



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	Colt Energy Inc
Well Name	GREGORY L SOUTHWEST(733 1-G
Doc ID	1361713

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
709	714	BARTLESVILLE SS	

T-1 Form

1770 FSL
940 FWL } SWH

15-099-2325

HGS: WLB

650 FSL

2310 FWL } SWH

15-099-2325

Permit data:

2-06-2003

TD 950

Rayne Gregory

1-G

Prod. Form Miss

Bvis Pfd

DREXEL SUPPLY CO 821164

CORNISH

WIRELINE SERVICES, INC.
P.O. DRAWER H
CHANUTE, KANSAS

RADIOACTIVITY LOG

PHONE 431-9308

FILING NO

COMPANY SPOONER-HERRICK OIL

WELL GREGORY NO. G 1 (1-6)

FIELD _____

COUNTY LABETTE STATE KANSAS

LOCATION:

SEC 2 TWP 33S RGE 17E

OTHER SERVICES

PERMANENT DATUM GROUND LEVEL ELEV _____ FT ABOVE PERM DATUM
LOG MEASURED FROM G.L.
DRILLING MEASURED FROM G.L.

ELEV. R 0 _____
D F _____
G L _____

DATE	6-9-03	6-9-03	6-9-03
RUN NO	1 NW	1 NW	1 NW
TYPE LOG	GAMMA RAY	NEUTRON	PERFORATE
DEPTH-DRILLER	934.3'	934.3'	
DEPTH-LOGGER	828.5'	933.3'	
BOTTOM LOGGED INTERVAL	4'	8'	
TOP LOGGED INTERVAL			
TYPE FLUID IN HOLE	WATER	WATER	WATER
SALINITY, PPM CL			
DENSITY			
LEVEL	FULL	FULL	FULL
MAX. REC. TEMP., DEG. F.			
OPERATING NO TIME			
RECORDED BY	G. SARBORN	G. SARBORN	G. SARBORN
WITNESSED BY	J. KEPHART	J. KEPHART	J. KEPHART

BORE-HOLE RECORD

CASING RECORD

RUN NO	BT	FROM	TO	SIZE	WGT.	FROM	TO
				4-1/2"		0	T.D.

FOLD HERE THIS HEADLINE AND LOG CONFORMS TO API RP 33

EQUIPMENT DATA

GAMMA RAY			NEUTRON		
RUN NO	1 NW		RUN NO	1 NW	
TOOL MODEL NO.	9205		LOG TYPE	NEU/NEU	
DIAMETER	1-11/16"		TOOL MODEL NO.	9205	
DETECTOR MODEL NO.	95SC		DIAMETER	1-11/16"	
TYPE	SCINT.		DETECTOR MODEL NO.	95HR	
LENGTH	1"x4"		TYPE	He-3	
DISTANCE TO N. SOURCE	8.5'		LENGTH	1"x6"	
			SOURCE MODEL NO.	AC	
			SERIAL NO	MRC615	
			SPACING	13"	
			TYPE	Am/Be	
			STRENGTH	6.7x10-6	

LOGGING DATA

LOGGING DATA

RUN NO.	GENERAL DEPTHS		SPEED FT/MIN.	GAMMA RAY				NEUTRON			
	FROM	TO		T.C. SEC	SENS SETTINGS	ZERO DIV. L OR R	API G R UNITS PER LOG DIV	T.C. SEC	SENS SETTINGS	ZERO DIV. L OR R	API N UNITS PER LOG DIV
1	933.3'	4'	25	2.5	10-0	2L	20	2.0	0-.35	4L	

REFERENCE LITERATURE:

REMARKS

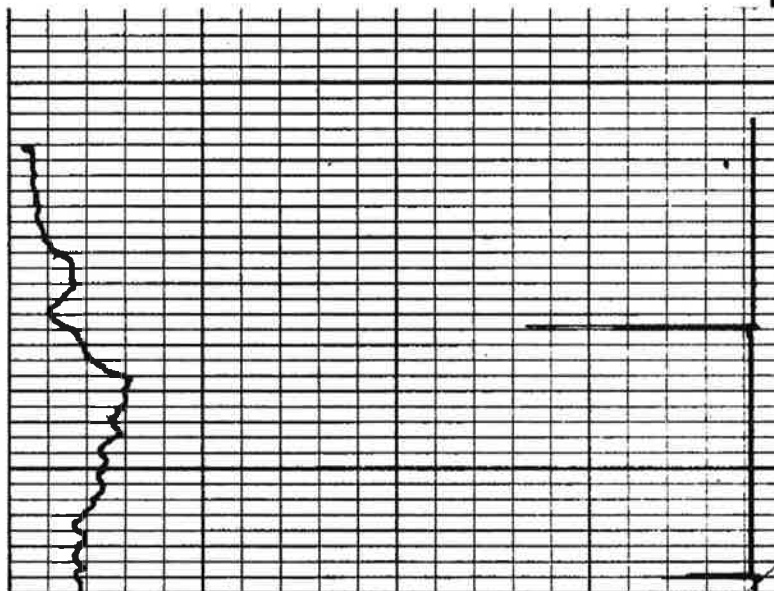
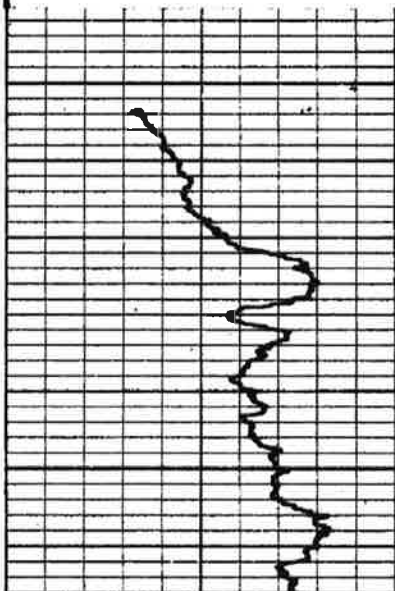
GAMMA RAY

