



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	Southern Star Central Gas Pipeline, Inc.
Well Name	McLouth 41
Doc ID	1271947

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
		McLouth Sandstone	

DRILL AND EQUIP WILLITS # 1

LOCATION: C SW SW 33-9S-20E
 Jefferson Co. Kans.
 McLouth Storage Field

ELEVATION: 1051.03' S.A.Horton

TOTAL DEPTH: 1422'

D & E Started: 2-21-54

D & E Ended: 4-6-54

D & E RECORD: Mac, and Horn *72* Star.

Mac set 49.8' of new 10 $\frac{1}{2}$ " 38.75# drive pipe, drilled new hole to 1421'6", ran 1409.6' of new 7" 20# casing, landed shoe at 1398'; float collar at 1388', and circulated casing with 320 sacks of cement.

Horn *72* Star drilled in and found the cement firm; cleaned rotary mud to 1431'6", drilled to 1422' T.D. G.L. S.L.M. Shut well in. Gas test 30# in 12 hours; water recovery 10 gal.

Note: The measurements on Mac's daily reports are in error. This record shows correct measurements.

MCLOUTH STG. WELL #41

PLUGGING REPORT

7-2-85 - Moved Co. Rig on, cleaned temporary plugging agent 1170'
to T.D. 1422'.

7-3-85 -Consolidated oil well Cementing Co. squeezed W/300 sks.
reg. cement, 200 sks. O.W.C. W/Bacteriacide 2% Gilsonite
and friction reducing agent A.G. 60.
Pumped cement 4 bbl. down to 1 bbl. pressure 0# to 1250#.
Pumped 3" plug 900# to 1100#, squeezed W/1200# @ 1250',
shut in.
Waited 1 hour and released pressure.

NORTHWEST CENTRAL PIPELINE CORPORATION
ONE WILLIAMS COMPANIES

POST OFFICE BOX 3288 • TULSA, OKLAHOMA • 74101-9990

X-TRA COPY X-TRA COPY X-TRA COPY X-TRA COPY

PURCHASE ORDER

X-TRA COPY

THE FOLLOWING NUMBERS MUST APPEAR ON A
 INVOICES, SHIPPING PAPERS, PACKAGING, AND
 CORRESPONDENCE.

RELEASE NO. _____ CHANGE NO. _____
 P.O. NUMBER

13543-86972

PAGE 01 OF 01 PAGE

DATE 07/31/86

REQUIRED AT DESTINATION
 07/03/85

REQUISITION NO. 61250 ACCT. NO. J R6876 17 206
 REQUIRED FOR WORK COMPLETED ON #41 WELL MOUTH STORAGE

VENDOR
 • CONSOLIDATED
 • P. O. BOX 864
 • CHANSTI, MS 66720

SHIP TO
 • NORTHWEST CENTRAL PIPELINE
 • BOX V
 • WELFA, MS 66091

TERMS 2/30 FOB DESTINATION SHIP VIA VENDOR FREIGHT V/A

BUYER BS/MH CHANGE REQUESTED BY B/M NO. 4551

P.O. TOTAL 4516 INFORMATION COPIES TO: J. BULWAN

ITEM NO.	QUANTITY ORDERED	U/M	MODEL (OR) PART NO.	DESCRIPTION	UNIT CODE	UNIT PRICE
01	1	EA	6402	PUMPING CHARGE-CEMENTING ADD'L	794	374.00
	300	TON	3101	WELL BULK CEMENT	794	5.25
03	1	LOT	6401	TON MILEAGE	794	400.00
04	0	SCY	1301	PREMIUM GEL	794	5.90
05	1	EA	4411	RUBBER PLUG - 7"	794	39.00
06	200	SCY	1102	OIL WELL CEMENT	794	6.60
07	13	GAL	1214	AY-60 CIRCULATION LOSS ADDI-TIVE	794	21.00
08	3	GAL	1223	XC-102 BACTERICIDE	794	21.00
09	3	TON	1304	GILSONITE	794	17.00
10	10	HR	5201	TRUCKING-VACUUM	794	39.00

CONFIRMING FOR MATERIAL & SERVICES
 DO NOT DUPLICATE

NAME OF CARRIER _____

TRANSPORTATION BILL NO. _____ DATE SHIPPED _____

COLLECT PREPAID AMOUNT _____ CHECKED BY _____ DATE REC'D _____

I CERTIFY THAT A PHYSICAL CHECK OF MATERIAL HAS BEEN MADE AND THAT ALL MATERIAL COVERED BY THIS REPORT HAS BEEN RECEIVED AND IS ACCEPTABLE.

RECEIVER SIGNATURE _____

BUYER _____

Summary of Changes

Lease Name and Number: McLouth 41

API/Permit #: 15-087-19144-00-00

Doc ID: 1271947

Correction Number: 1

Field Name	Previous Value	New Value
Approved Date	11/19/2015	11/23/2015
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1271867	../../../../kcc/detail/operatorEditDetail.cfm?docID=1271947
Subdivision3		(null)
Subdivision4Smallest		(null)

Summary of Attachments

Lease Name and Number: McLouth 41

API: 15-087-19144-00-00

Doc ID: 1271947

Correction Number: 1

Attachment Name

Drilling/Completion Information

Original Plugging Information