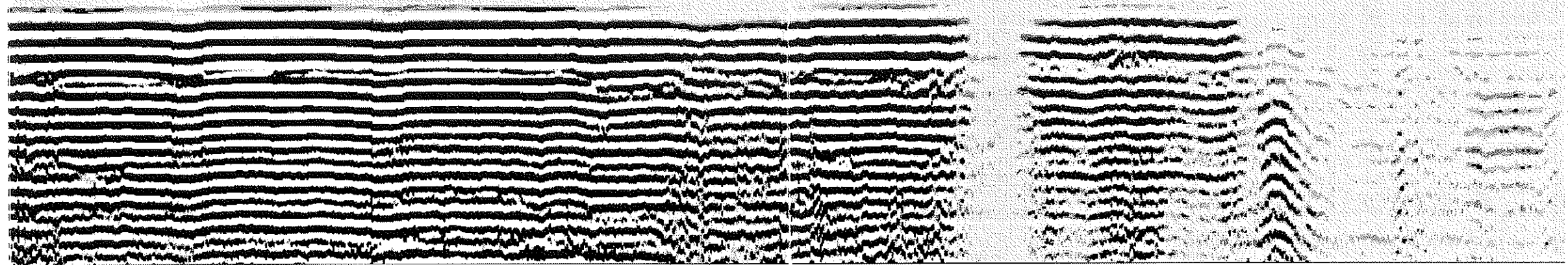
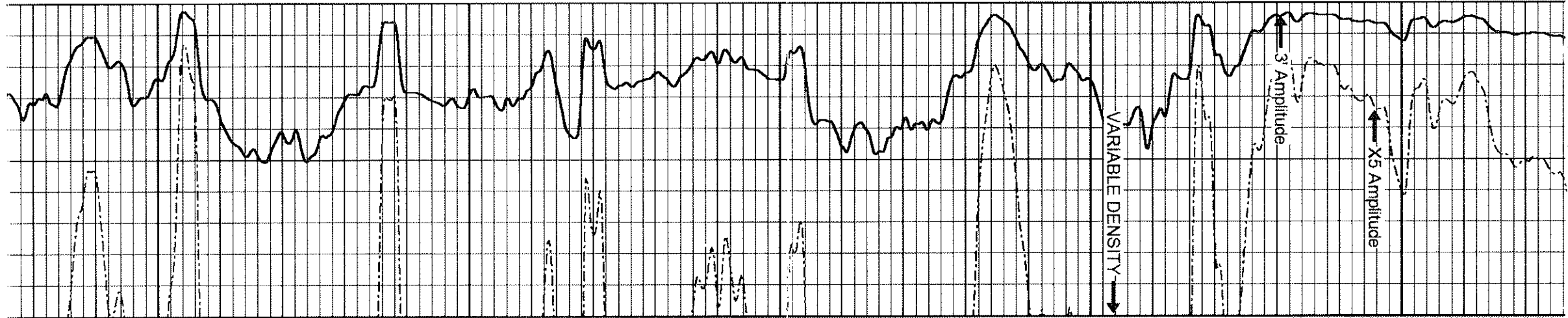
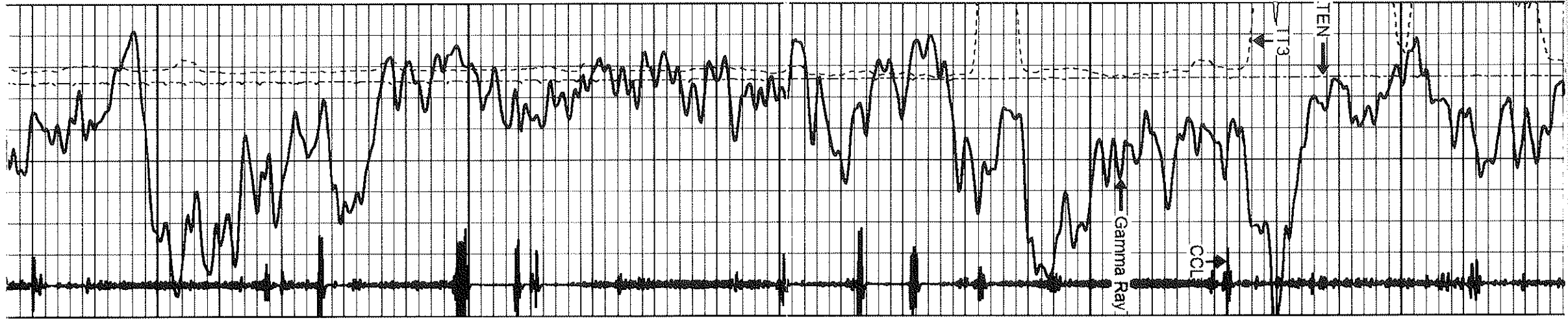
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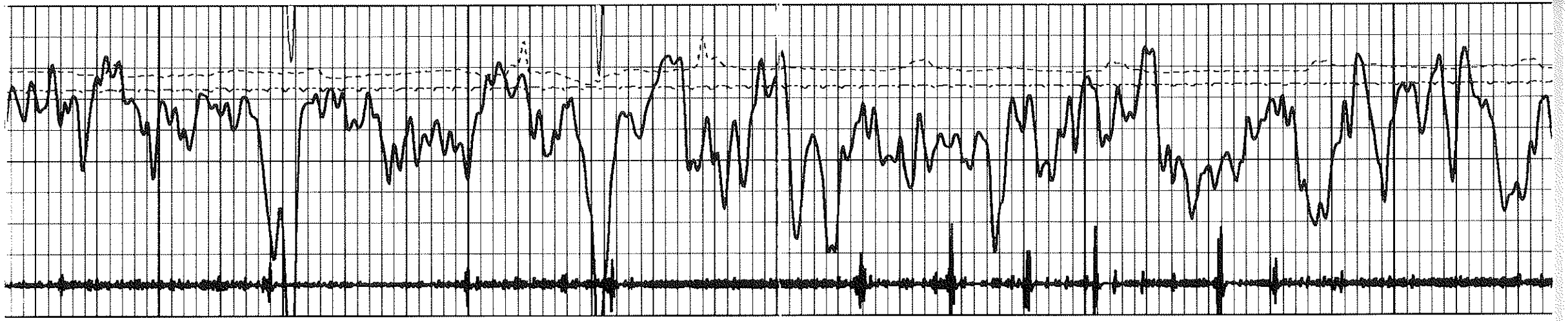
1300