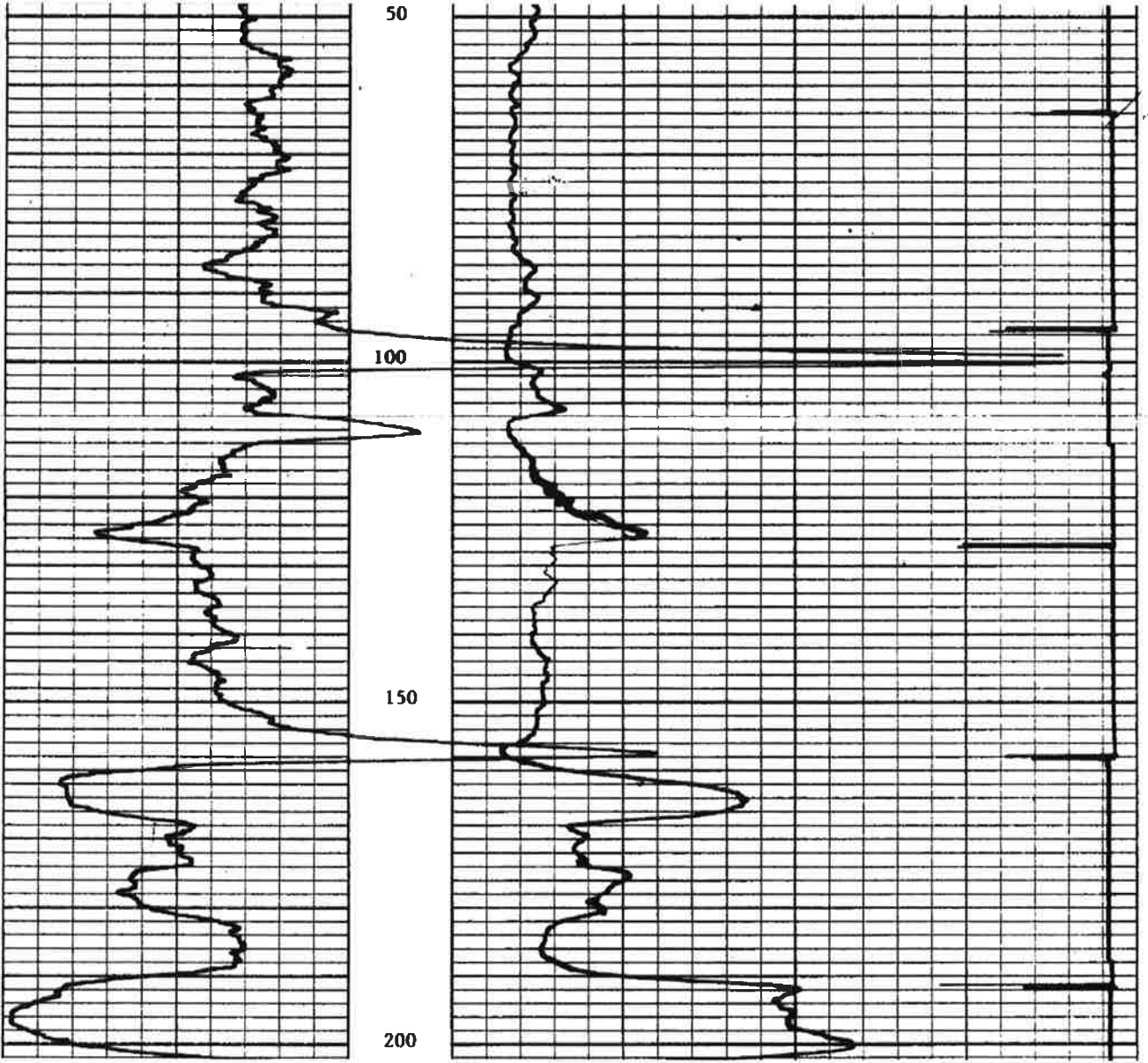
API UNITS

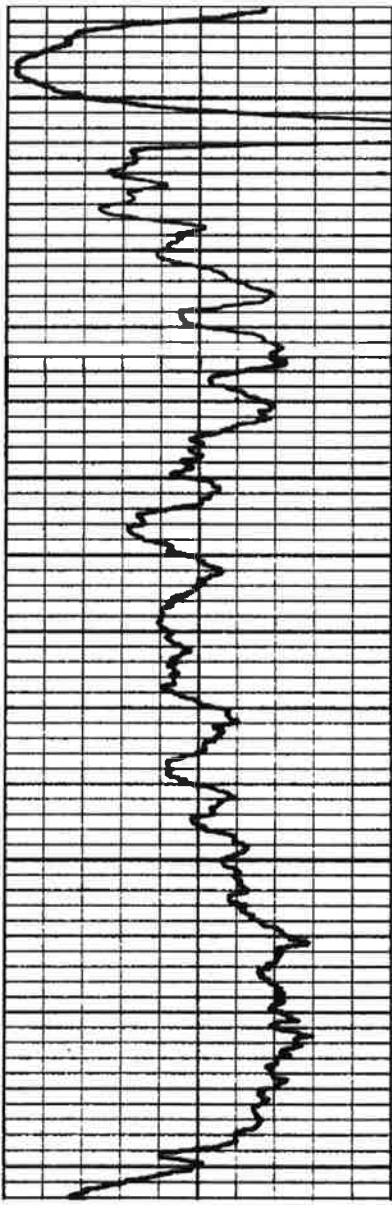
