



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	Kahan and Associates, Inc
Well Name	TETEN J H 6
Doc ID	1273610

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3355	3364	Mississippian	

Subterranean Logging Inc.

Radioactivity Log

FILING NO.	COMPANY <u>S & K OIL CO.</u>	
	WELL <u>TETEN-SWD #6 SWD</u>	
	FIELD <u>BURRTON</u> <i>Part. Marked</i>	
	COUNTY <u>RENO</u>	STATE <u>KANSAS</u>
LOCATION: <u>SW/4</u> <u>NEW SW/4</u>		OTHER SERVICES
SEC. <u>12</u> TWP. <u>23</u> S. RGE. <u>4</u> W		

PERMANENT DATUM: <u>G.L.</u>	ELEV. _____	ELEV.: <u>K.R. 1490</u>
LOG MEASURED FROM <u>G.L.</u>	FT. ABOVE PERM. DATUM _____	D.P. _____
DRILLING MEASURED FROM <u>G.L.</u>		G.L. _____

DATE	<u>4-14-77</u>		
RUN NO.	<u>ONE</u>		
TYPE LOG	<u>GAMMA RAY</u>	<u>NEUTRON</u>	<u>CEMENT LOG</u>
DEPTH-DRILLER	<u>3416'</u>		
DEPTH-LOGGER	<u>3411'</u>		
BOTTOM LOGGED INTERVAL	<u>3402'</u>	<u>3410'</u>	
TOP LOGGED INTERVAL	<u>2950'</u>	<u>2950'</u>	
TYPE FLUID IN HOLE	<u>WATER</u>		
TOOL MODEL NO.	<u>23</u>		
SOURCE MODEL NO.	<u>415</u>		
SOURCE STRENGTH	<u>Am-241</u>	<u>5.4 X 10⁻⁶ 3 CURIE</u>	
SOURCE SERIAL NO.	<u>MCR-N-SS-W</u>		
OPERATING RIG TIME			
RECORDED BY	<u>D. SULLIVAN</u>		
WITNESSED BY	<u>J. L. McMANNIS</u>		
AEC LICENSE NO.	<u>27-C-140-01</u>		