1250

1200







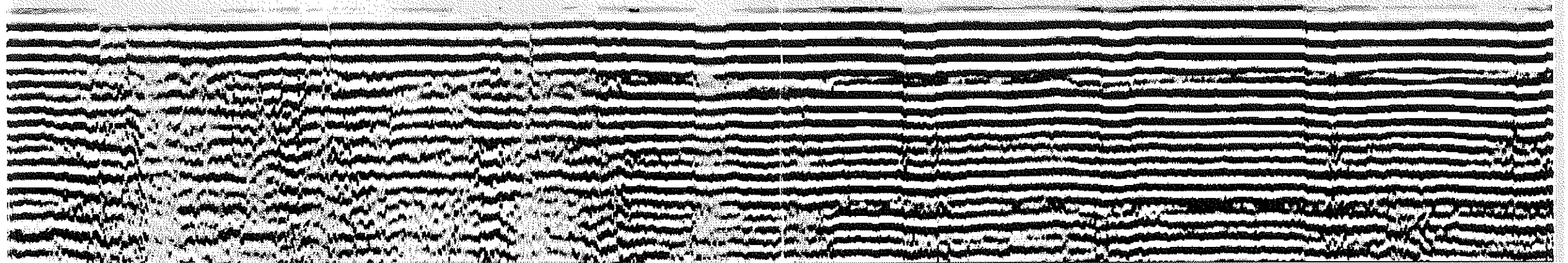
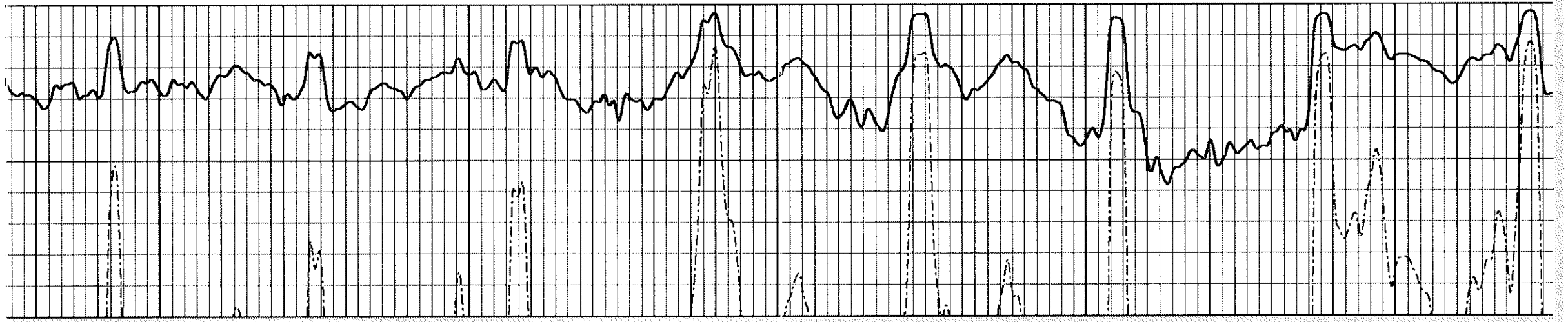
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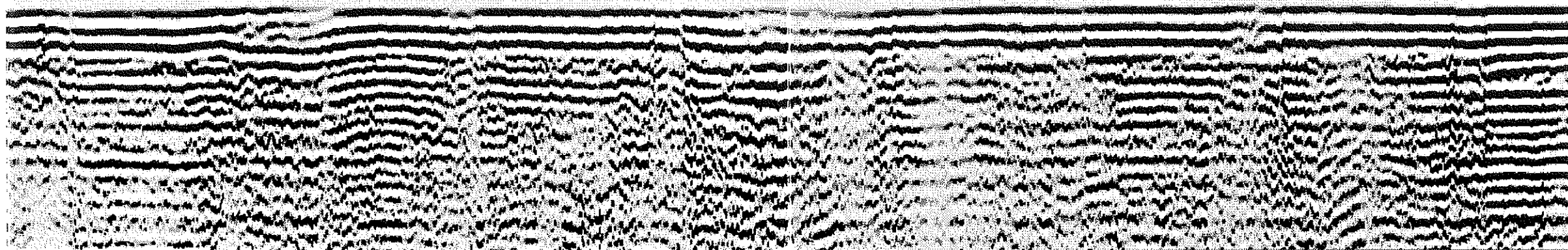
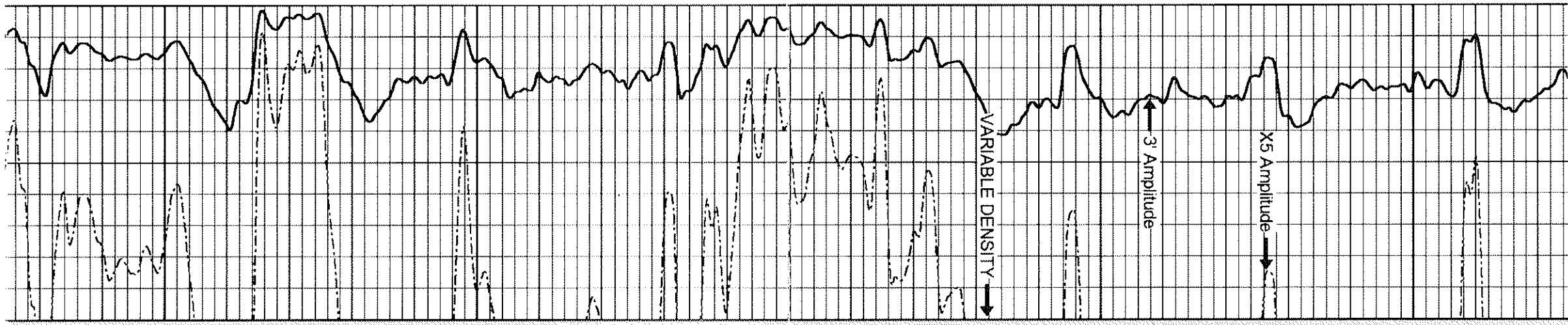
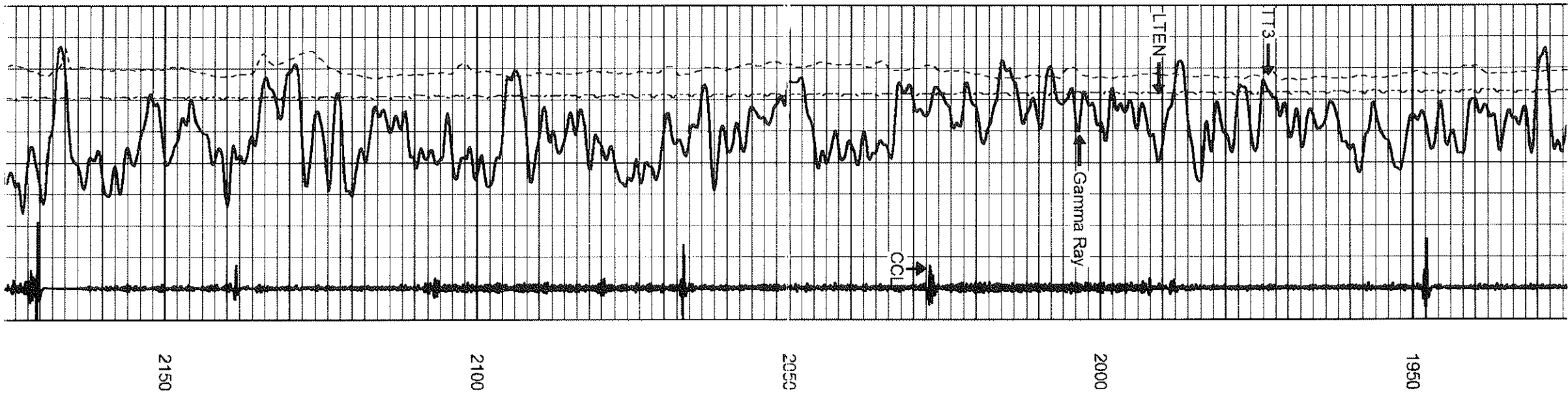
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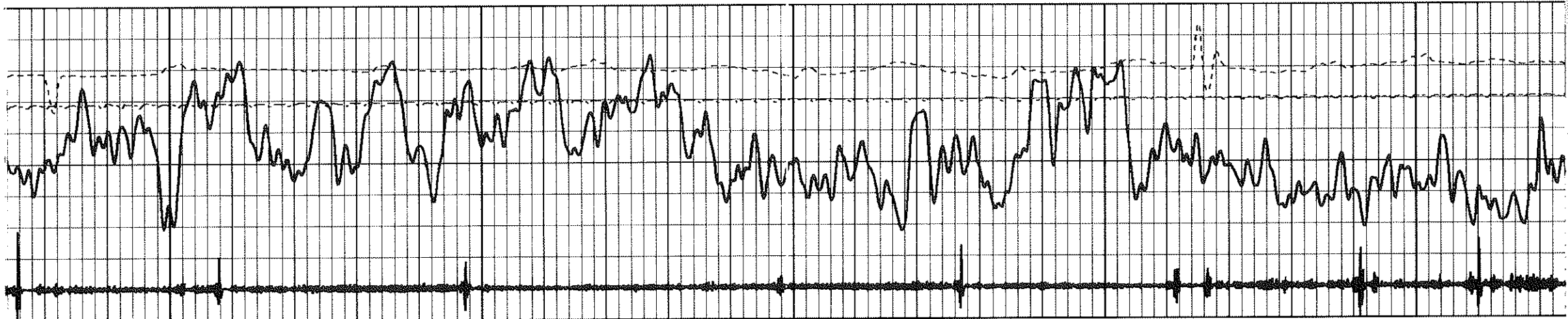
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1750

