



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	O'Brien Resources, LLC
Well Name	Goossen Trust 11 1
Doc ID	1258651

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4681	4691		



SUPERIOR
Hays,
Kansas

**COMPOSITE
LOG**

Company O'BRIEN RESOURCES, LL.
Well #1 GOOSSEN TRUST 11
Field WILDCAT
County THOMAS
State KANSAS

Company O'BRIEN RESOURCES, LLC.
Well #1 GOOSSEN TRUST 11
Field WILDCAT
County THOMAS State KANSAS

Location: API # : 15-193-20799-0000
1312' FSL & 1387' FEL
SEC 11 TWP 10S RGE 33W
Permanent Datum GROUND LEVEL Elevation 3129
Log Measured From KELLY BUSHING 5' A.G.L.
Drilling Measured From KELLY BUSHING
Other Services
CDL/CNL/PE
DIL/MEILSON
Elevation
K.B. 3134
D.F. 3132
G.L. 3129

Date	6/10/11
Run Number	ONE
Depth Driller	4820
Depth Logger	4819
Bottom Logged Interval	4817
Top Log Interval	3600
Casing Driller	8 5/8"@347'
Casing Logger	349
Bit Size	7 7/8"
Type Fluid in Hole	CHEMICAL MUD
Density / Viscosity	9.461
pH / Fluid Loss	10.5/8.8
Source of Sample	FLOWLINE
Rm @ Meas. Temp	1.20@90F
Rmt @ Meas. Temp	.900@90F
Rmc @ Meas. Temp	1.44@90F
Source of Rmf / Rmc	MEASUREMENT
Rm @ BHT	.878@123F
Time Circulation Stopped	2.5 HOURS
Time Logger on Bottom	10:00 A.M.
Maximum Recorded Temperature	123F
Equipment Number	4010
Location	HAYS, KANSAS
Recorded By	JEFF LUEBBERS
Witnessed By	KIM SHOEMAKER

<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

THANK YOU FOR USING SUPERIOR WELL SERVICE HAYS, KANSAS (785)628-6395
DIRECTIONS
OAKLEY, KS. (WEST I-70 EXIT) 1N., 5W., 1S., W. INTO