RUN NO.	BORE-HOLE RECORD			CASING RECORD			
	BIT	FROM	TO	SIZE	WGT.	FROM	TO
				<u>5 1/2</u>	<u>17</u>		

FOLD HERE THIS HEADING AND LOG CONFORMS TO API RP 88

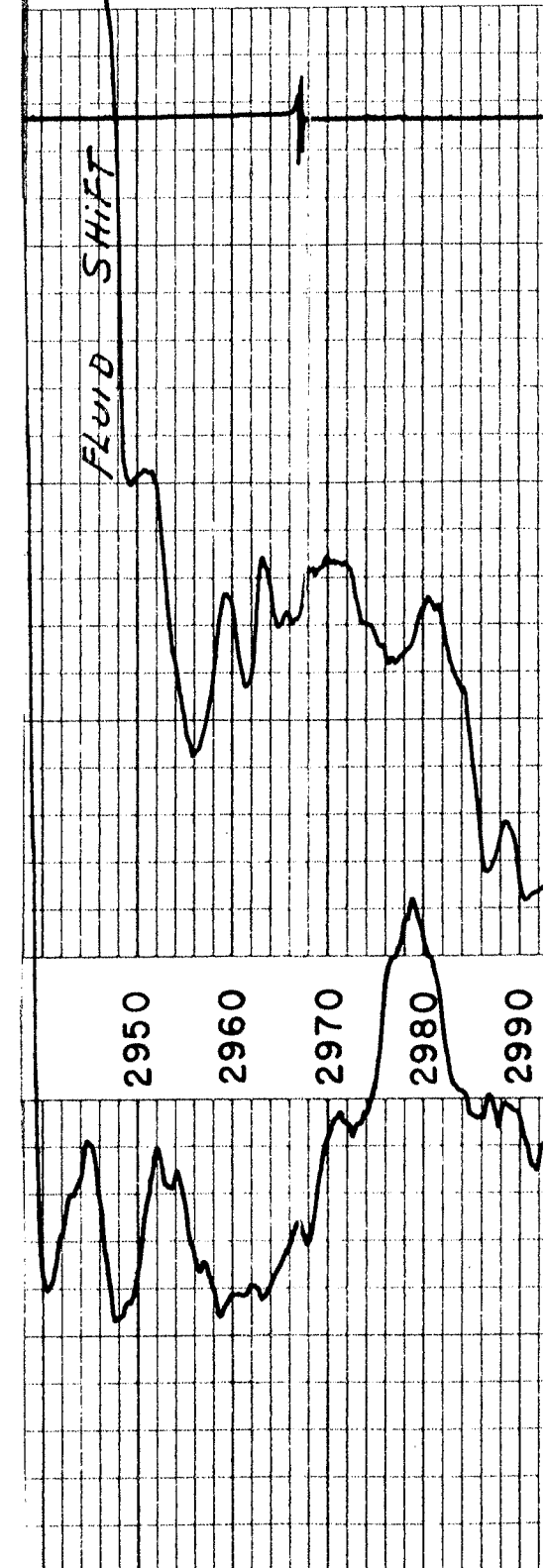
LOGGING DATA

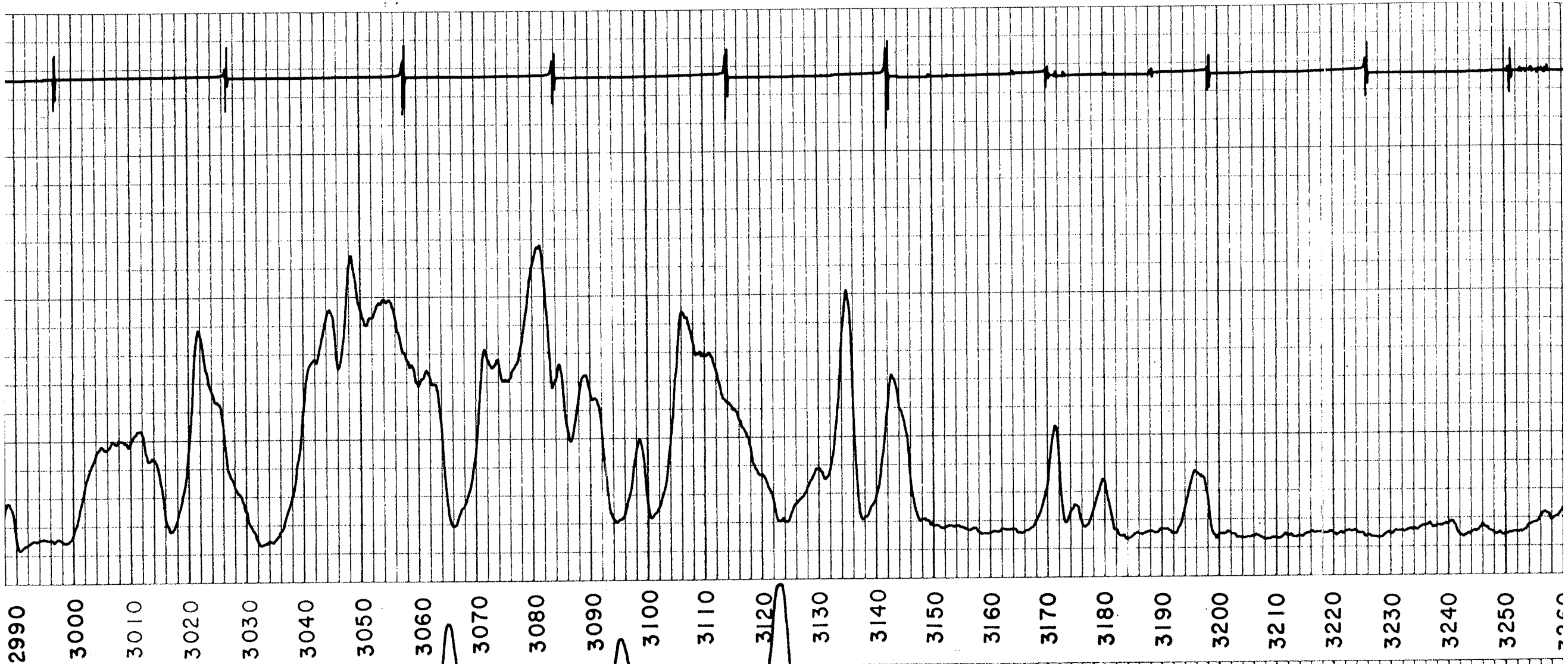
GENERAL		SPEED		T.C.		SENS.		GAMMA RAY		NEUTRON	
DEPTHS	TO	FT. / MIN.	SEC.	MIN.	SEC.	ZERO DIV. L OR R	SETTINGS	ZERO DIV. L OR R	SETTINGS	T.C. SEC.	SENS. SETTINGS
FROM	<u>2950'</u>	<u>30</u>	<u>5</u>	<u>5</u>	<u>47</u>	<u>1-L</u>		<u>1-L</u>	<u>.60</u>	<u>2</u>	<u>2-L</u>