1700







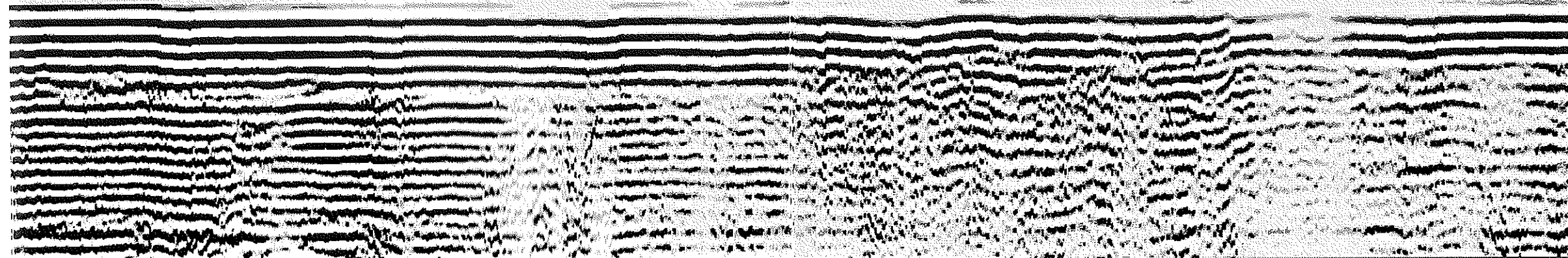
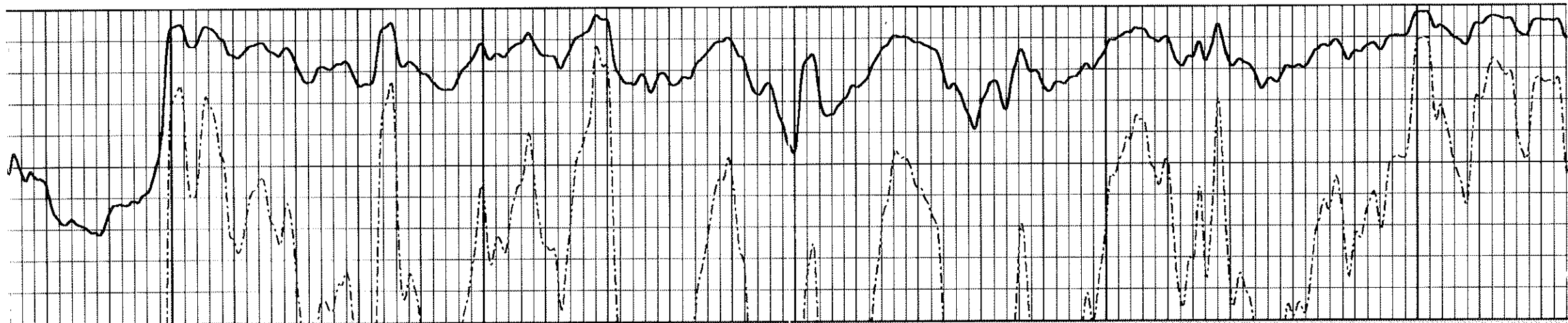
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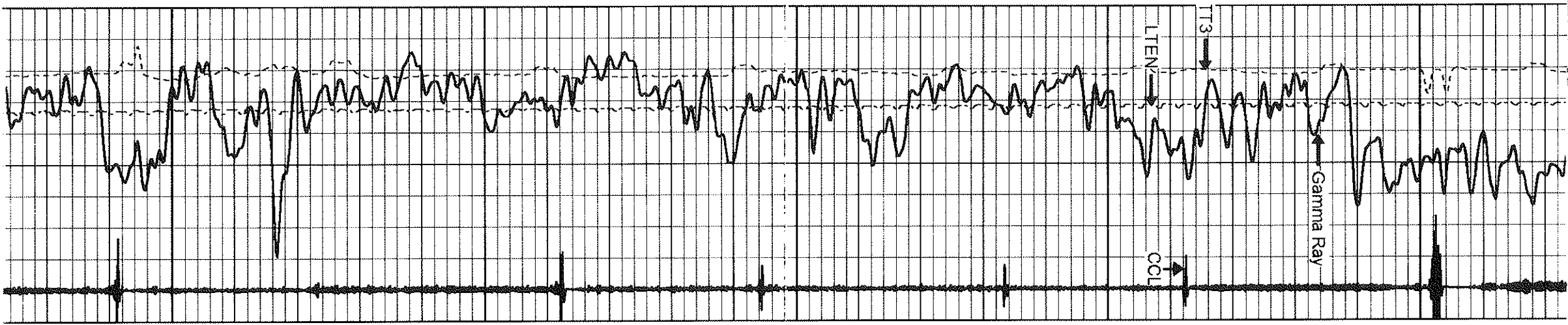
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2300