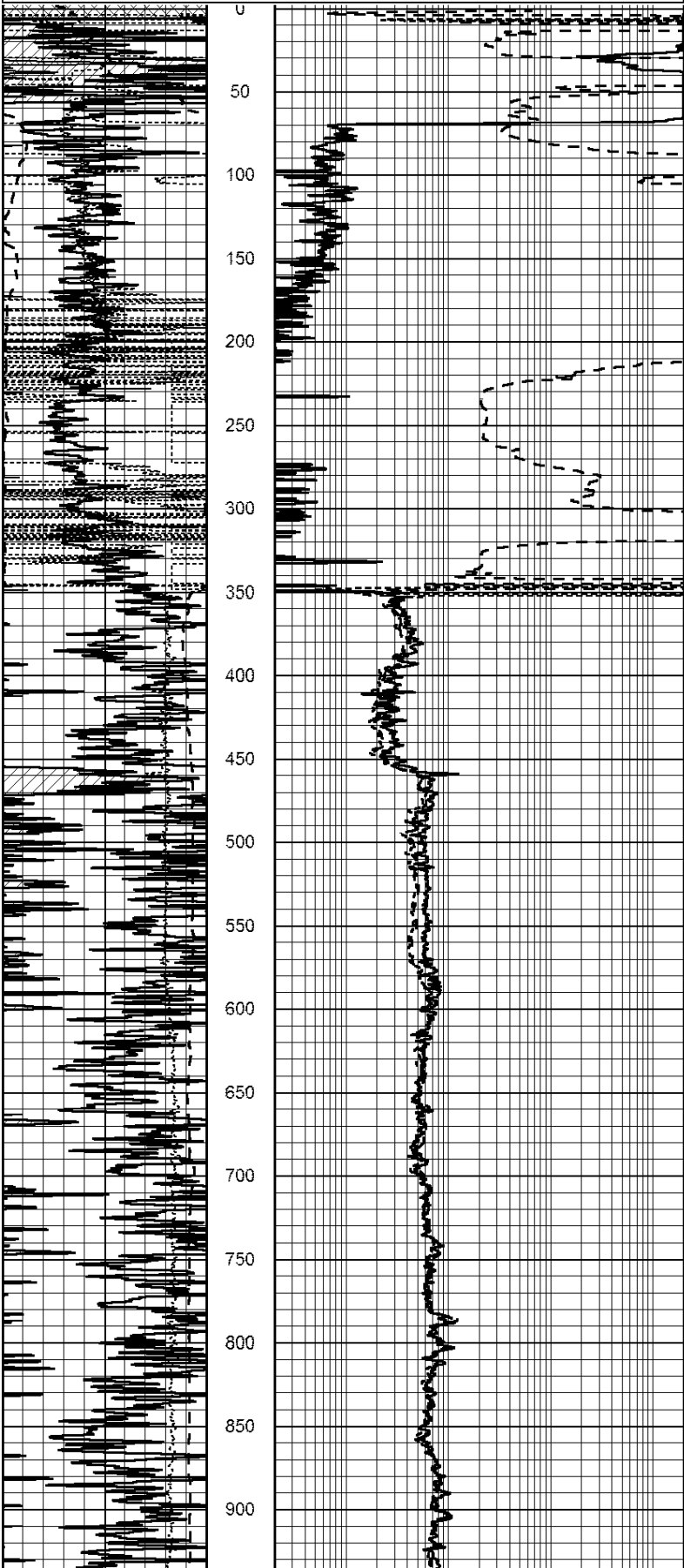


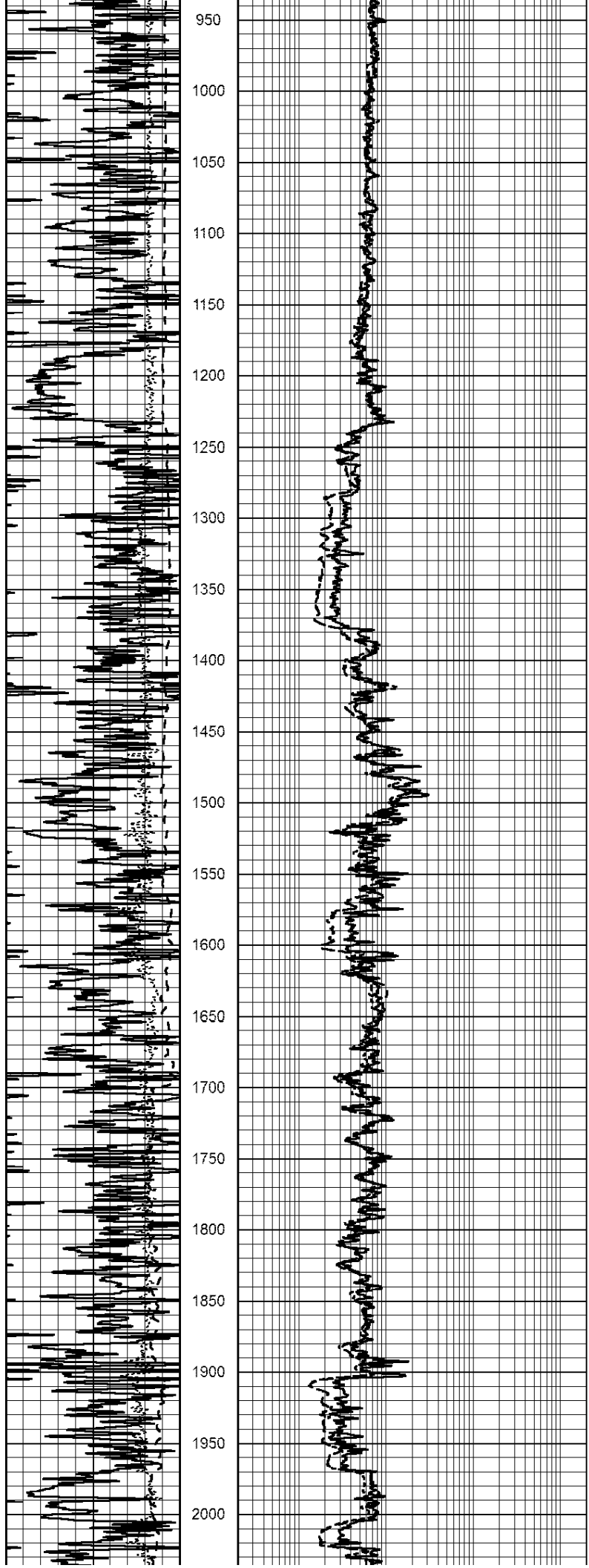
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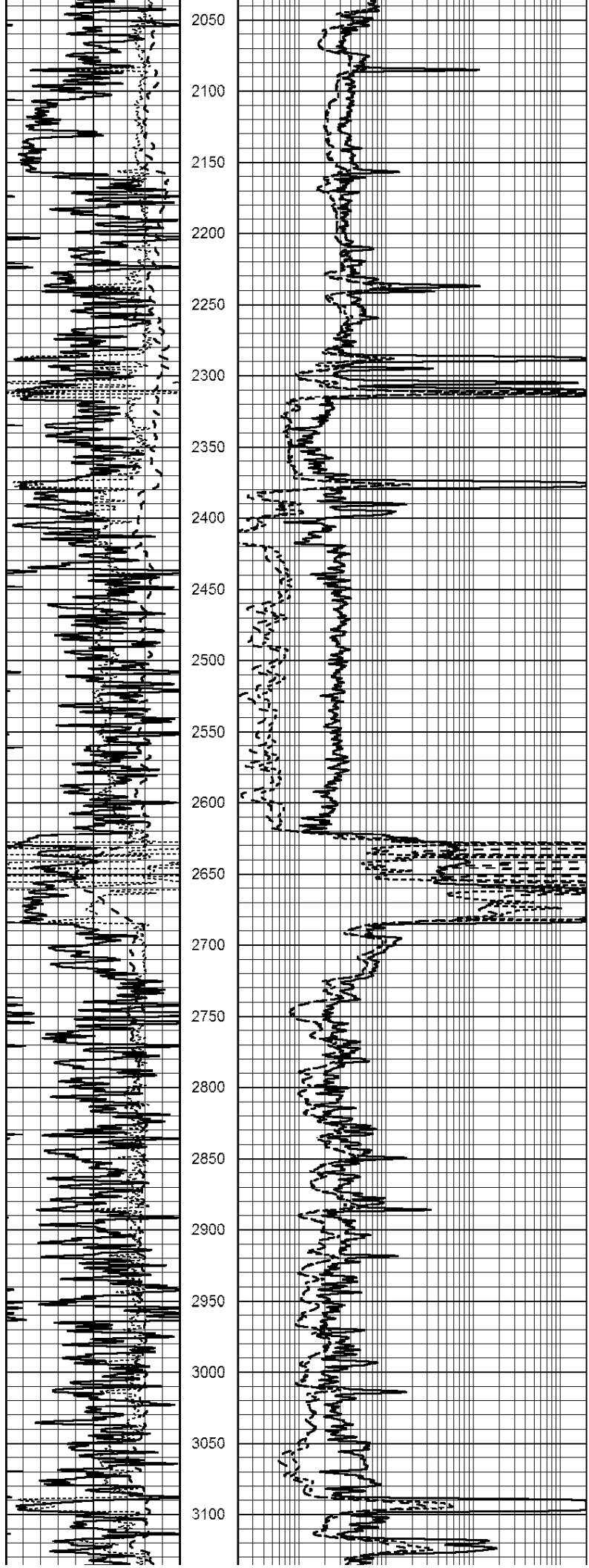
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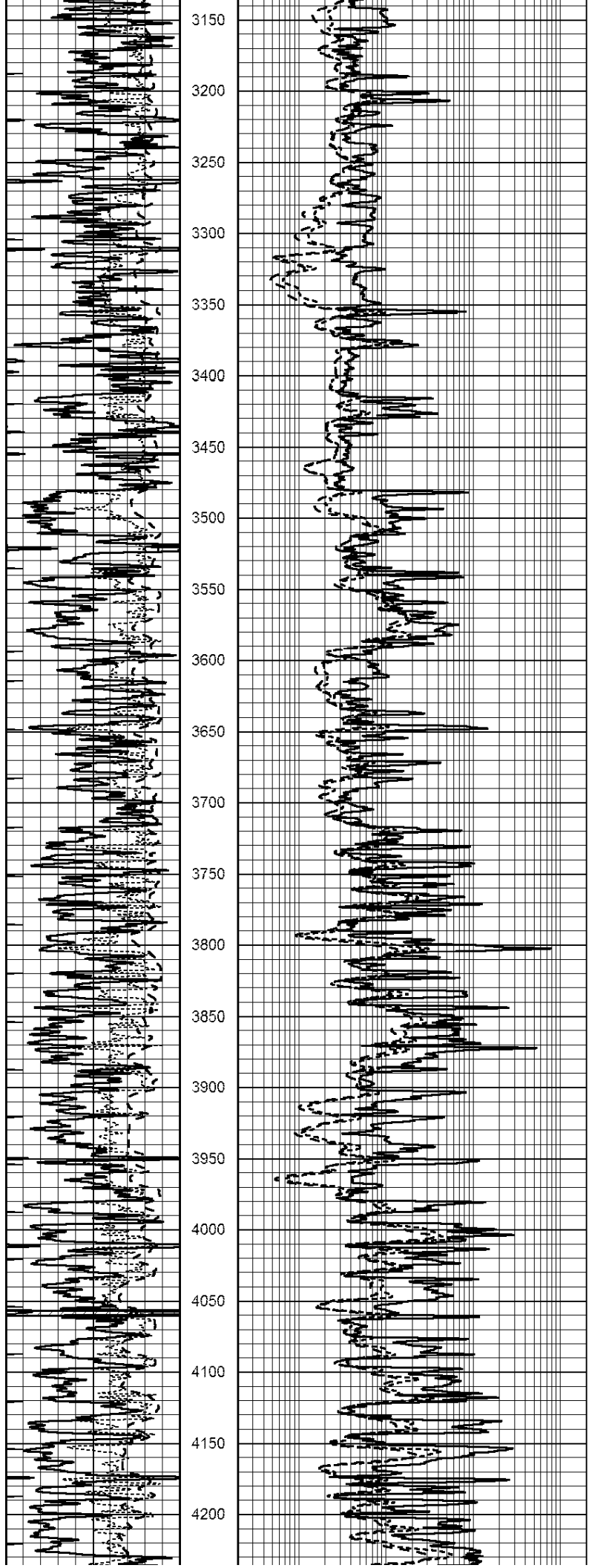
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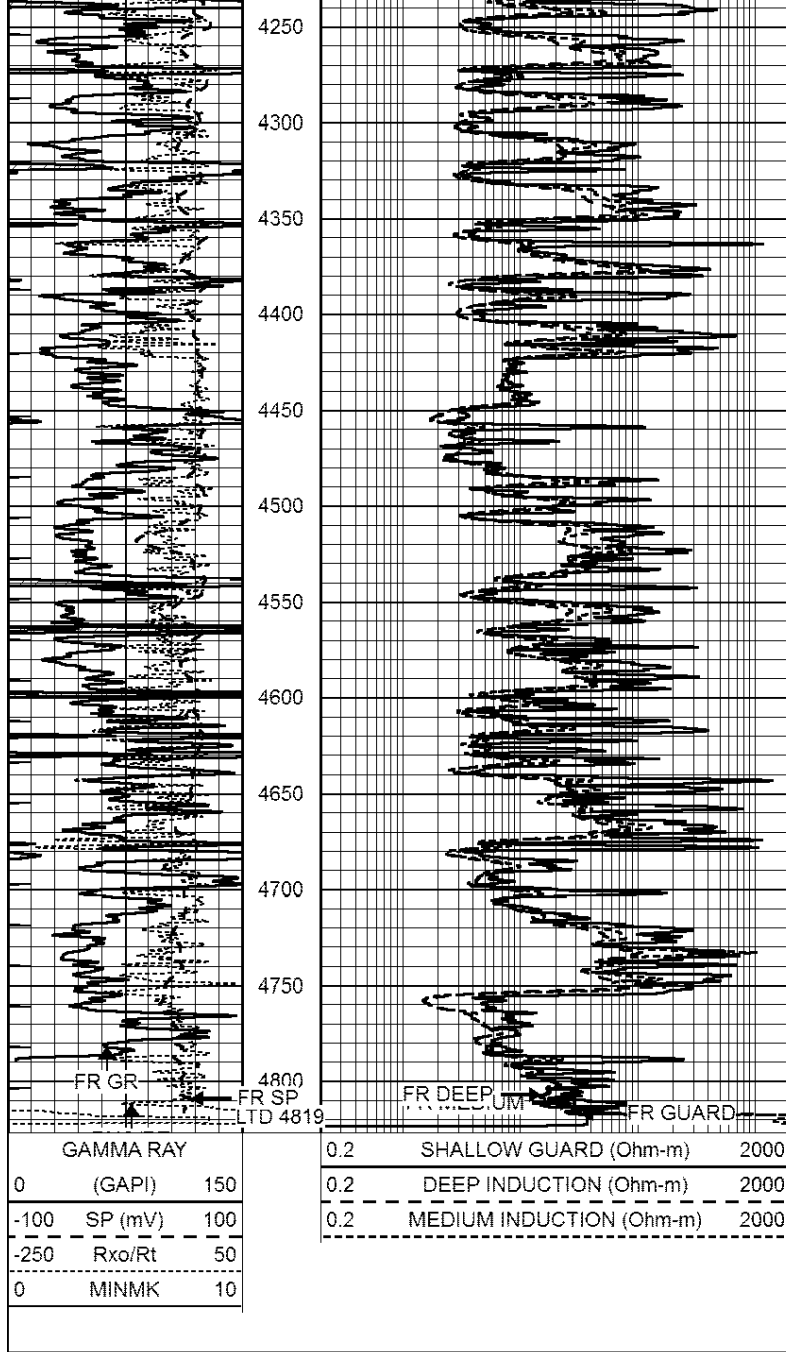
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0	(GAPI)	150	0.2	DEEP INDUCTION (Ohm-m)	2000
-100	SP (mV)	100	0.2	MEDIUM INDUCTION (Ohm-m)	2000
-250	Rxo/Rt	50	-----		
0	MINMK	10	-----		











GAMMA RAY		0.2	SHALLOW GUARD (Ohm-m)	2000	
0	(GAPI)	150	0.2	DEEP INDUCTION (Ohm-m)	2000
-100	SP (mV)	100	0.2	MEDIUM INDUCTION (Ohm-m)	2000
-250	Rxo/Rt	50			
0	MINMK	10			

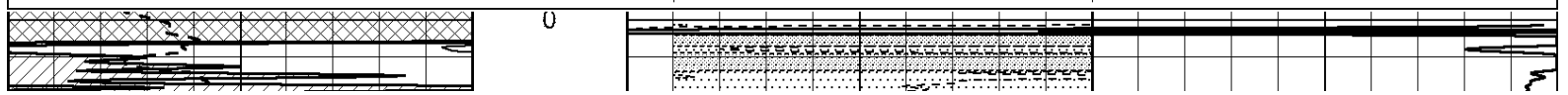


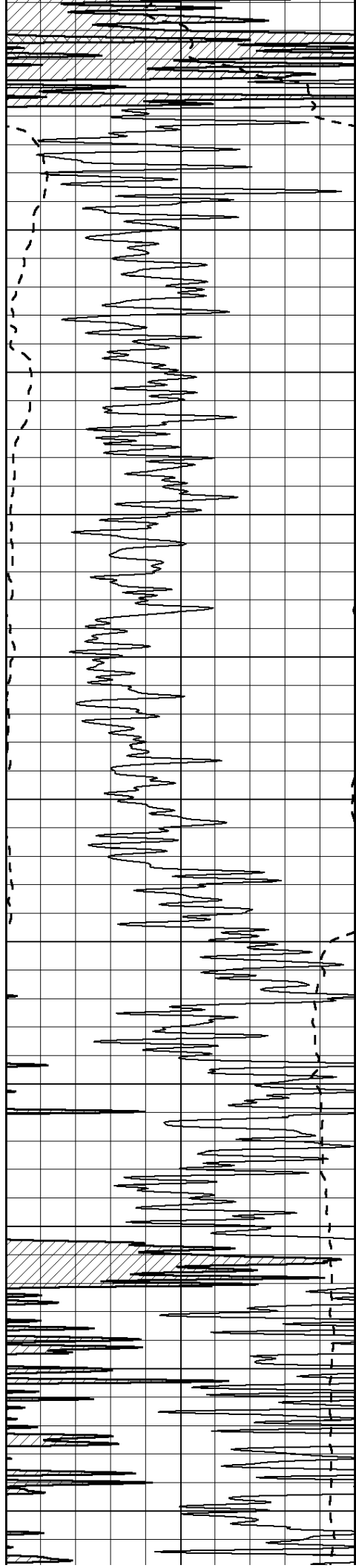
SUPERIOR
Hays,
Kansas

MAIN SECTION

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-100	SP (mV)	100	0	RILD (Ohm-m)	50
			1000	CILD (mmho/m)	0
			50	RILD X10 (Ohm-m)	500
			50	RLL3 X10 (Ohm-m)	500





