



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	Vess Oil Corporation
Well Name	FREES 2
Doc ID	1299667

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3377	3381	Arbuckle OH	

GEOLOGISTS

J.C. MUSGROVE
 JAMES C. MUSGROVE
 BRAD J. HUTCHISON
 BOBBY J. BEARD
 HOWELL R. GRENSHAW JR.

THE

ROXANA

CORPORATION

OFFICE

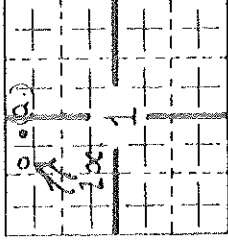
1925 MAIN STREET
 P.O. BOX 1162 67530
 GREAT BEND KS.
 PH. 316-792-1383

GEOLOGICAL REPORT / DRILLING TIME SAMPLE LOG

GEOLOGY BY



COMPANY RIEF OIL OPERATIONS
 WELL (LEASE) FREES # 2
 FIELD _____
 LOCATION NW NE NW
 SEC. 4 TWP. 17S RNG. 11W
 COUNTY BARTON STATE KANSAS



GENERAL WELL DATA

OPER RIEF OIL OPERATIONS CASING RECORD _____
 CONTR DUKE DRILLING, INC. SURFACE 8 5/8" @ 330'
 COMM 1-9-82 PRODUCTION 4 1/2 @ 3377'
 COMP 1-14-82 TD DRLG. 3381
 ELECT SURVEY _____ TD LOG _____

PRODUCTION _____ ELEVATIONS _____ MEASUREMENTS ARE _____
KB 927 DF 924 GL 922 ALL FROM S.D.

FORMATION TOPS AND STRUCTURAL POSITION

FORMATIONS	SAMPLE TOP	ELEC LOG TOP	SUB SEADATUM	A	B	C
ANHYDRITE	717			+1220	-7	
HERBNER	2958			-1031	-10	
TORONTO	2979			-1052	-9	
DOUGLAS	2987			-1060	-6	
BEN. LIME	3061			-1134	-13	
LANSING	3075			-1148	-13	
Base K.C.	3344			-1417	-3	
ARBuckle	3364			-1437	-8	
R.T.D.	3381			-1454	+27	

REFERENCE WELLS

A. RIEF OIL OPERATIONS FREES # NENE NW SEC 1-17S-11W (25.8 A.P.D.)
 B. _____
 C. (20.6 N.P.D.)

RECOMMENDATIONS / REMARKS

FORMATION	PERFORATE INTERVAL	LOG ANALYSIS % POR	% SW	TREATMENT AND REMARKS
				IT WAS RECOMMENDED
				THAT 4 1/2" COSSIDE BE SET
				AND CEMENTED BY 3377.
				FOUR FOOT OFF BOTTOM AND
				THE FOLLOWING ZONE TO BE
				TESTED.