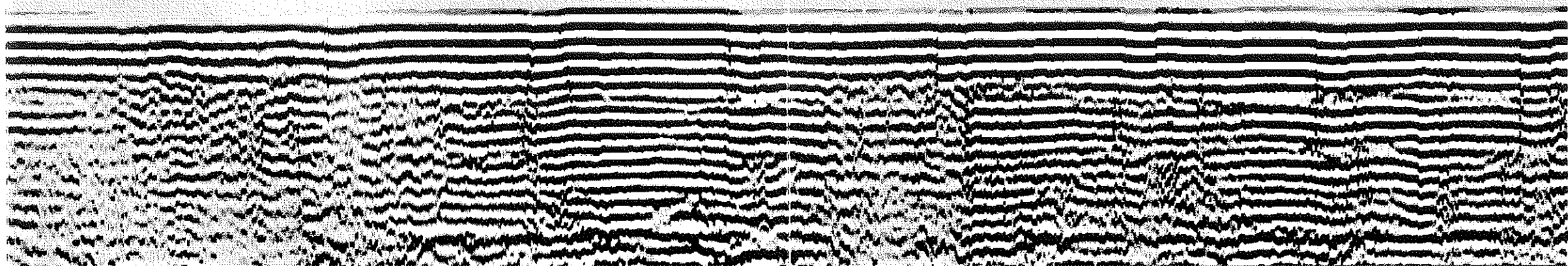
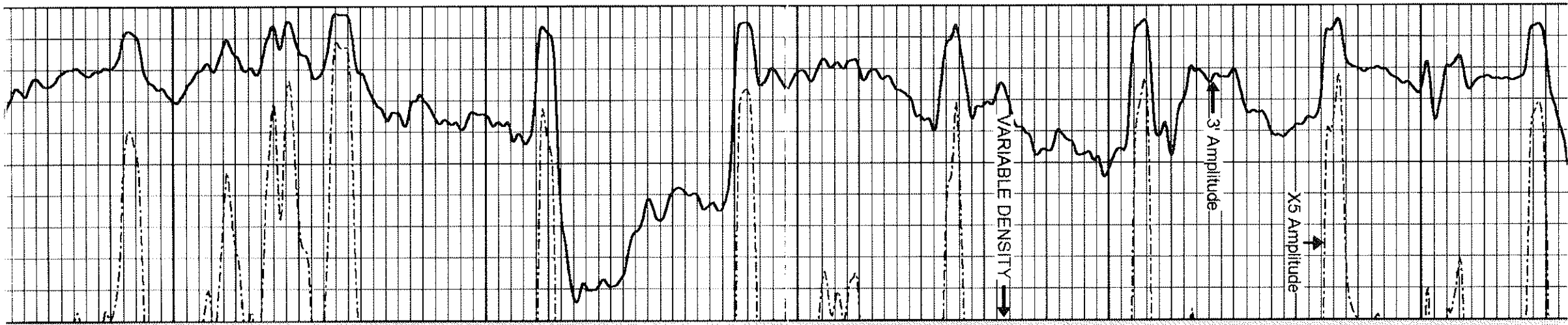
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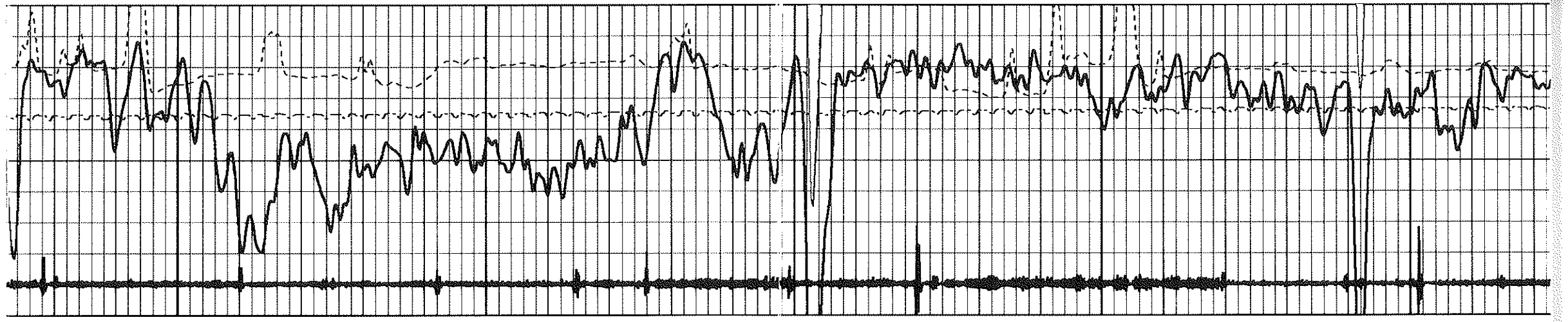
2200