50

100

150

200

250

300

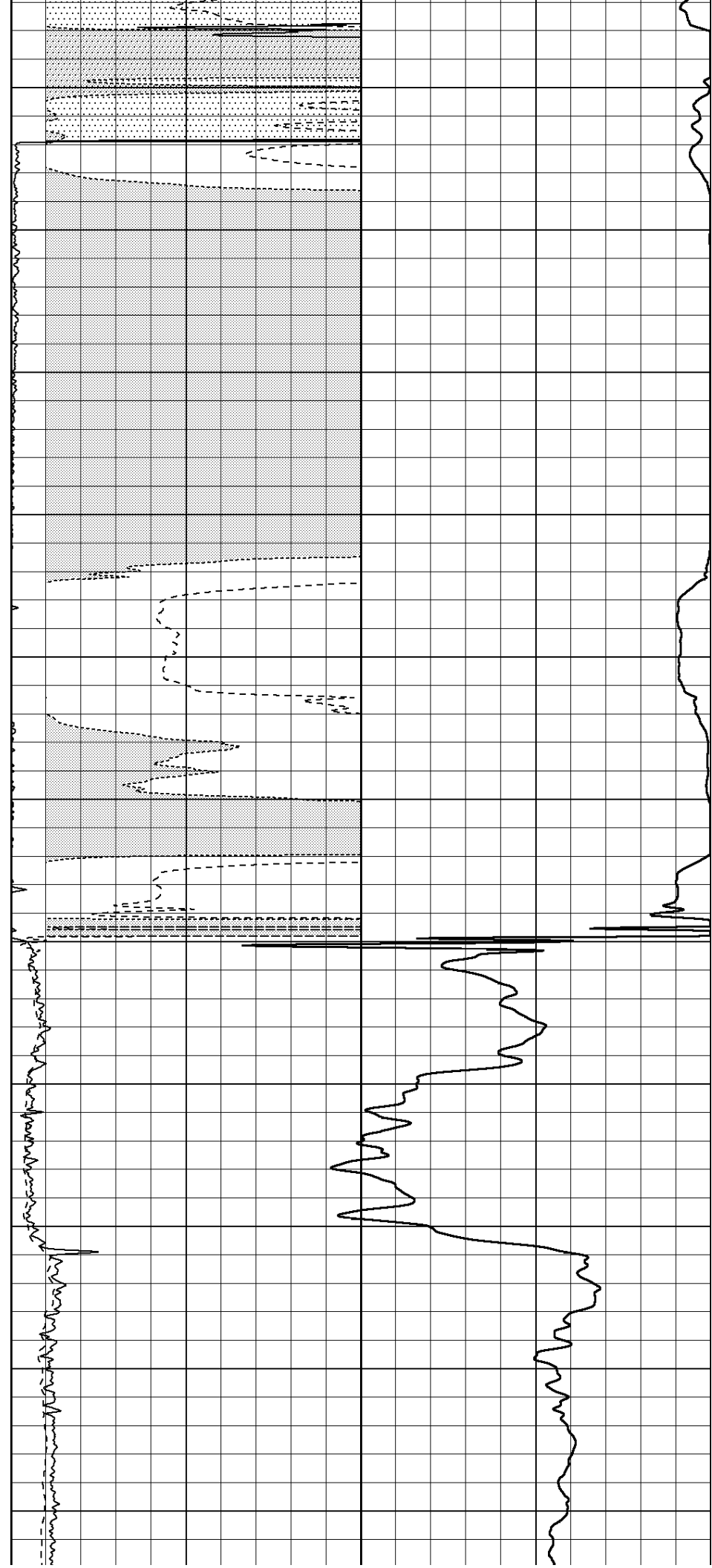
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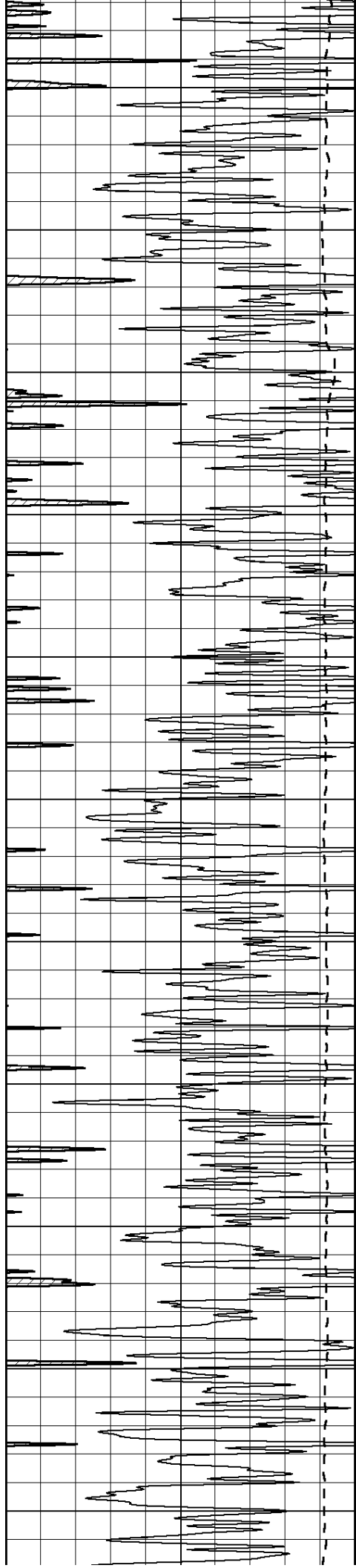
400

450

500

550





600

650

700

750

800

850

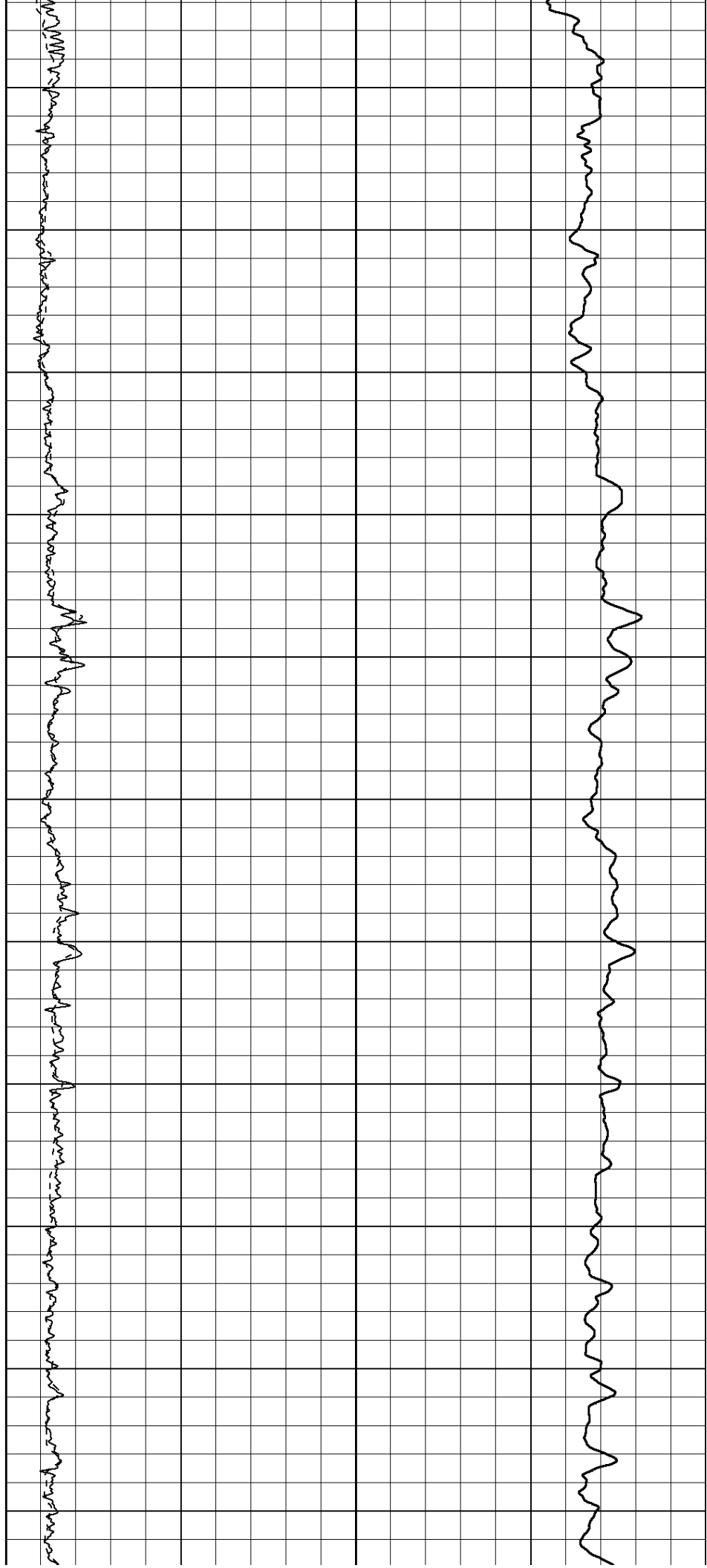
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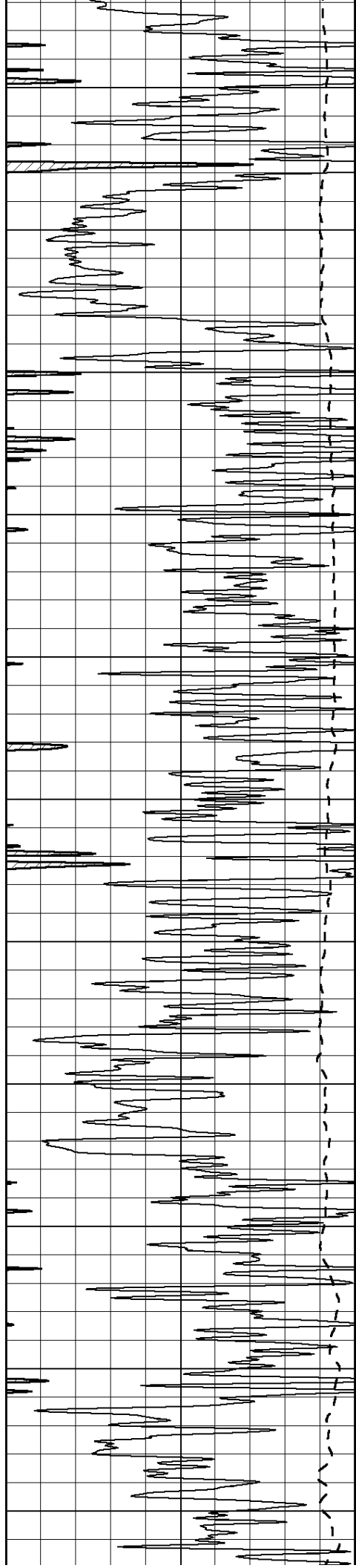
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1000