REFERENCE LITERATURE:

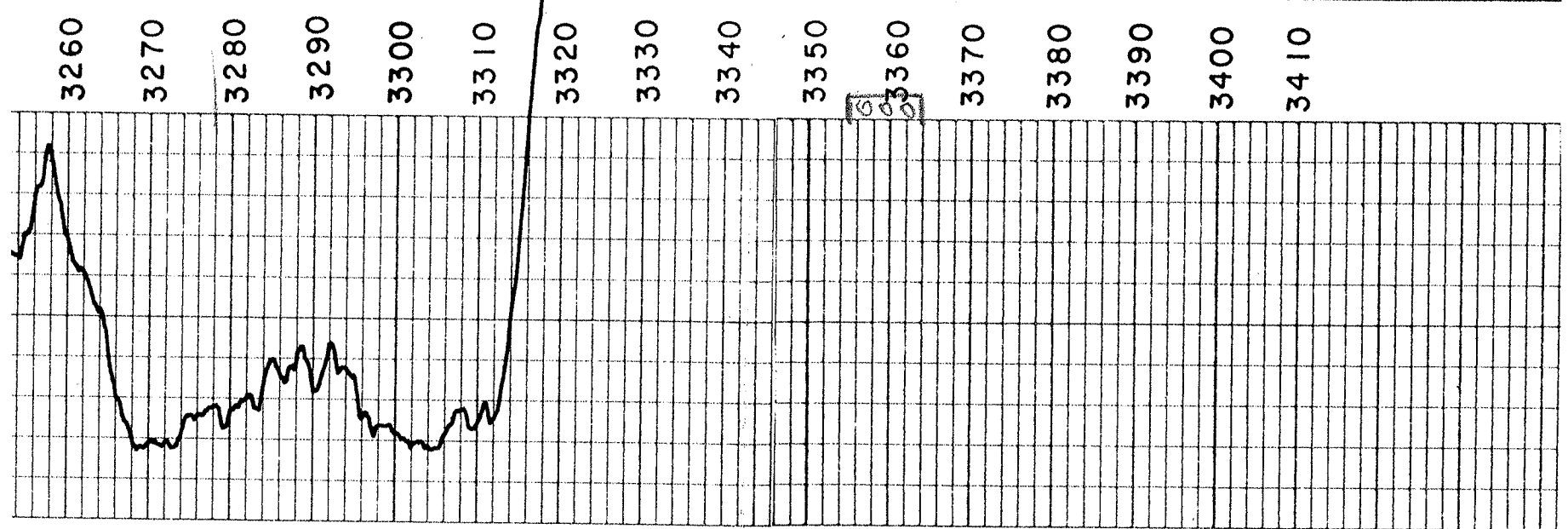
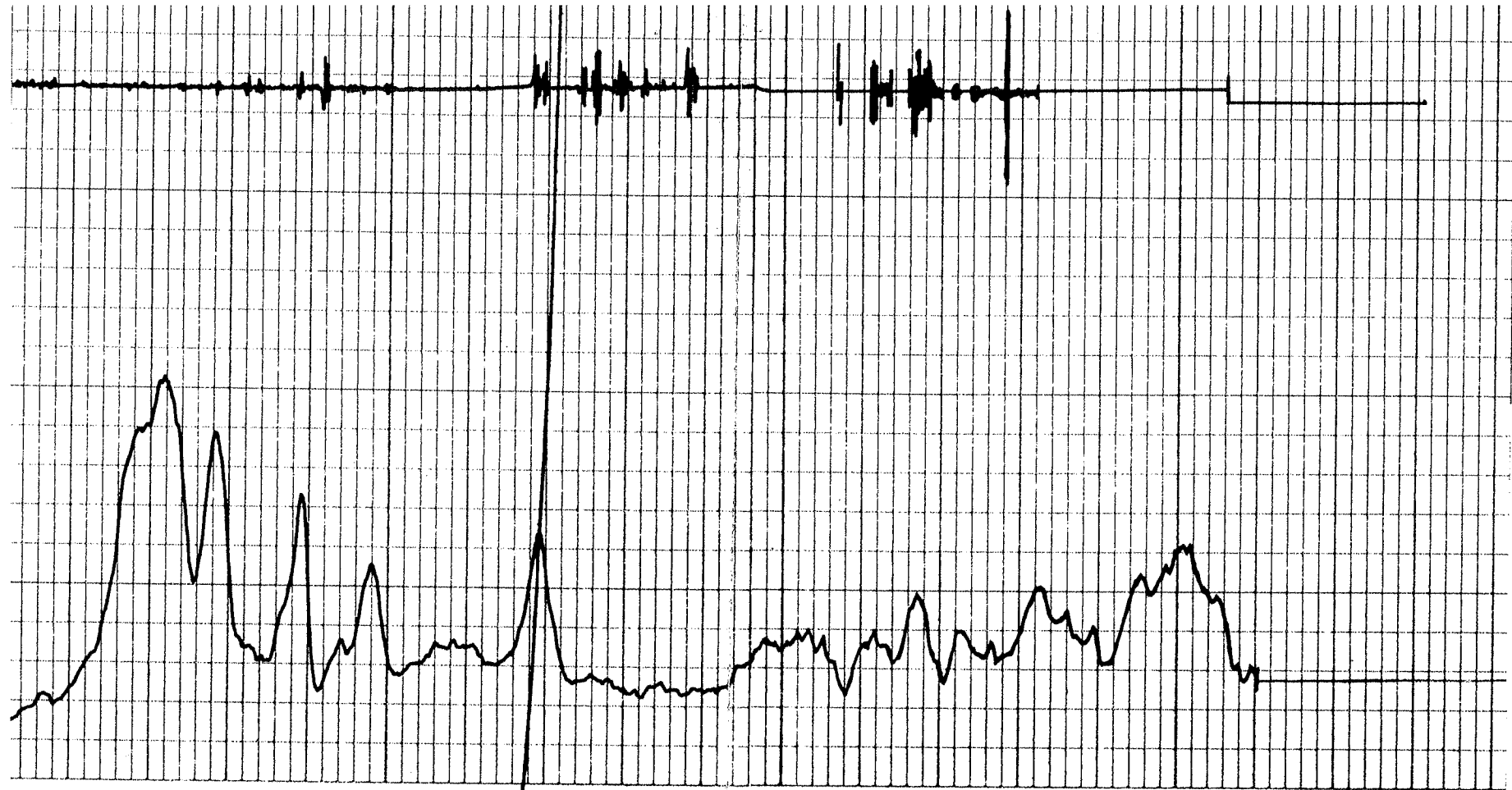
REMARKS

GAMMA RAY DEPTH NEUTRON CASING COLLARS
API UNITS API UNITS





2990 3000 3010 3020 3030 3040 3050 3060 3070 3080 3090 3100 3110 3120 3130 3140 3150 3160 3170 3180 3190 3200 3210 3220 3230 3240 3250



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3410

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 14, 2015

David M. Wilson
Kahan and Associates, Inc
PO BOX 700780
TULSA, OK 74170-0780

Re: Plugging Application
API 15-155-02802-00-01
TETEN J H 6
SE/4 Sec.12-23S-04W
Reno County, Kansas

Dear David M. Wilson:

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 June 14, 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 14, 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 2