2650 2600 2550 2500 2450





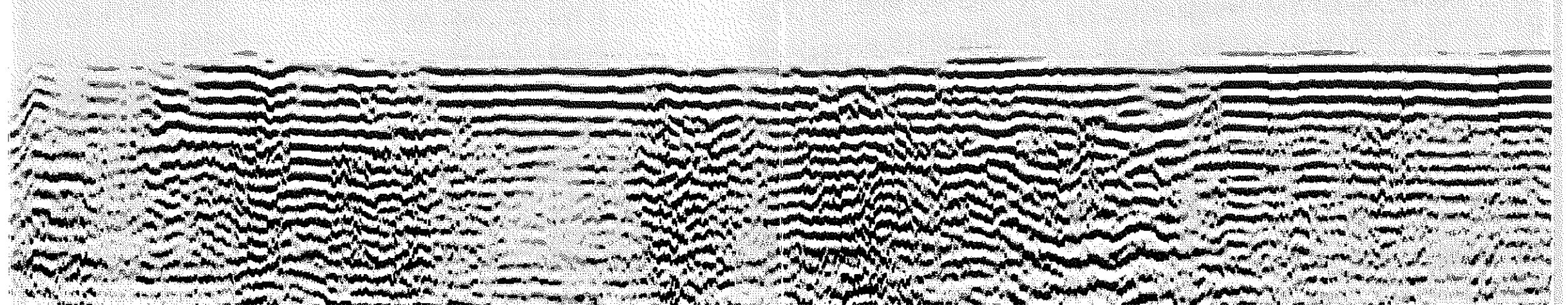
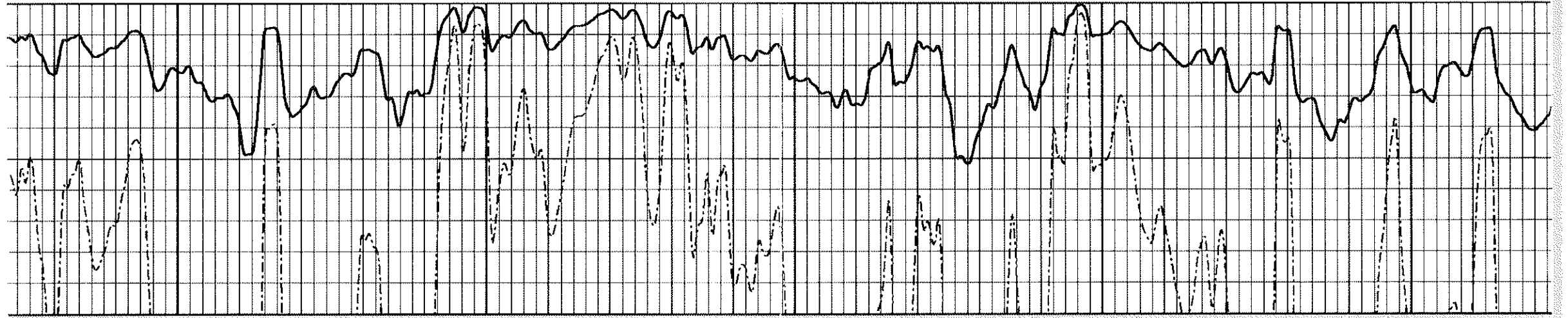
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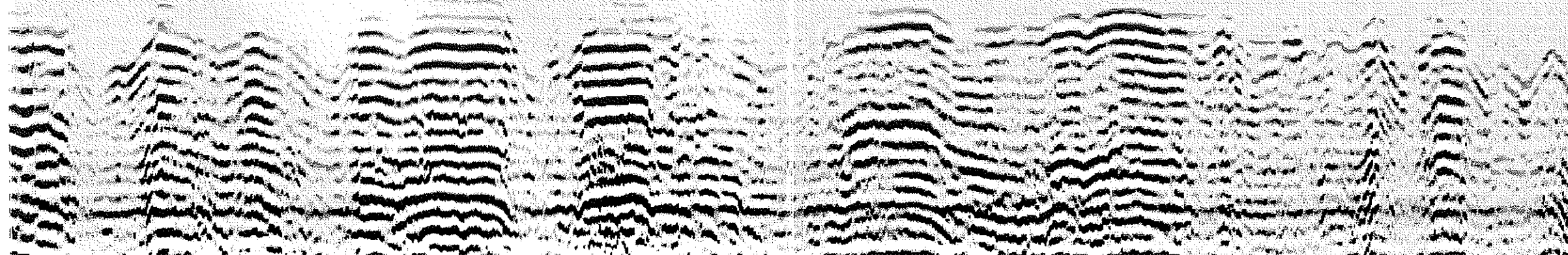
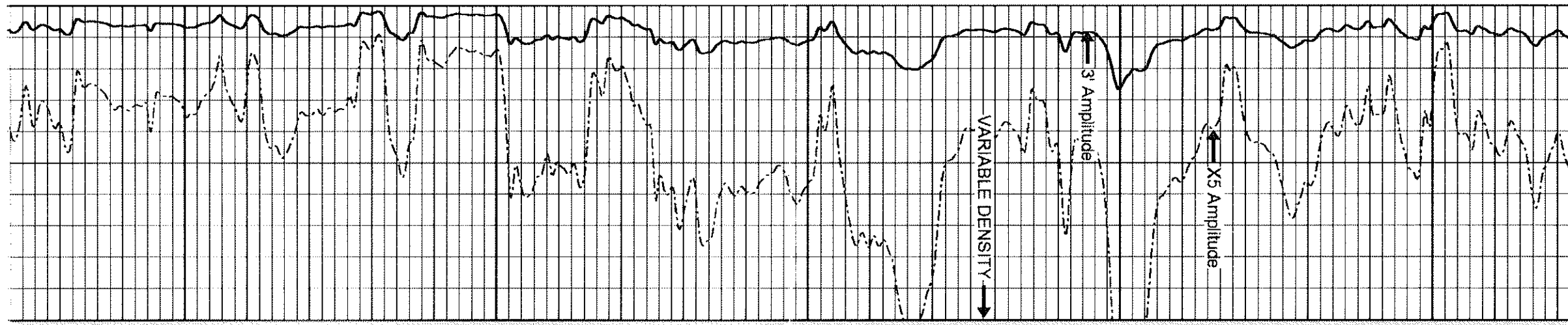
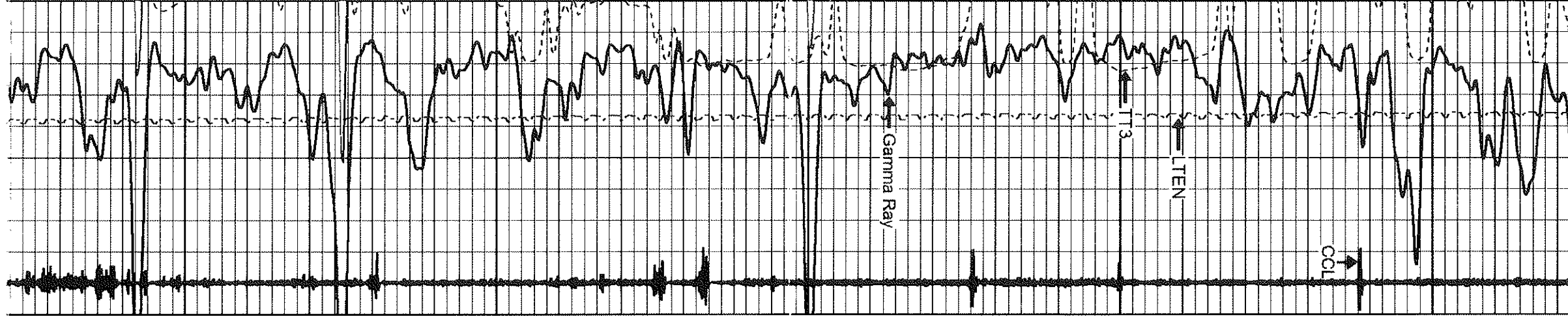
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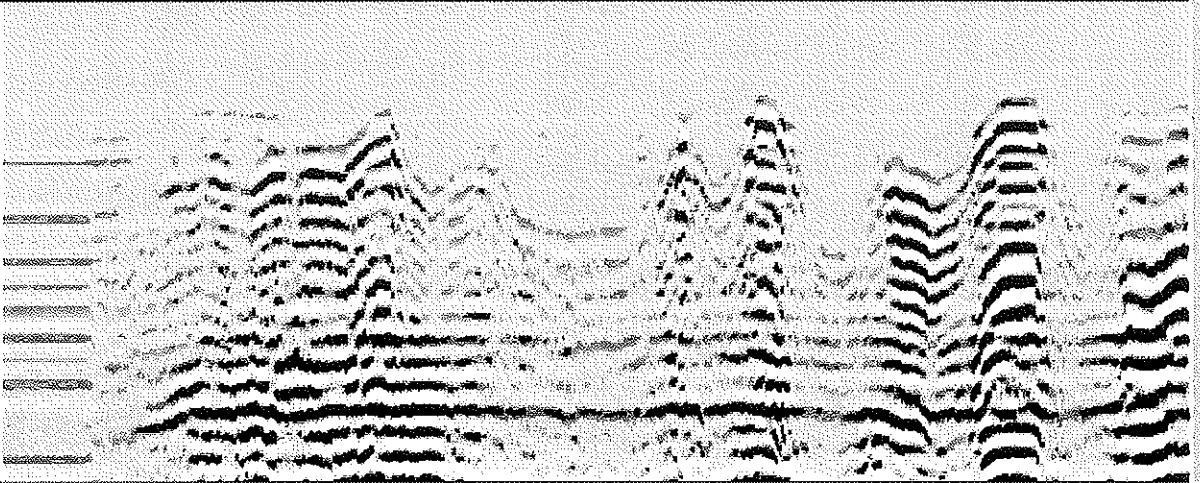
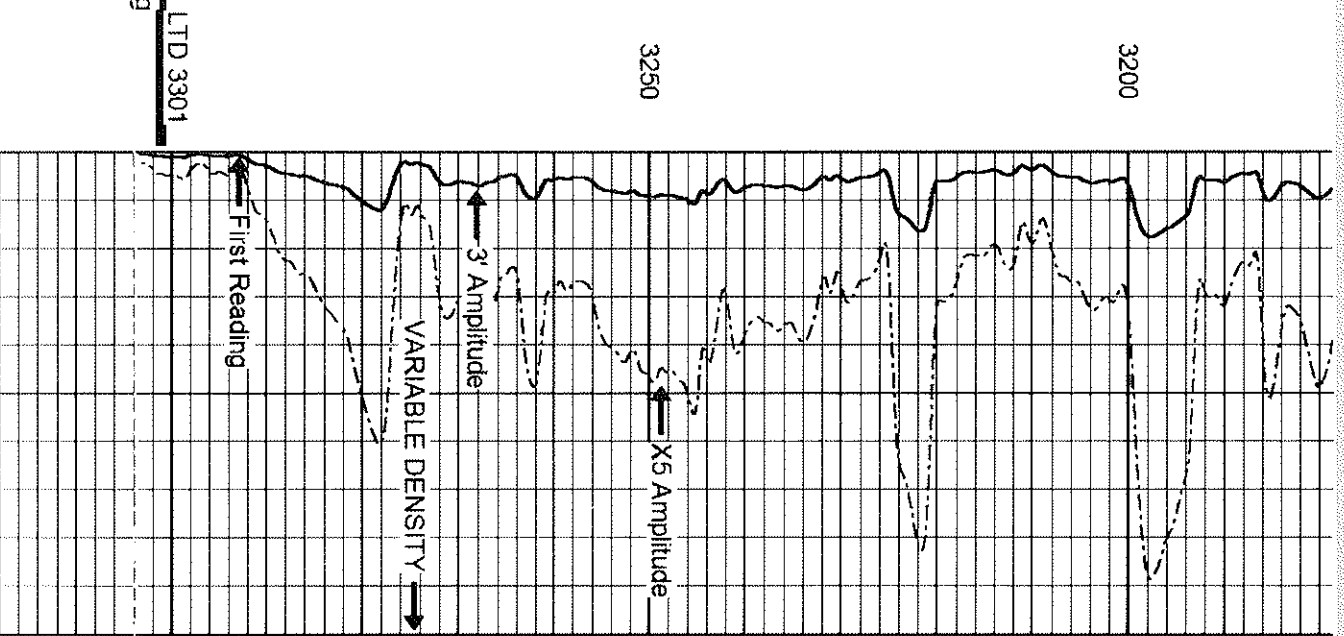
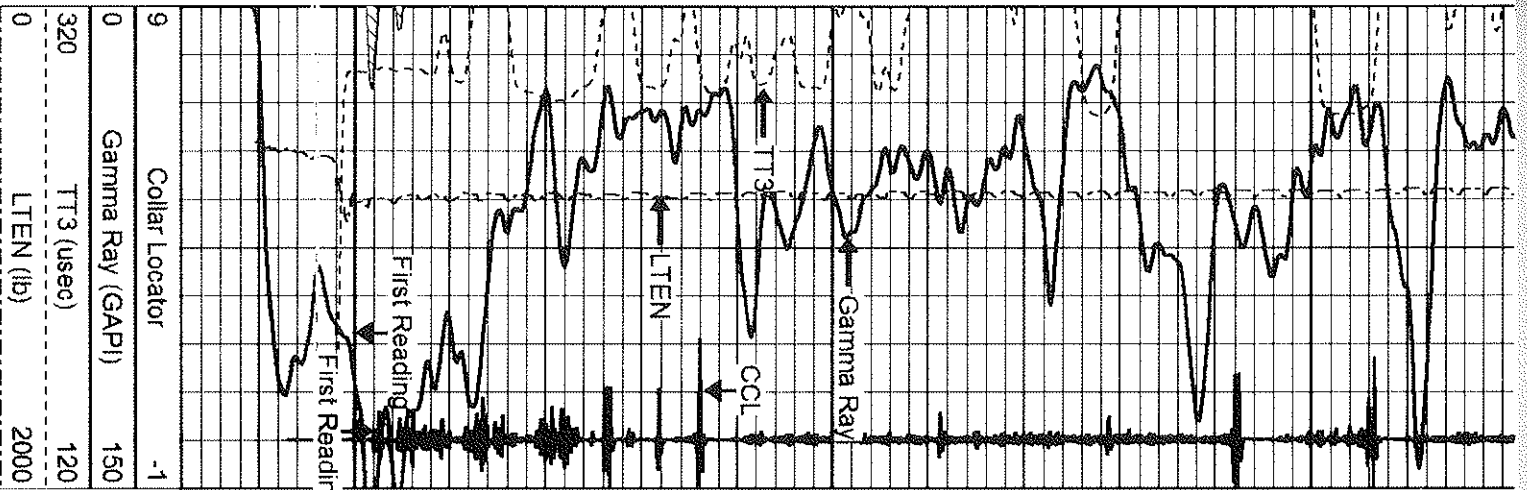
2800