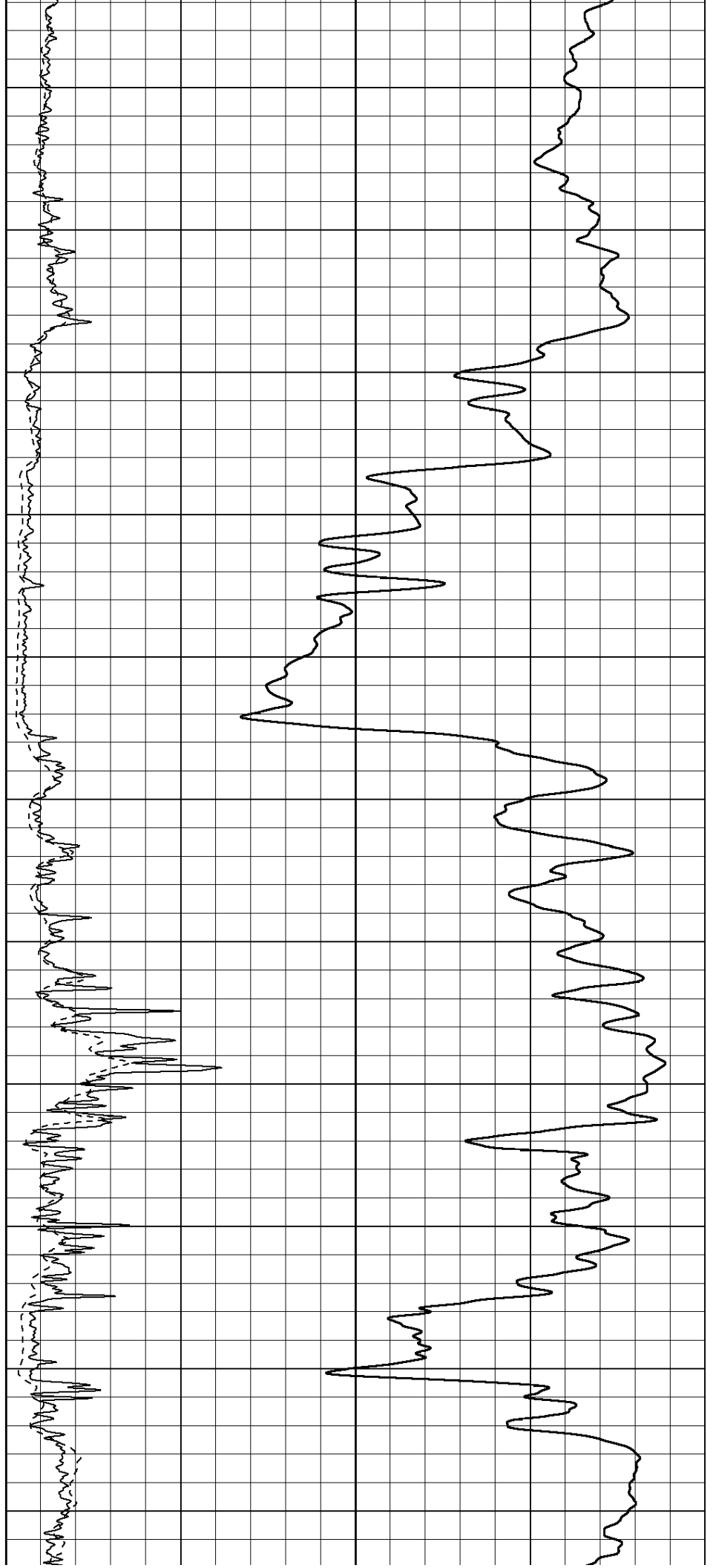
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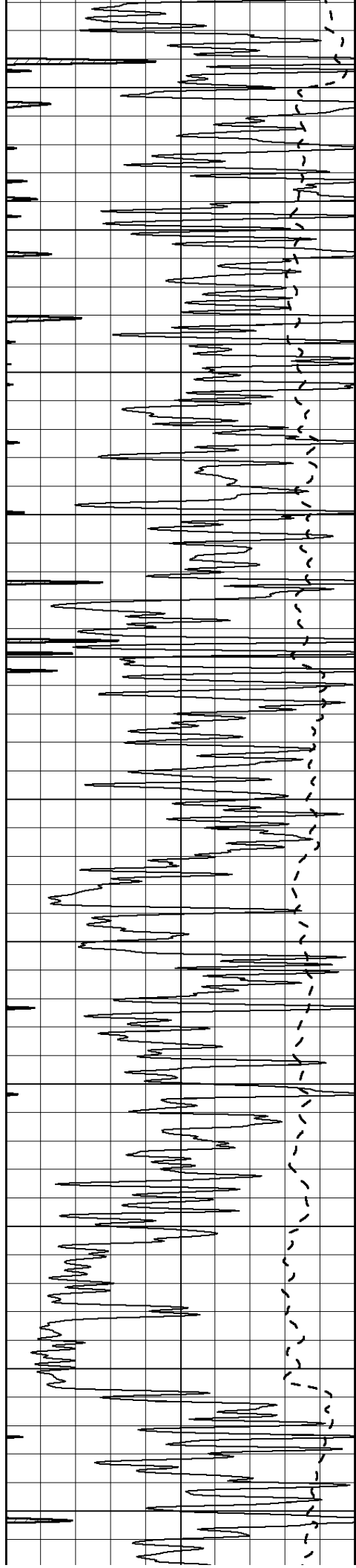
1100