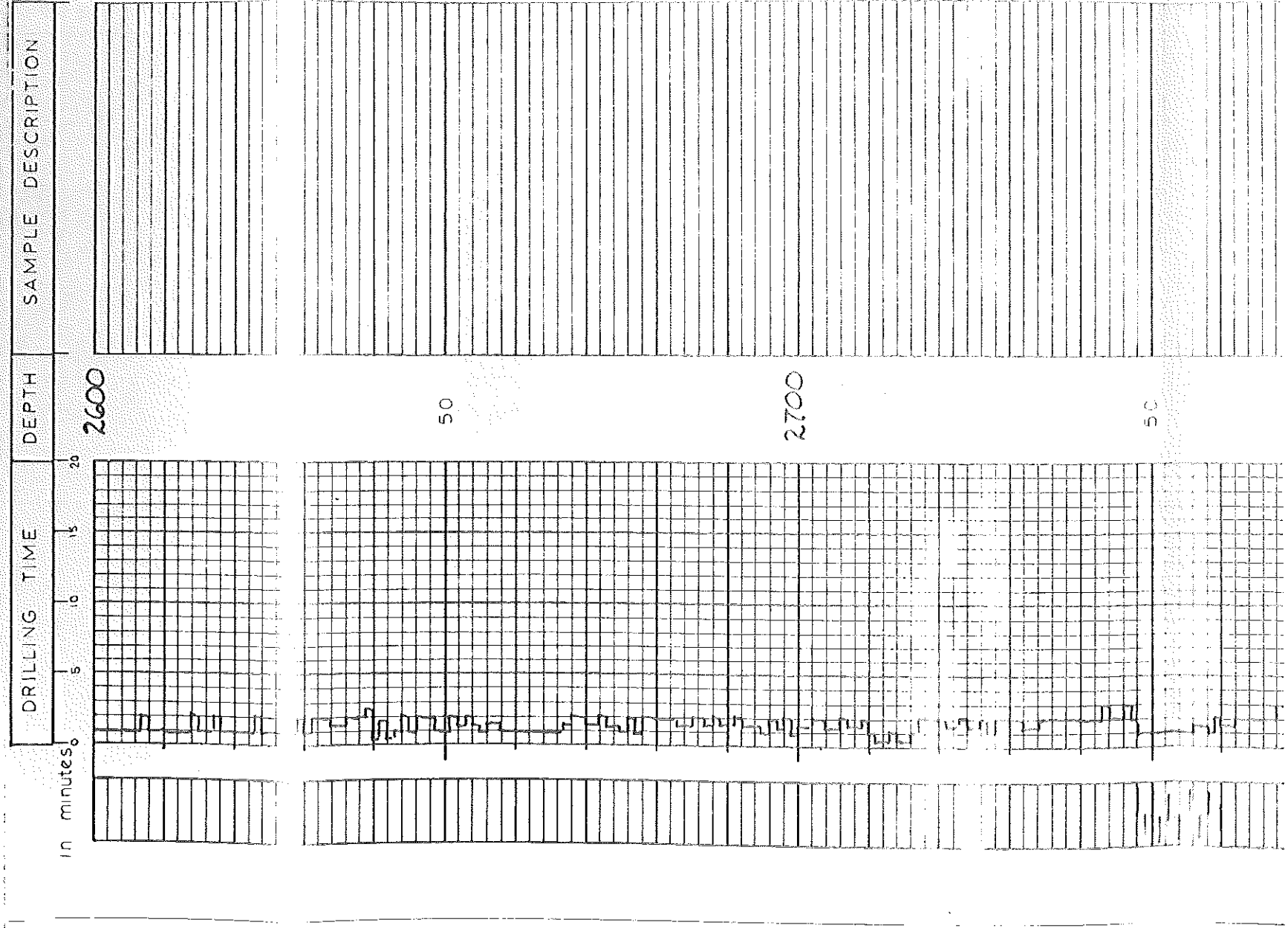
THAT 4 1/2 CASINGS BE SET
 AND CEMENTED IN SITU
 FOUR FOOT OFF BOTTOM AND
 THE FOLLOWING ZONE TO BE
 TESTED.

1. ARBUCKLE-Open Hole
 COMPLETION METHODS

RESPECTFULLY SUBMITTED,
Brad Hutchison
 BRAD HUTCHISON

LEGENDS

ANHYDRITE SALT	SANDSTONE	SHALE	CARB SH	LIMESTONE	COL LIME	CHERT	DOLomite



50

15 GRM EX. SAND CO.
Soto coc. (barrel)
- 45

2800

GRY-GREEN
shale

ditto SAME O.O.

50

15 GRY-FINE
dense

15 GRM EX. CHALKY
NOVIA 0

2900

15 GRM CHALKY COB
- 45

15 GRM CHALKY COB
IF PARTLY NO. VIA
- U.F.O. AT 2100

15 GRM CHALKY COB
- 45

50

15 GRM EX. COB
- 45

3000

shale at 2800 speed
(MICACEOUS)

15 GRM CHALKY COB
- 45



2800-2900
- 100-200 (-052)
- 100-200 (-060)

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Jay Scott Emler, Chairman
Shari Feist Albrecht, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

March 24, 2016

Casey Coats
Vess Oil Corporation
1700 WATERFRONT PKWY BLDG 500
WICHITA, KS 67206-6619

Re: Plugging Application
API 15-009-22653-00-00
FREES 2
NW/4 Sec.01-17S-11W
Barton County, Kansas

Dear Casey Coats:

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 September 24, 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 September 24, 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