2750

2700







9	Collar Locator	-1
0	Gamma Ray (GAPI)	150
320	TT3 (usec)	120
0	LTEN (lb)	2000

0	Amplitude (mV)	100	200	VARIABLE DENSITY	1200
0	X5 Amplitude (mV)	20			

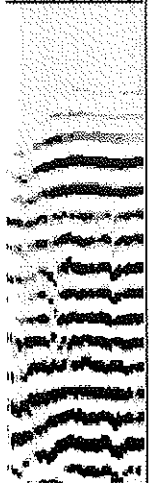
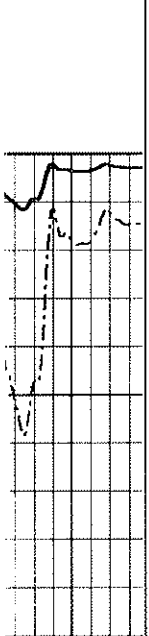
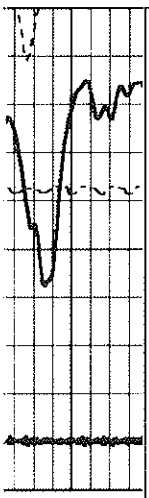


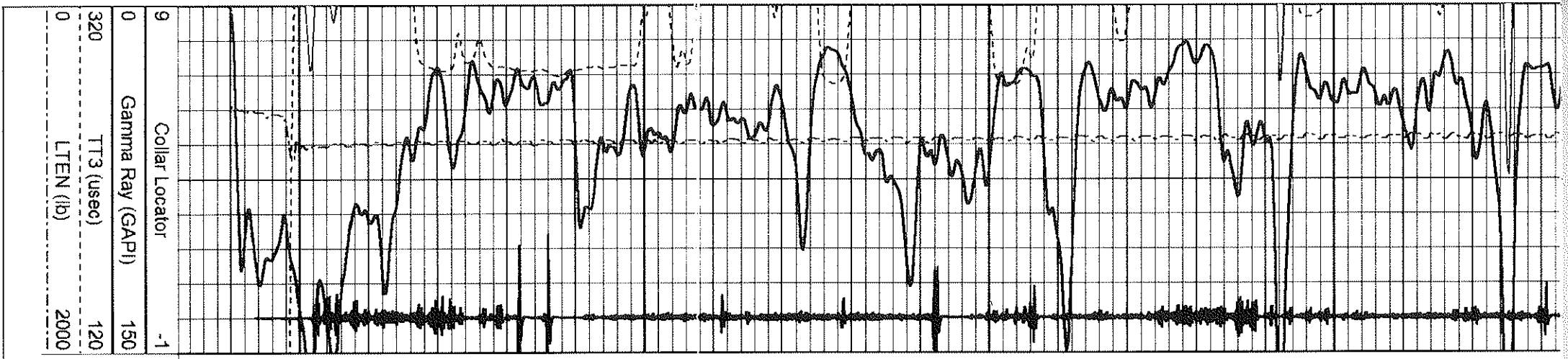
REPEAT SECTION

Database File: heitschmidt1.db
 Dataset Pathname: pass2
 Presentation Format: cbl02
 Dataset Creation: Mon Dec 29 12:49:09 2014 by Log 7.0 B1
 Charted by: Depth in Feet scaled 1:240