1150
1200
1250
1300
1350
1400
1450
1500
1550
1600
1650





1700

1750

1800

1850

1900

1950

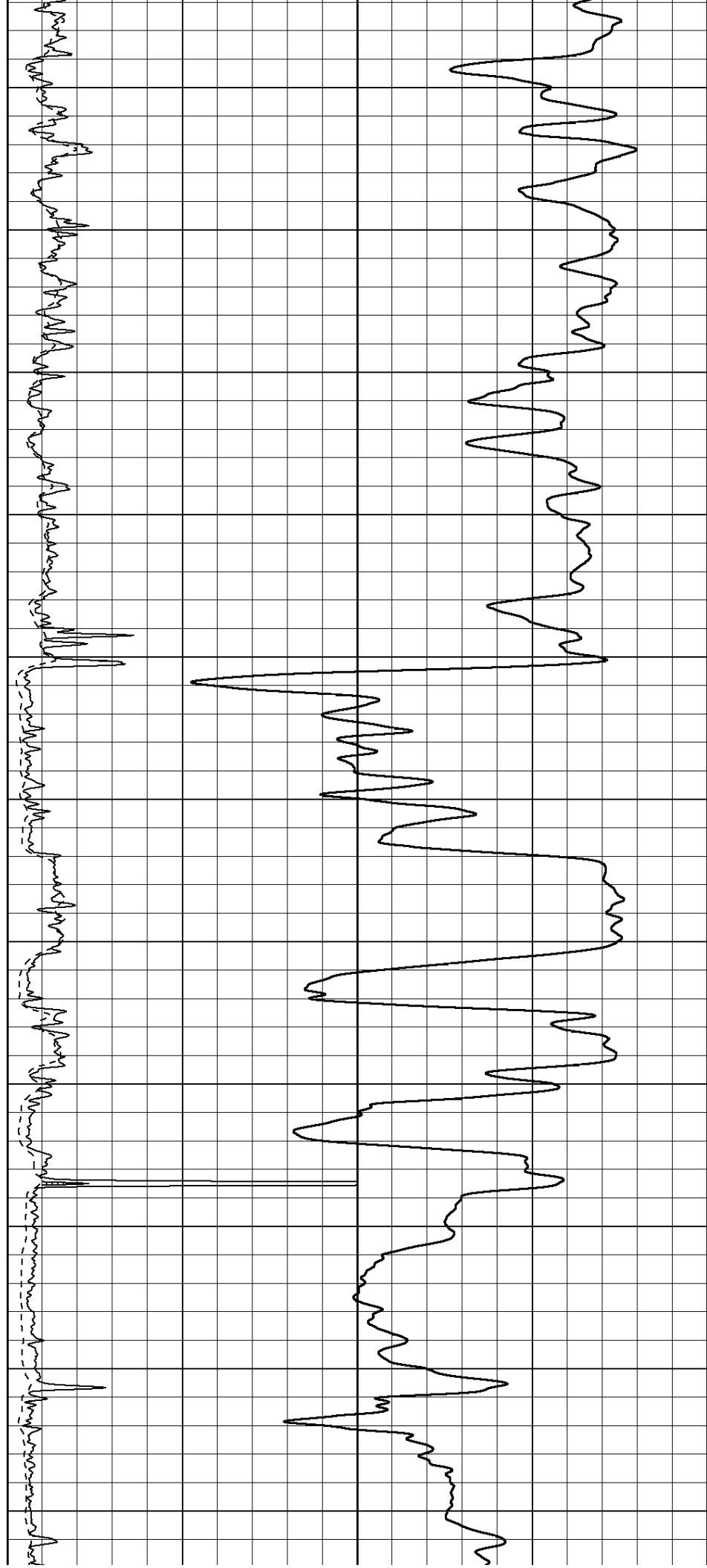
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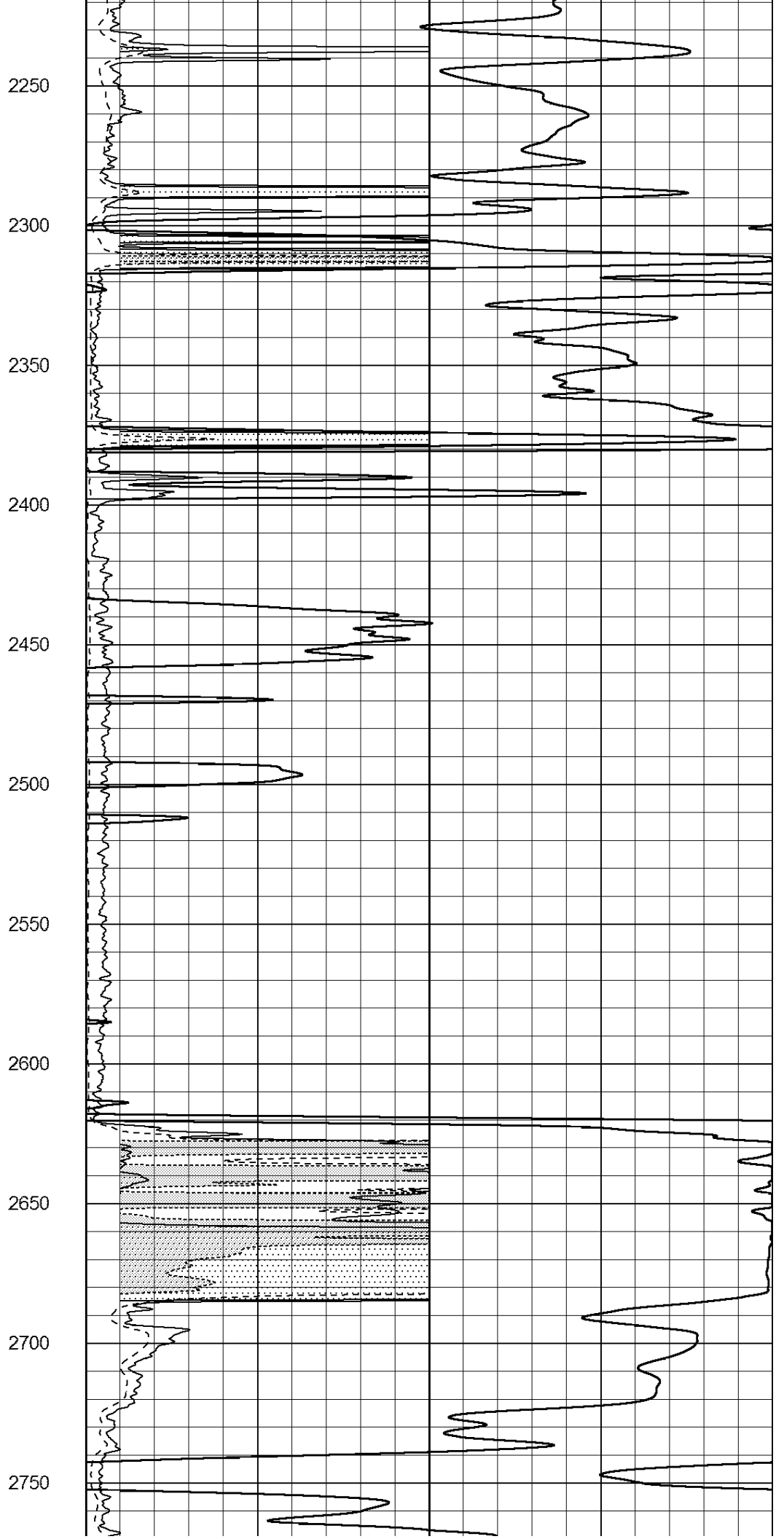
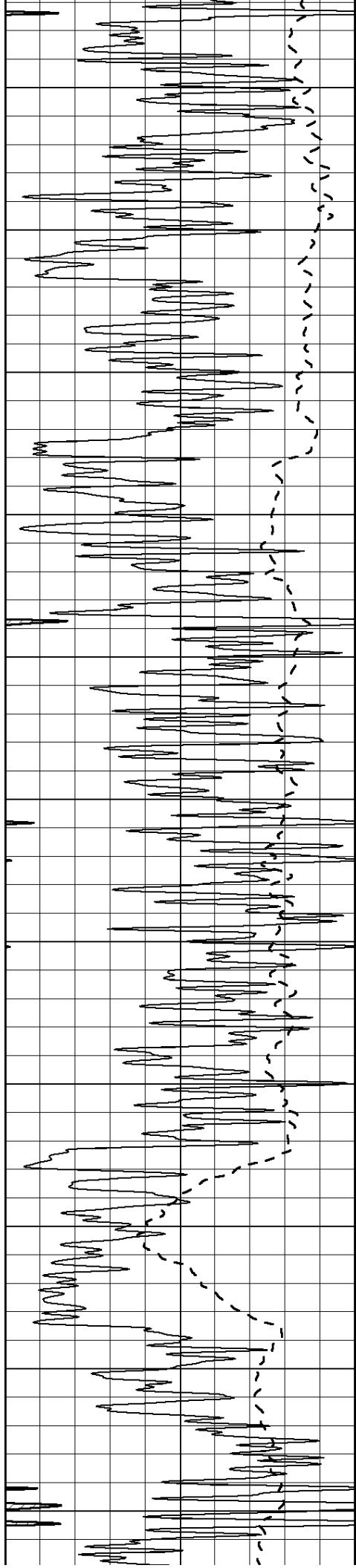
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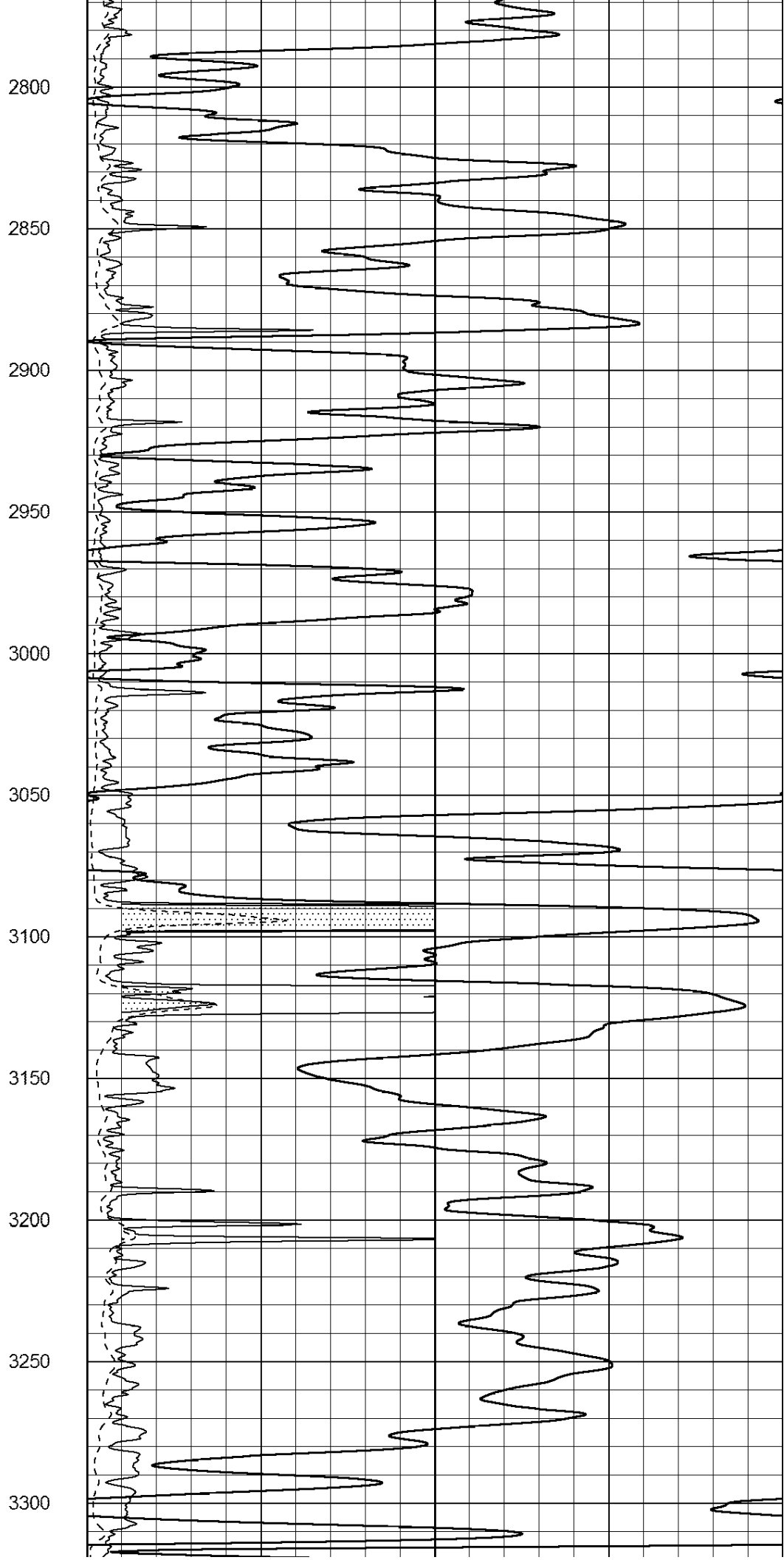
