



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	3 B Energy, Inc.
Well Name	KATZER 2
Doc ID	1273344

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
830	838	DML-HSC	

6222

State Geological Survey 337
WICHITA BRANCH
943-2343

35-30-10E
NW-NE-SE

AFFIDAVIT OF COMPLETION FORM

ACO-1 WELL HISTORY

265 8676

Compt. _____

TYPE
SIDE ONE

Two (2) copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within thirty (30) days after the completion of a well, regardless of how the well was completed. Attach separate letter of request if the information is to be held confidential. If confidential, only file one copy. Information on Side One will be of public record and Side Two will then be held confidential.

Applications must be made on dual completion, commingling, salt water disposal, injection and temporarily abandoned wells.

Attach one copy only wireline logs (i.e. electrical log, sonic log, gamma ray neutron log, etc.). (Rules 82-2-105 & 82-2-125) KCC# (316) 263-3238. No Log

LICENSE # 5791 EXPIRATION DATE October 28, 1982

OPERATOR Hon Oil & Gas API NO. 15-205-22,912

ADDRESS Box 215 COUNTY Wilson

Neodesha, Ks. 66757 FIELD Neodesha

** CONTACT PERSON Ronnie Hon PROD. FORMATION Cattlemans

PHONE 316/325-3074

PURCHASER Eureka Crude Purchasing LEASE Katzer

ADDRESS Box 190 WELL NO. 2

Eureka, Ks. 67045 WELL LOCATION NE 1/4 SE 1/4

DRILLING Caney Valley Drilling 330 Ft. from N Line and

CONTRACTOR ADDRESS Box 350 795 Ft. from E Line of

Caney Ks 67333 the SE (Qtr.) SEC 35 TWP 30 RGE 26 (E)

PLUGGING CONTRACTOR ADDRESS N/A

WELL PLAT

		35	
			2310

(Office Use Only)

KCC _____
KGS

SWD/REP _____
PLG. _____

TOTAL DEPTH 933' PBTD N/A

SPUD DATE 5-15-82 DATE COMPLETED 5-18-82

ELEV: GR 805 DF N/A KB N/A

DRILLED WITH ~~CABLE~~ (ROTARY) ~~AXR~~ TOOLS.

DOCKET NO. OF DISPOSAL OR REPRESSURING WELL BEING USED TO DISPOSE OF WATER FROM THIS LEASE no water.

Amount of surface pipe set and cemented 50' DV Tool Used? N/A

THIS AFFIDAVIT APPLIES TO: (Circle ONE) - Oil, Gas, Shut-in Gas, Dry, Disposal, Injection, Temporarily Abandoned, OWWO. Other _____

RECEIVED

ALL REQUIREMENTS OF THE STATUTES, RULES AND REGULATIONS PROMULGATED TO REGULATE THE OIL AND GAS INDUSTRY HAVE BEEN FULLY COMPLIED WITH.

AUG 12 1983

CONSERVATION DIVISION
Wichita, Kansas

A F F I D A V I T

Ronnie j. Hon

, being of lawful age, hereby certifies

that:

I am the Affiant, and I am familiar with the contents of the foregoing Affidavit. The statements and allegations contained therein are true and correct.

Ronnie J. Hon (Name)

SUBSCRIBED AND SWORN TO BEFORE ME this

22nd day of June

19 83



Carol J. Hon
(NOTARY PUBLIC)

MY COMMISSION EXPIRES: 10-22-86

** The person who can be reached by phone regarding any questions concerning this information.

OPERATOR Hon Oil & Gas LEASE Katzer SEC. 35 TWP. 30 1

FILL IN WELL INFORMATION AS REQUIRED: WELL NO. 2

FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	BOTTOM	SHOW GEOLOGICAL MARKER OR OTHER DESCRIPTIVE INF.	
			NAME	DE.
Check if no Drill Stem Tests Run.				
Clay	0	17		
Lime	17	19		
Shale	19	40	600	830
Lime	40	41	629	838
Shale	41	82	660	933TD
Lime	82	86	690	
Shale	86	108	696	
Lime	108	117	710	
Shale	117	141	716	
Lime	141	171	740	
Shale	171	173	742	
Lime	173	197	830	

Shale	197	198	
Lime	198	203	
Shale	203	244	
Sand	244	261	
Lime	261	288	
Shale	288	296	
Lime	296	322	
Shale	322	329	
Lime	329	331	
Shale	331	340	
Lime	340	345	
Sandy shale	345	355	
Lime	355	363	
Shale	363	398	
Lime	398	421	
Shale	421	429	Lime
Lime	429	431	Shale
Shale	431	439	Sandy shale
Lime	439	447	Oswego lime
Shale	447	450	Shale
Lime	450	473	Oswego lime
Sandy shale	473	485	Shale
Lime	485	527	Lime
Shale	527	580	Shale
If additional space is needed use Page 2, Side 2			

Report of all strings set — surface, intermediate, production, etc. **CASING RECORD** (New) or (Used)

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs/ft.	Setting depth	Type cement	Sacks	Type and percent additives
Surface	9"	6 1/4"	20	50'	Portland	50	2% Cal.
Production	5 1/4"	2 1/2" 10thd		895'	Bulk	120	2% Gel.

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval
N/A	N/A	N/A			
TUBING RECORD					
Size	Setting depth	Packer set at	2	2" DML-HSC	830- 838
N/A	N/A	N/A			

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used	Depth interval treated
30 Sacks Frac Sand - 82 BB Salt Water	830 - 838

Date of first production	Producing method (flowing, pumping, gas lift, etc.)	Gravity
July 5, 1982	Pump	40
Estimated Production - I.P.	Oil	Gas
5 bbls.	None	MCF
	Water	Gas-oil ratio
	1% .05 bbls.	N/A
Disposition of gas (vented, used on lease or sold)		CFPE

Perforations 16

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

December 09, 2015

Sharon Wohler
3 B Energy, Inc.
PO BOX 354
NEODESHA, KS 66757-0354

Re: Plugging Application
API 15-205-22912-00-00
KATZER 2
SE/4 Sec.35-30S-16E
Wilson County, Kansas

Dear Sharon Wohler:

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 June 09, 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 June 09, 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 3