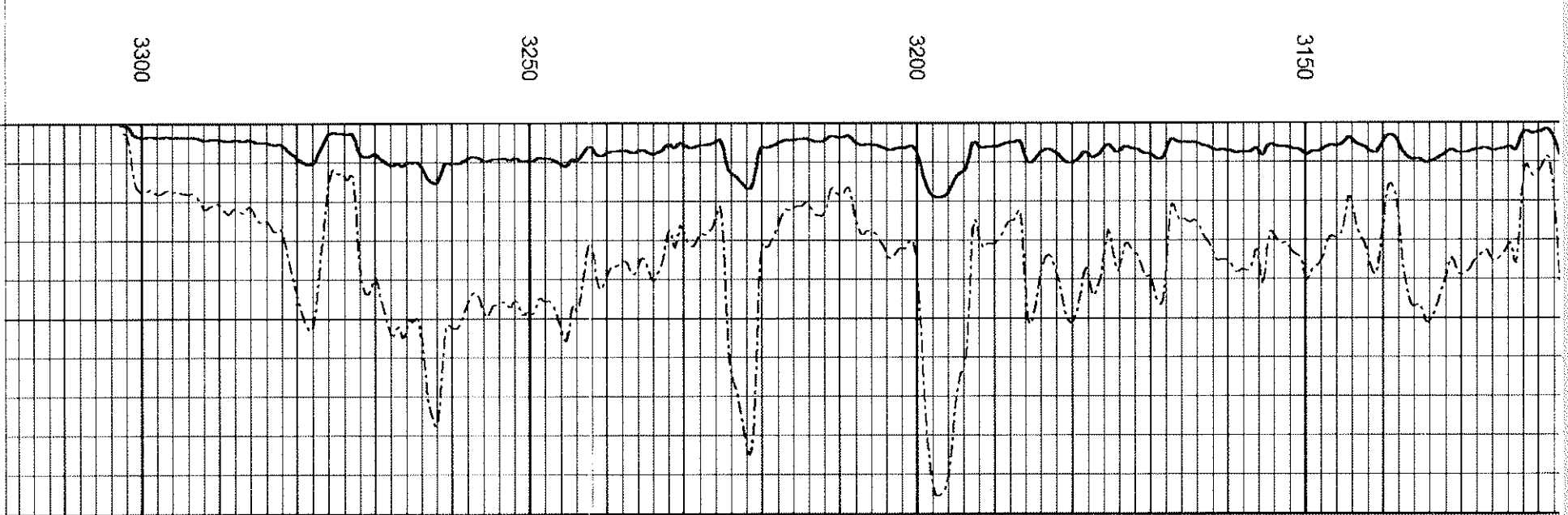
9	Collar Locator	-1
0	Gamma Ray (GAPI)	150
320	TT3 (usec)	120
0	LTEN (lb)	2000

0	Amplitude (mV)	100	200	VARIABLE DENSITY	1200
0	X5 Amplitude (mV)	20			

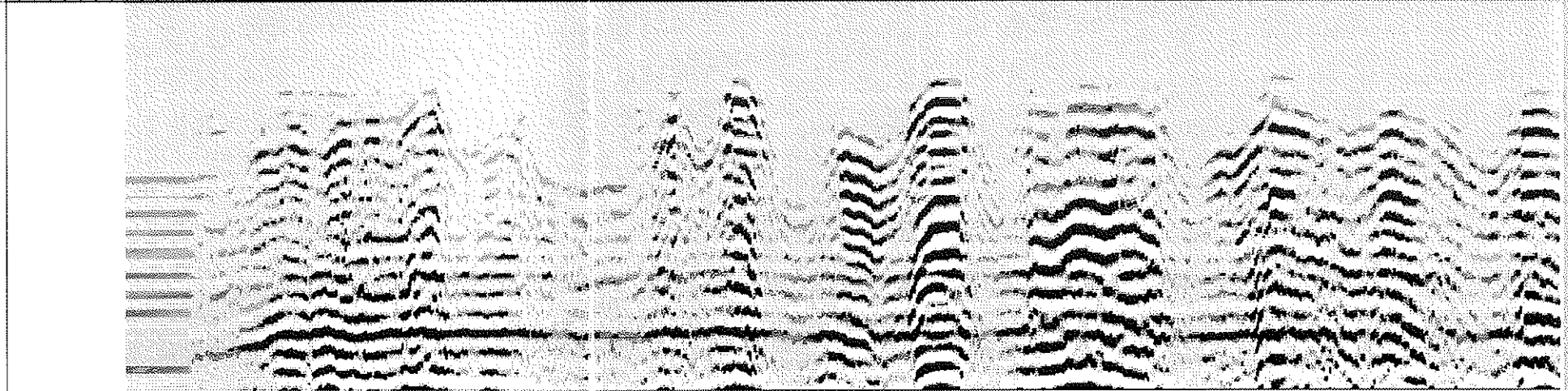




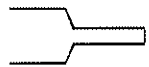
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320	TT3 (usec)	120
0	LLEN (lb)	2000