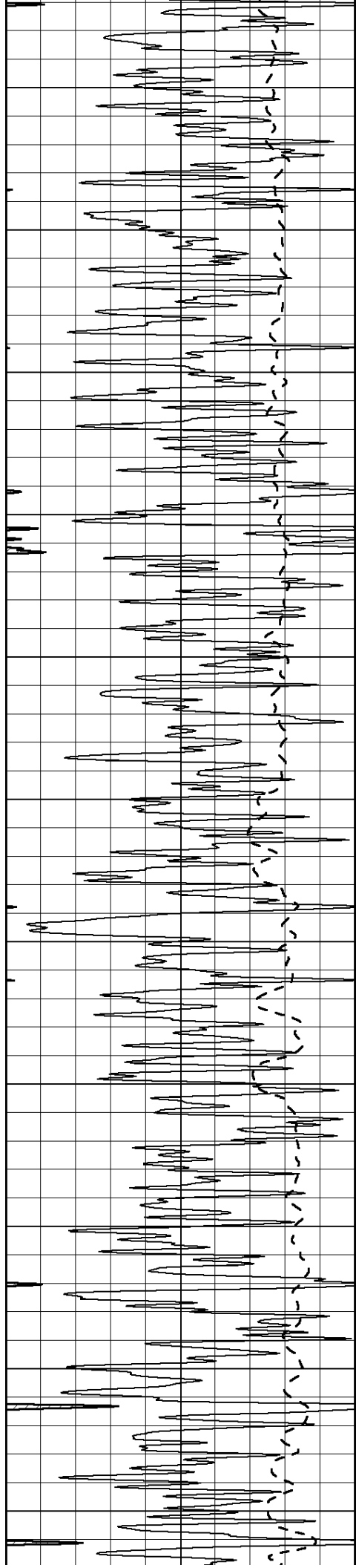
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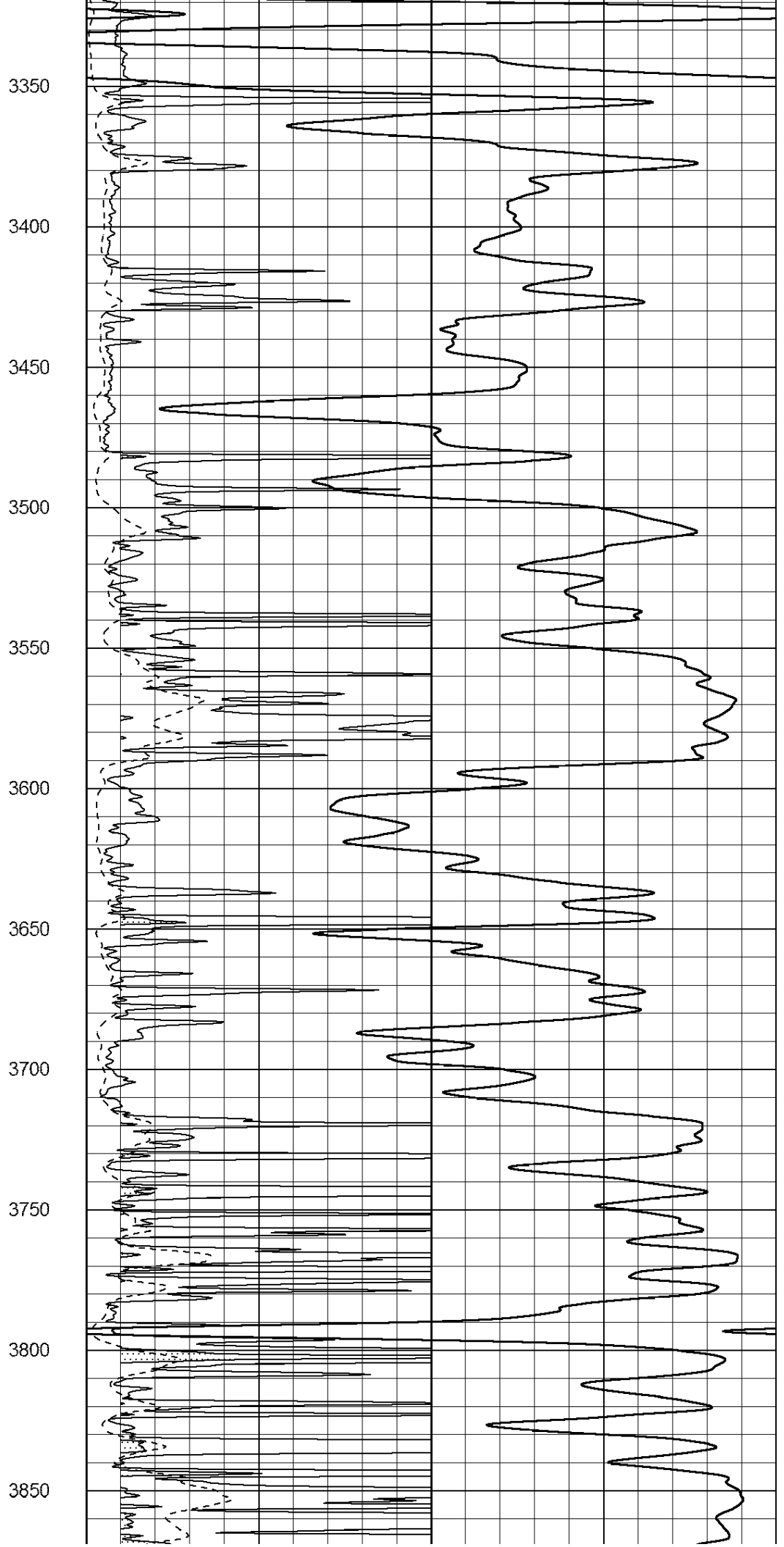
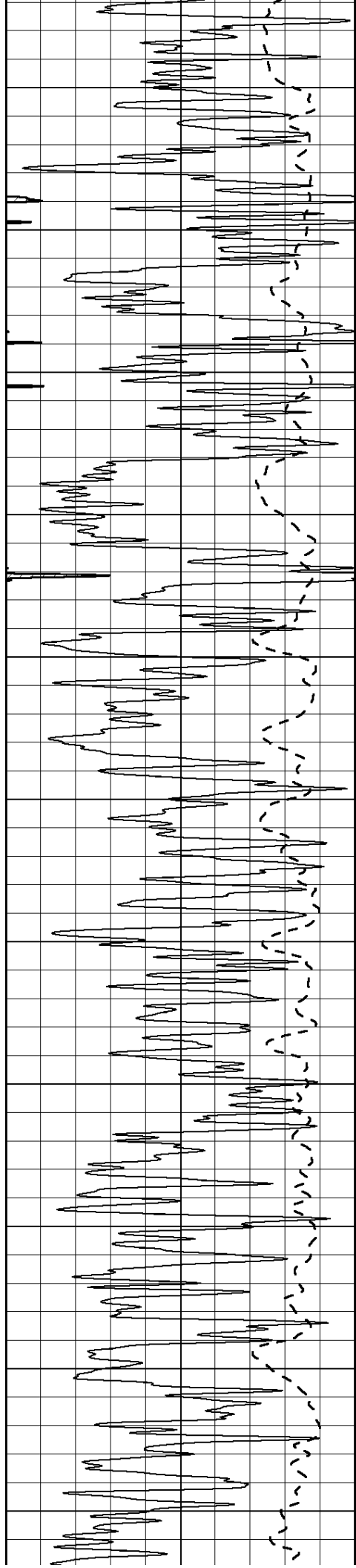
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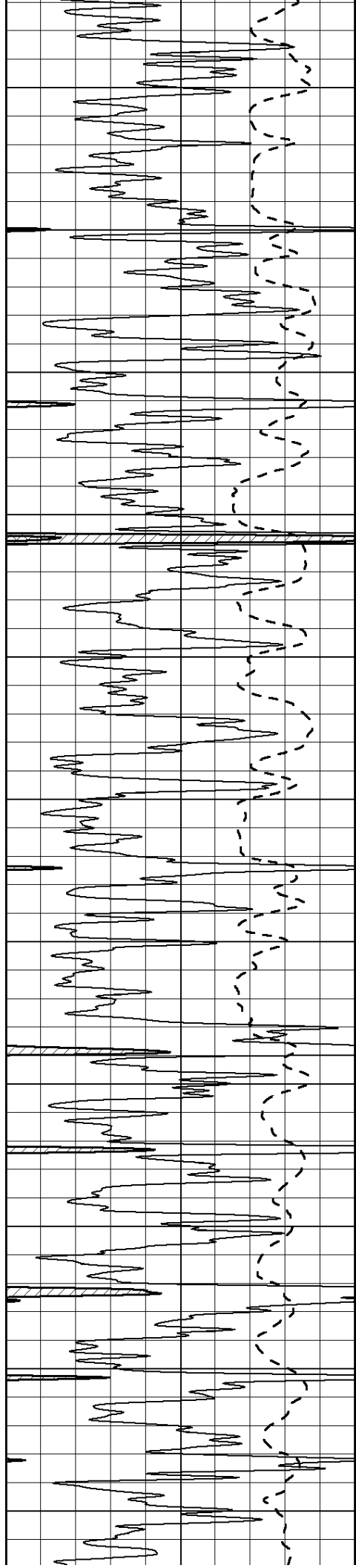
2200











3900

3950

4000

4050

4100

4150

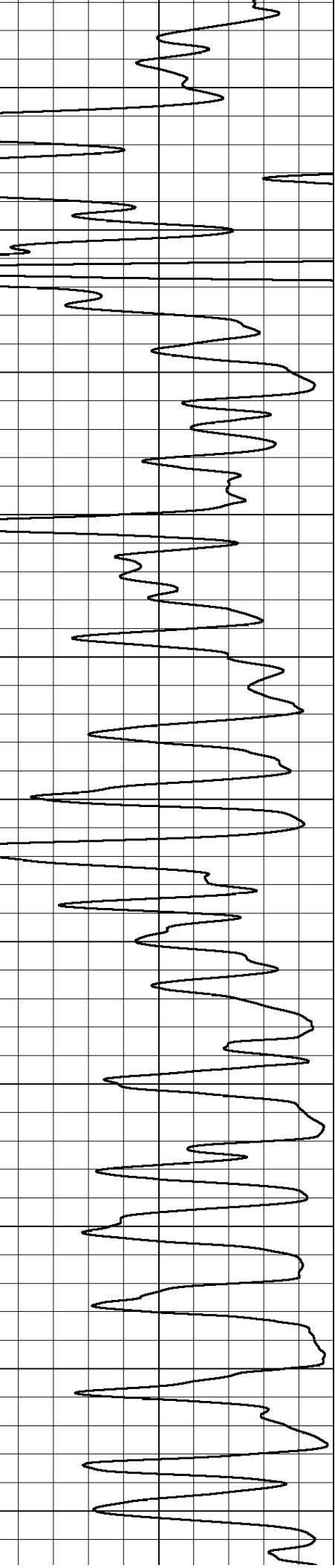
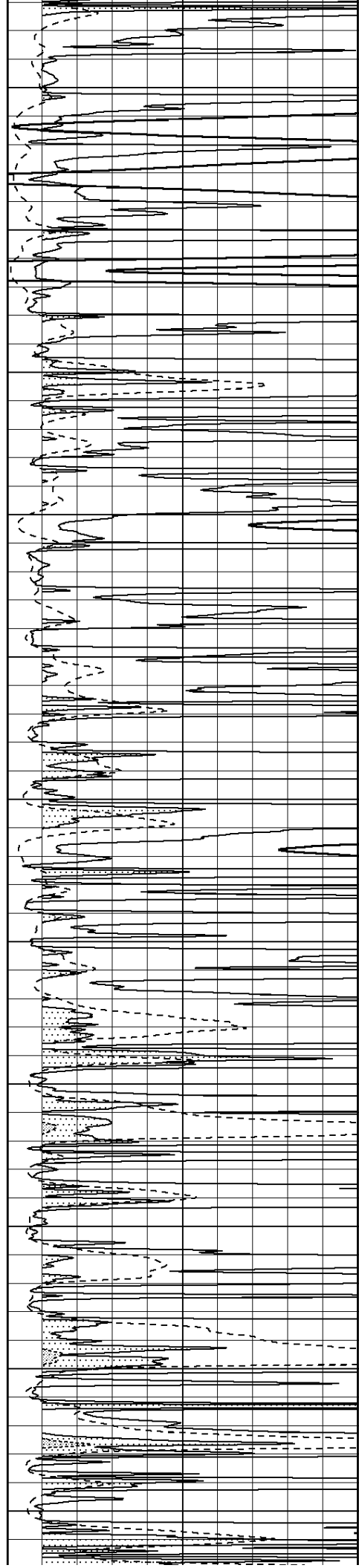
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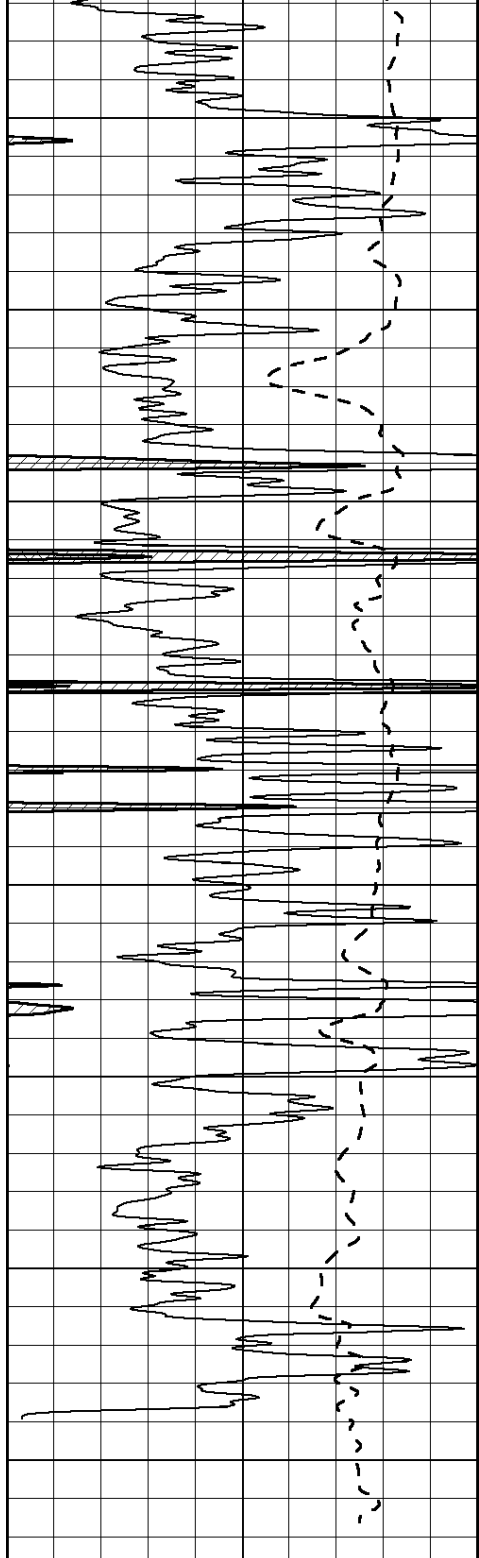
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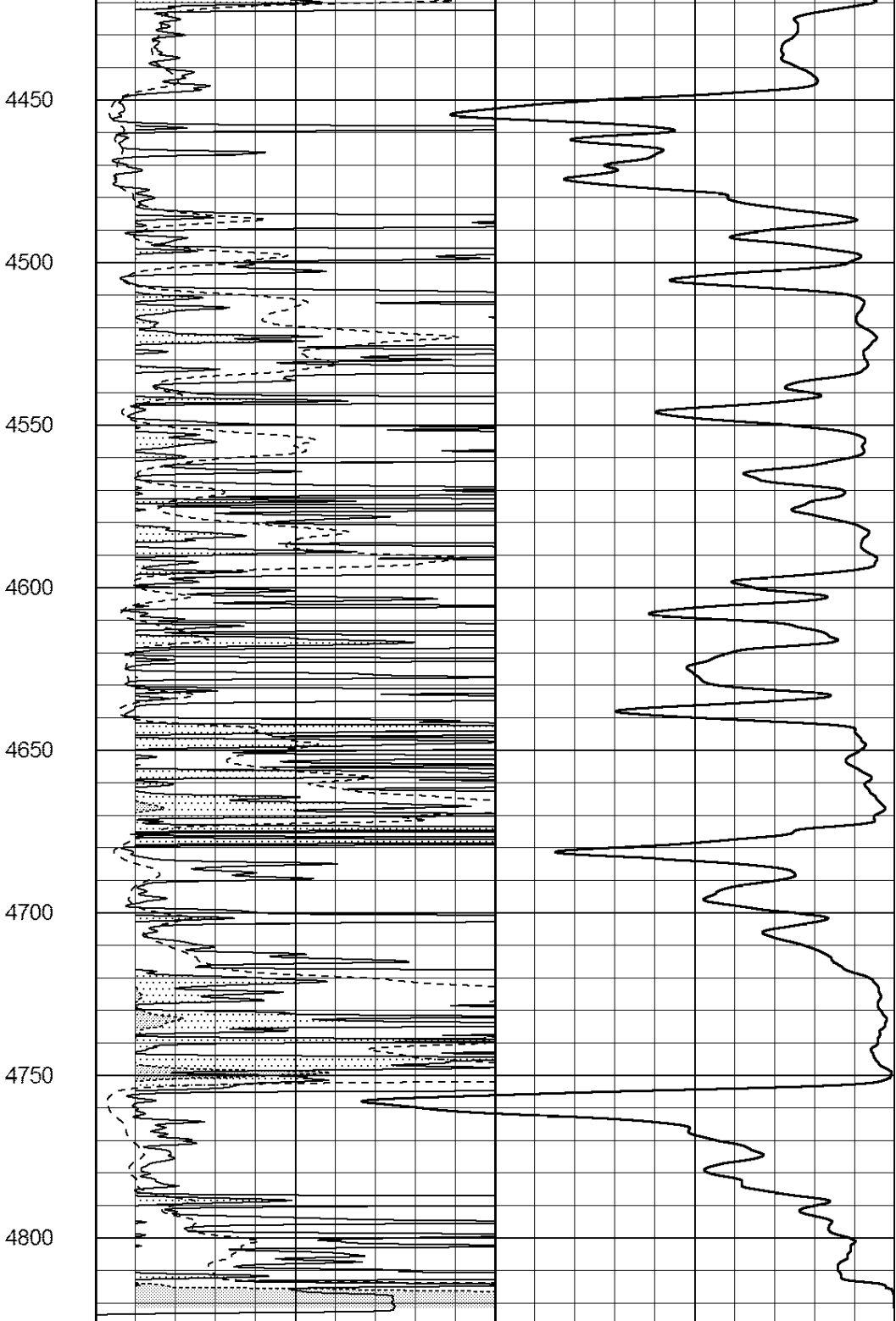
4350