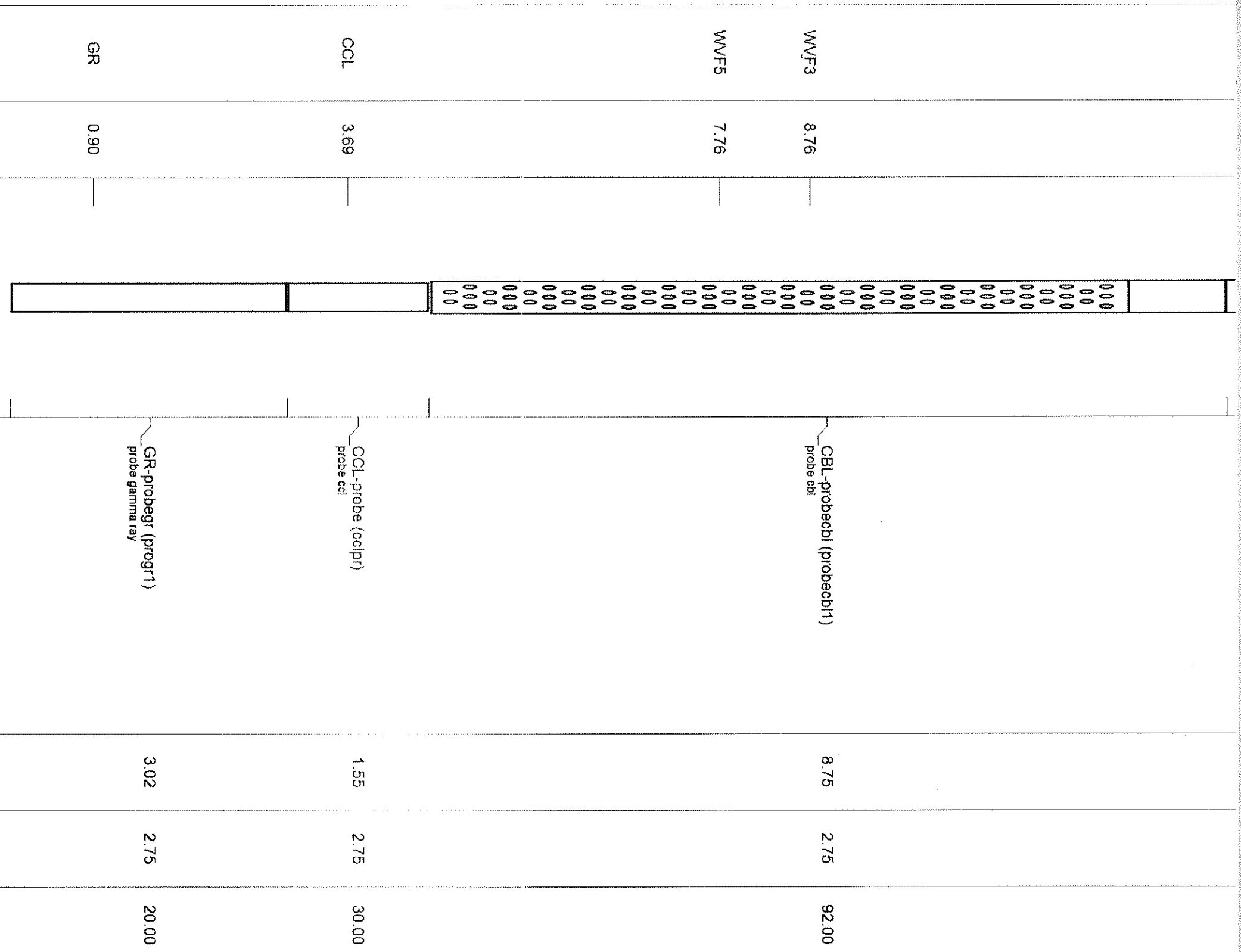


0	Amplitude (mV)	100
0	X5 Amplitude (mV)	20



VARIABLE DENSITY 1200

Sensor	Offset (ft)	Schematic	Description	Len (ft)	OD (in)	Wt (lb)
			STNDRD Standard Cable Head	1.00	1.69	10.00



Dataset: heitschmidt1.db: field/well/run1/pass3
 Total Length: 14.32 ft
 Total Weight: 152.00 lb
 O.D.: 2.75 in

HENDERSON OIL

#1

BROECKY

4-16-10W
NE SW NE

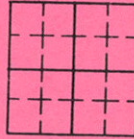
Contr. _____ ELLSWORTH County

E 1765 Comm. _____ Comp. 7-1-55 IP 1520 BOPD
DRAW DOWN

Tops	Depth	Datum
HEEB	2796	=1031
BR LM	2897	=1132
LANS	2917	=1152
B/KC	3188	=1423
CONG	3234	=1469
ARB	3303	=1538
TD	3311	=1546

Casing
8" 319
5" 3304

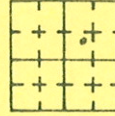
DST 3304=11/1 HR, 2220' OIL
OIL, BHP 1120#
CO TD: 2000' OIH/1 HR, NO
WTR: SWB 29 BO/1 HR, NATL



INDEPENDENT OIL & GAS SERVICE
WICHITA, KANSAS

REPLACEMENT CARD

D.S. & W. WELL SERVICE, INC. "OWWO" 4-16-10W
 BOX 231 #1 HEITSCHMIDT 1035'FSL &
 CLAFLIN, KS 67525 1040'FWL, NE/4
 CONTR COMPANY TOOLS CTY ELLSWORTH
 GEOL _____ FIELD PROGRESS NW
 ELV 1765 GL SPD 12/6/83 CARD ISSUED 3/15/84 IP P 30 BO & 215 BWPD
 ARB 3304-3305.5 OA



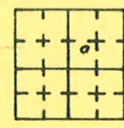
SMP	Tops	Depth/Datum
HEEB	2796-1031
BR LM	2897-1132
LANS	2917-1152
BKC	3188-1423
CONG	3234-1469
ARB	3303-1538
ORTD	3311-1546
DDTD	3331-1565

API NOT ASSIGNED
OLD INFO: OPERATOR WAS HENDERSON OIL, #1 BROECKY, SPD E 5/9/55, SET 8 5/8 " 319; 5 1/2 " 3311, COMP. AS P 1520 BOPD, ARB OH 3304-11 (CARD ISSUED 7/1/55) CONTR: UNKNOWN
 DST (1) 3304-11 (CONG, ARB) / OP 1 HR, REC 2220' CL OIL, SIP 1120#, FP NA
 MICT - CO, (ARB OH) FU 2000' OIL, NW/60", SWB DWN & REC 29 BO/60", NAT, POP, P 1520 BOPD (DRAW DOWN)
NEW INFO: FR 12/7/83, RE-ENTERED 12/6/83, WSH DWN TO OTD, SET 4 1/2 " 3331; MICT - CO, PF (ARB) 3304-3305.5 W/2 SPF, AC 250G, SWB DWN, GSO, POP, P 30 BO & 215 BWPD, 2/1/84

CORRECTION: 5/3/84 - ADDED CORRECTED PROD INTV, DDTD & CSG RECORD

COPYRIGHT 1984
 INDEPENDENT OIL & GAS SERVICE, INC.
 WICHITA, KANSAS

D. S. & W. WELL SERVICE, INC. 4-16-10W
 BOX 231 #1 HEITSCHMIDT "OWWO" 1035'FSL &
 CLAFLIN, KS 67525 1040'FWL, NE/4
 CONTR COMPANY TOOLS CTY ELLSWORTH
 GEOL _____ FIELD PROGRESS NW
 ELV 1765 GL SPD 12/11/83 CARD ISSUED 3/15/84 IP P 30 BO & 215 BWPD
 ARB 3304-3305 OA



SMP	Tops	Depth/Datum
HEEB	2796-1031
BR LM	2897-1132
LANS	2917-1152
BKC	3188-1423
CONG	3234-1469
ARB	3303-1538
ORTD	3311-1546
DDTD	3330-1565

API NOT ASSIGNED
 E 5/9/55, SET 8 5/8 " 319; 5 1/2 " 3304, COMP. AS P 1520 BOPD, ARB OH 3304-11 (CARD ISSUED 7/1/55) CONTR: UNKNOWN
 DST (1) 3304-11 (CONG, ARB) / OP 1 HR, REC 2220' CL OIL, SIP 1120#, FP NA
 MICT - CO, (ARB OH) FU 2000' OIL, NW/60", SWB DWN & REC 29 BO/60", NAT, POP, P 1520 BOPD (DRAW DOWN)
NEW INFO: FR 12/7/83, RE-ENTERED E 12/11/83, WSH DWN TO OTD, SET 4 1/2 " 3330; MICT - CO, PF (ARB) 3304-3304.5 & 3304.5-3305 W/2 SPF, AC 250G, SWB DWN, GSO, POP, P 30 BO & 215 BWPD, 2/1/84

OLD INFO: OPERATOR WAS HENDERSON OIL, #1 BROECKY, SPD

COPYRIGHT 1984
 INDEPENDENT OIL & GAS SERVICE, INC.
 WICHITA, KANSAS

June 19, 2015

Jim Lyman
D S & W Well Servicing, Inc.
1822 24TH STREET
GREAT BEND, KS 67530-2623

Re: Plugging Application
API 15-053-01000-00-01
Heitschmidt 1
NE/4 Sec.04-16S-10W
Ellsworth County, Kansas

Dear Jim Lyman:

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

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 2 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 2's phone number is (316) 630-4000. Failure to notify DISTRICT 2, 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 December 19, 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 December 19, 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 2