4400





0 Gamma Ray (GAPI) 150
 -100 SP (mV) 100



4450
4500
4550
4600
4650
4700
4750
4800

0 RLL3 (Ohm-m) 50
 0 RILD (Ohm-m) 50
 1000 CILD (mmho/m) 0

50 RILD X10 (Ohm-m) 500
 50 RLL3 X10 (Ohm-m) 500

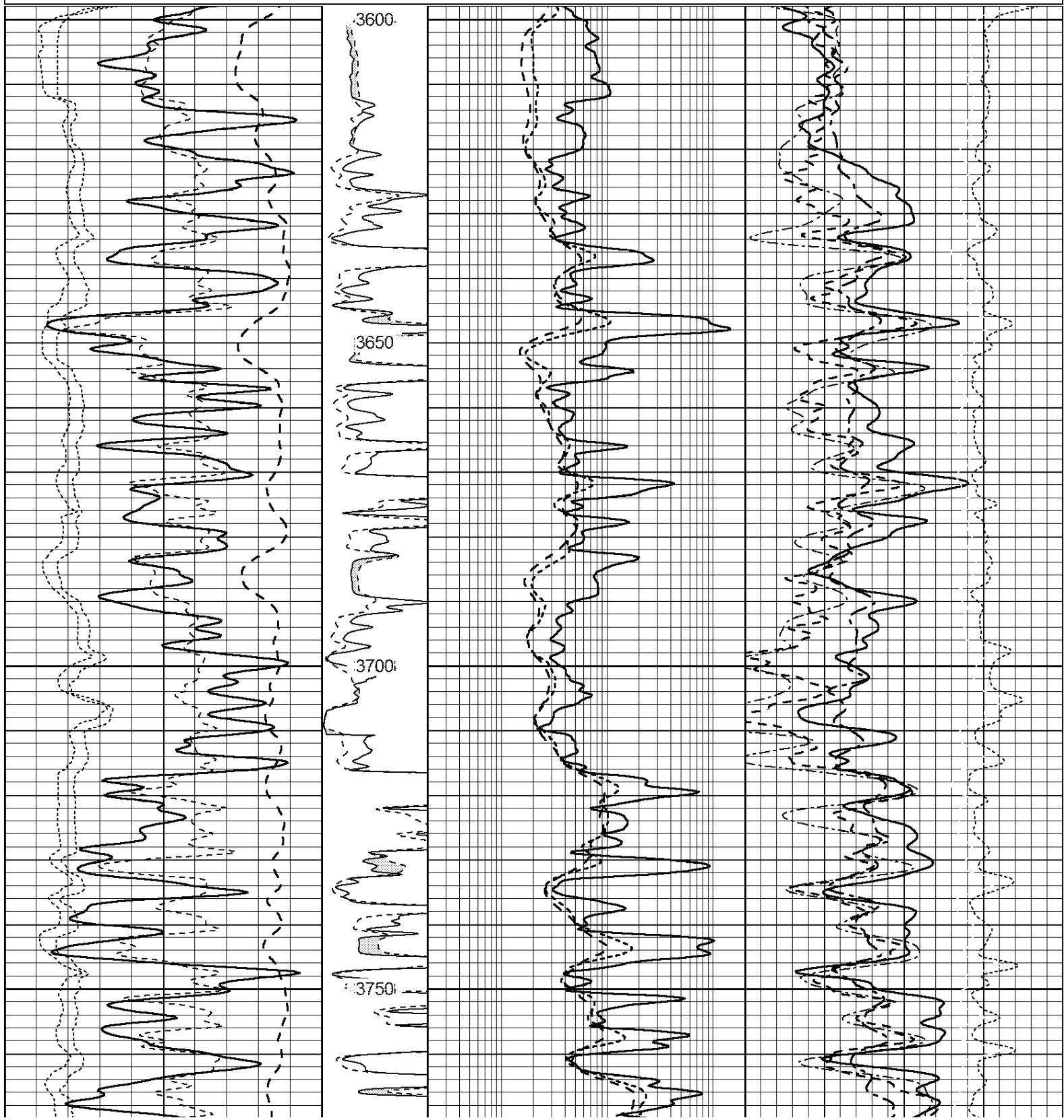


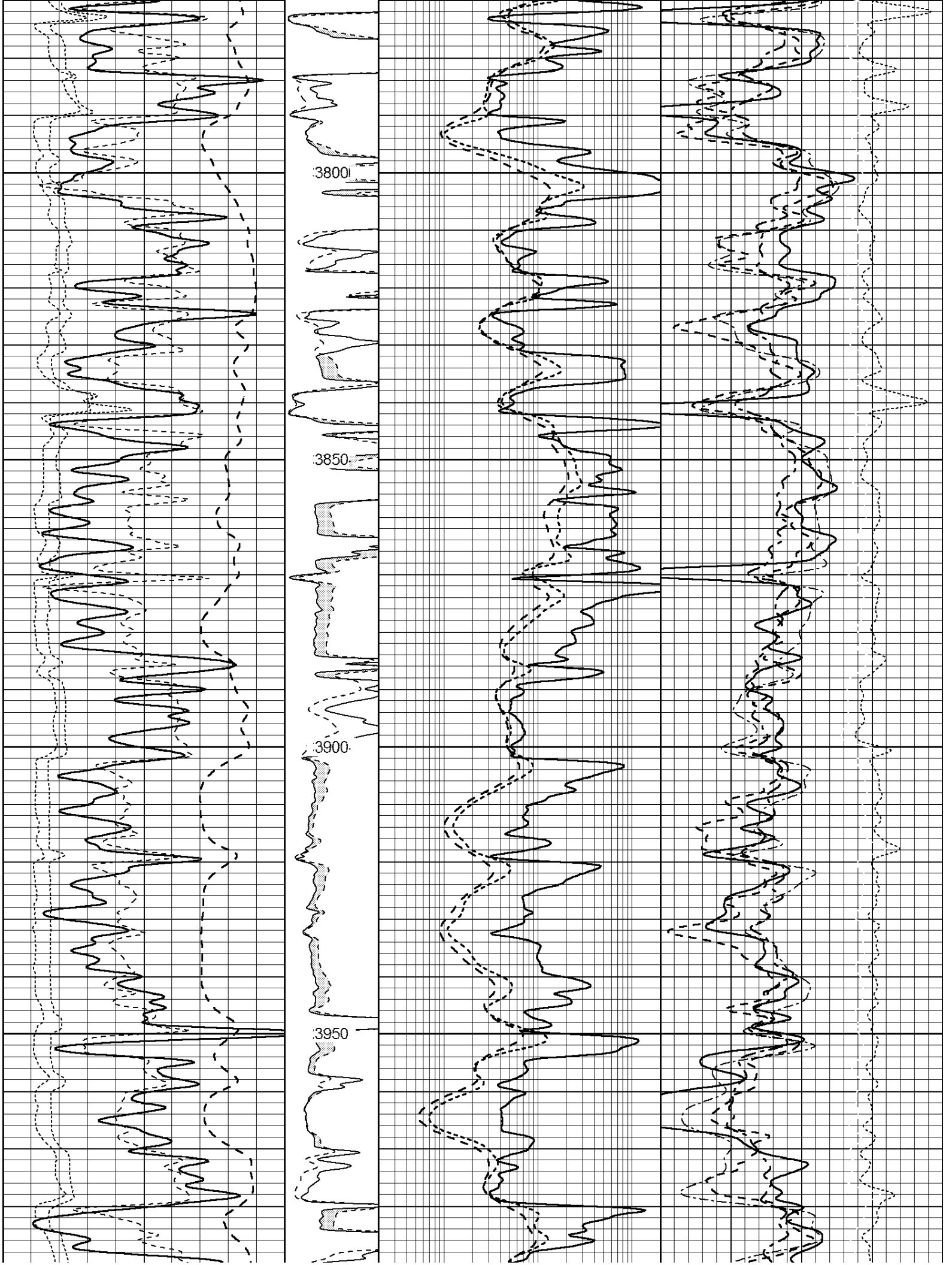
SUPERIOR
 Hays,
 Kansas

MAIN SECTION

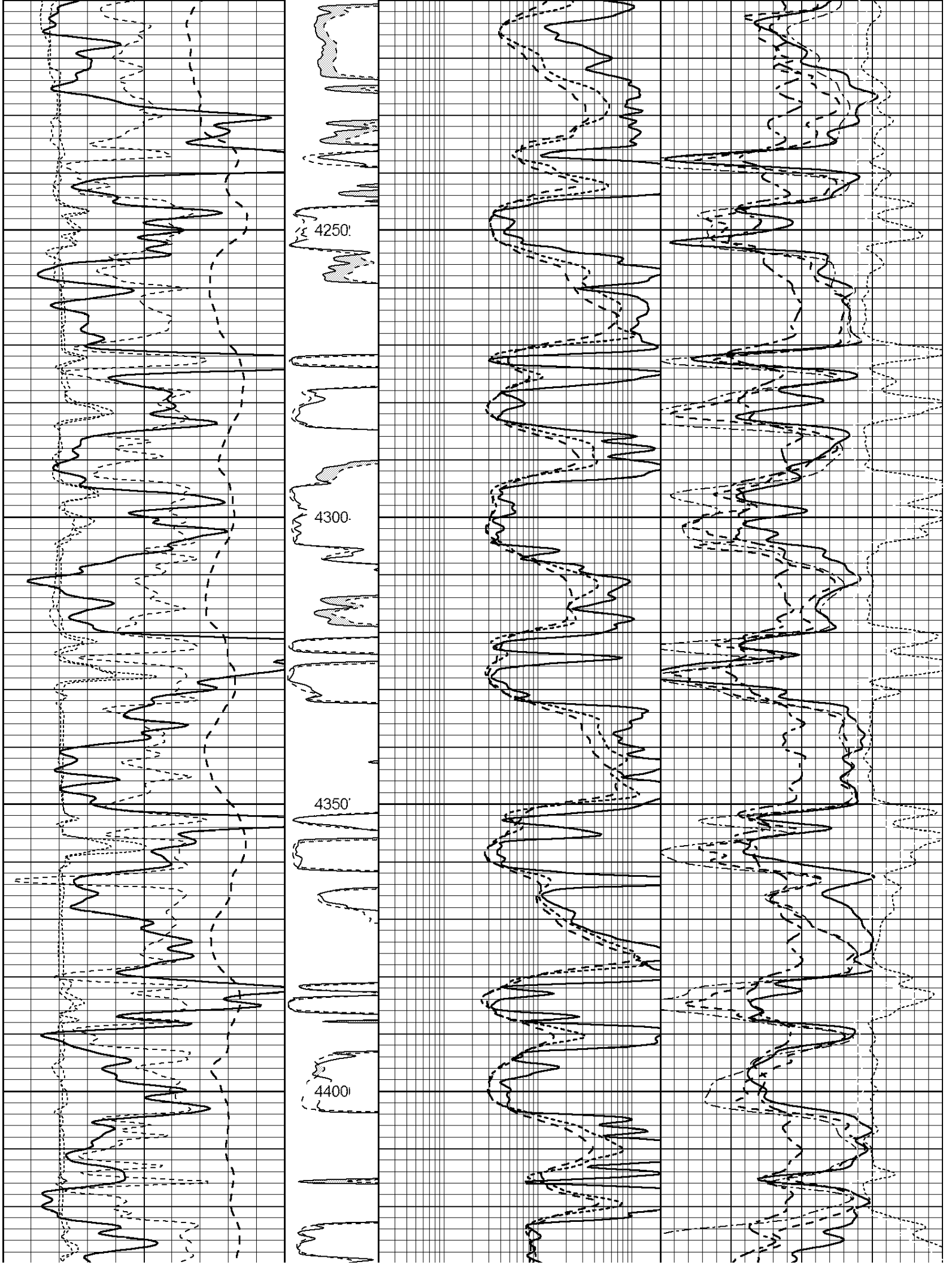
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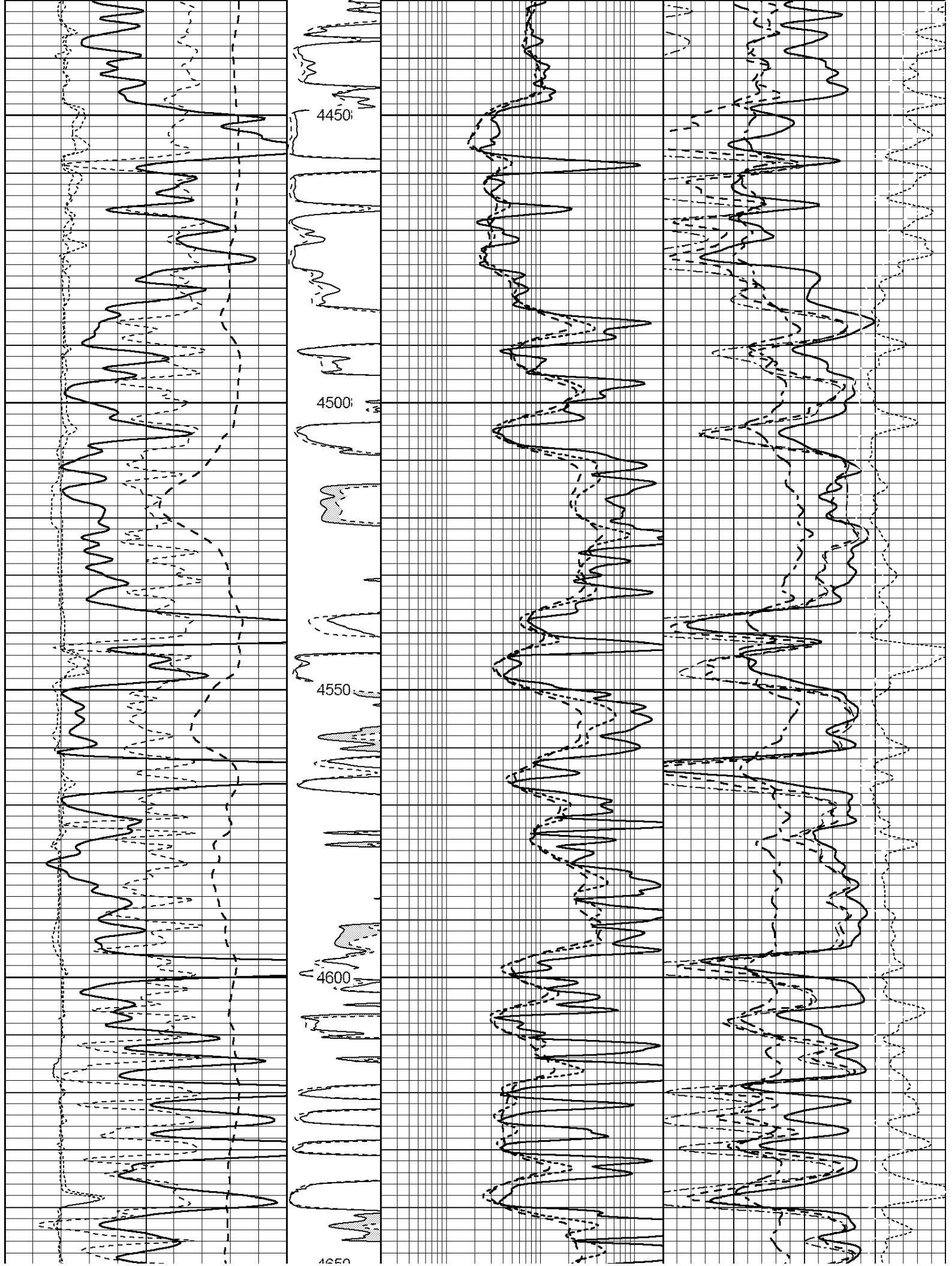
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-100	SP (mV)	100	(Ohm-m)	0.2	Medium Resistivity (Ohm-m)	200	30	CN Porosity (pu)	-10
-200	RxoRt	100	0 20	0.2	Shallow Resistivity (Ohm-m)	200	30	Density Porosity (pu)	-10
6	DCAL (in)	16	MEL20				0	PE	10
6	MELCAL (in)	16	(Ohm-m)					RHOC	
			0 20					-0.25 (g/cc)	0.25
			TBHV (ft3)						

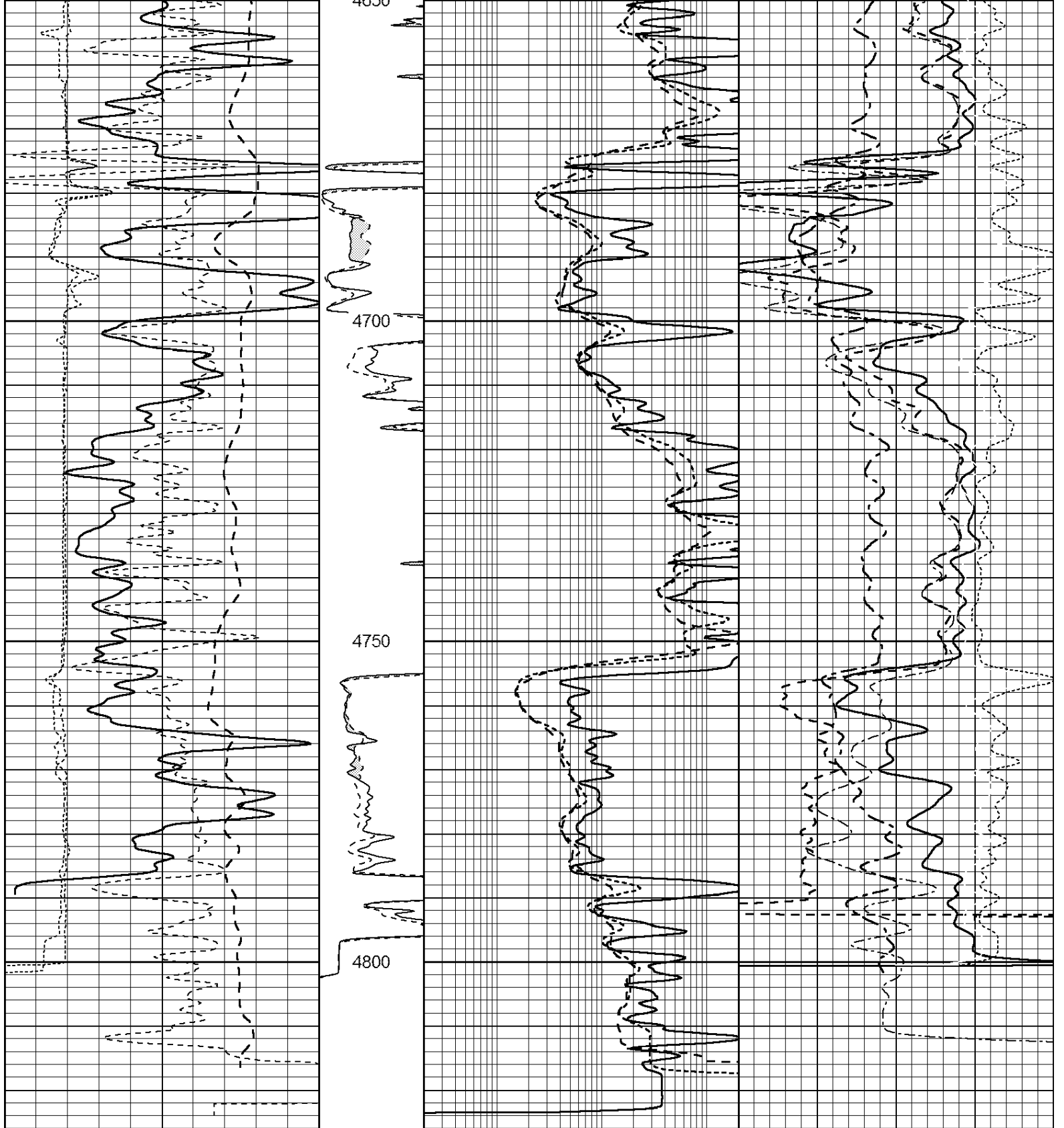












0	Gamma Ray (GAPI)	150	MEL15	0.2	Deep Resistivity (Ohm-m)	200	30	Sonic Porosity (pu)	-10	
-100	SP (mV)	100	(Ohm-m)	0.2	Medium Resistivity (Ohm-m)	200	30	CN Porosity (pu)	-10	
-200	RxoRt	100	0	20	0.2	Shallow Resistivity (Ohm-m)	200	30	Density Porosity (pu)	-10
6	DCAL (in)	16	MEL20				0	PE	10	
6	MELCAL (in)	16	(Ohm-m)							
			0	20						
			TBHV (ft3)							
								RHOC		
								-0.25 (g/cc)	0.25	

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

July 20, 2015

Heather Haynes
O'Brien Resources, LLC
PO BOX 6149
SHREVEPORT, LA 71136-6149

Re: Plugging Application
API 15-193-20799-00-00
Goossen Trust 11 1
SE/4 Sec.11-10S-33W
Thomas County, Kansas

Dear Heather Haynes:

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 January 20, 2016. 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 January 20, 2016 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