DEPTH AND CASING COLLARS

NEUTRON

API UNITS



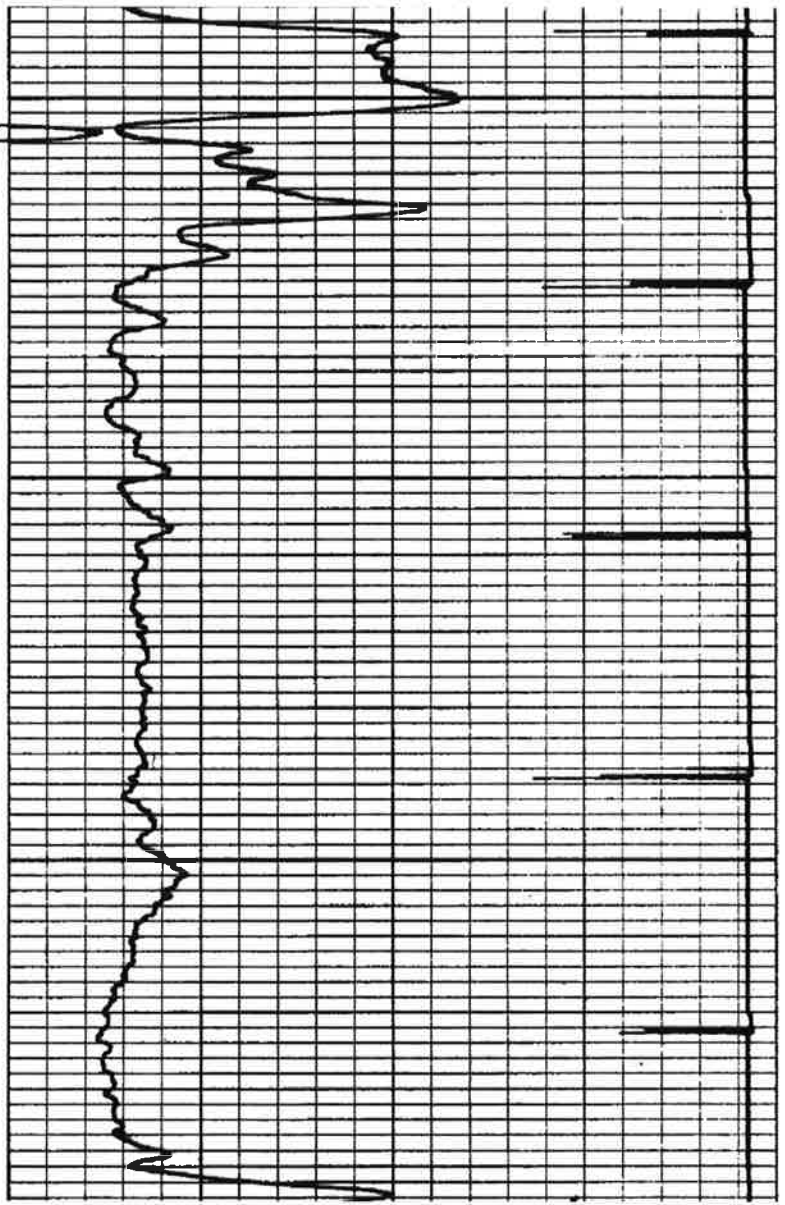


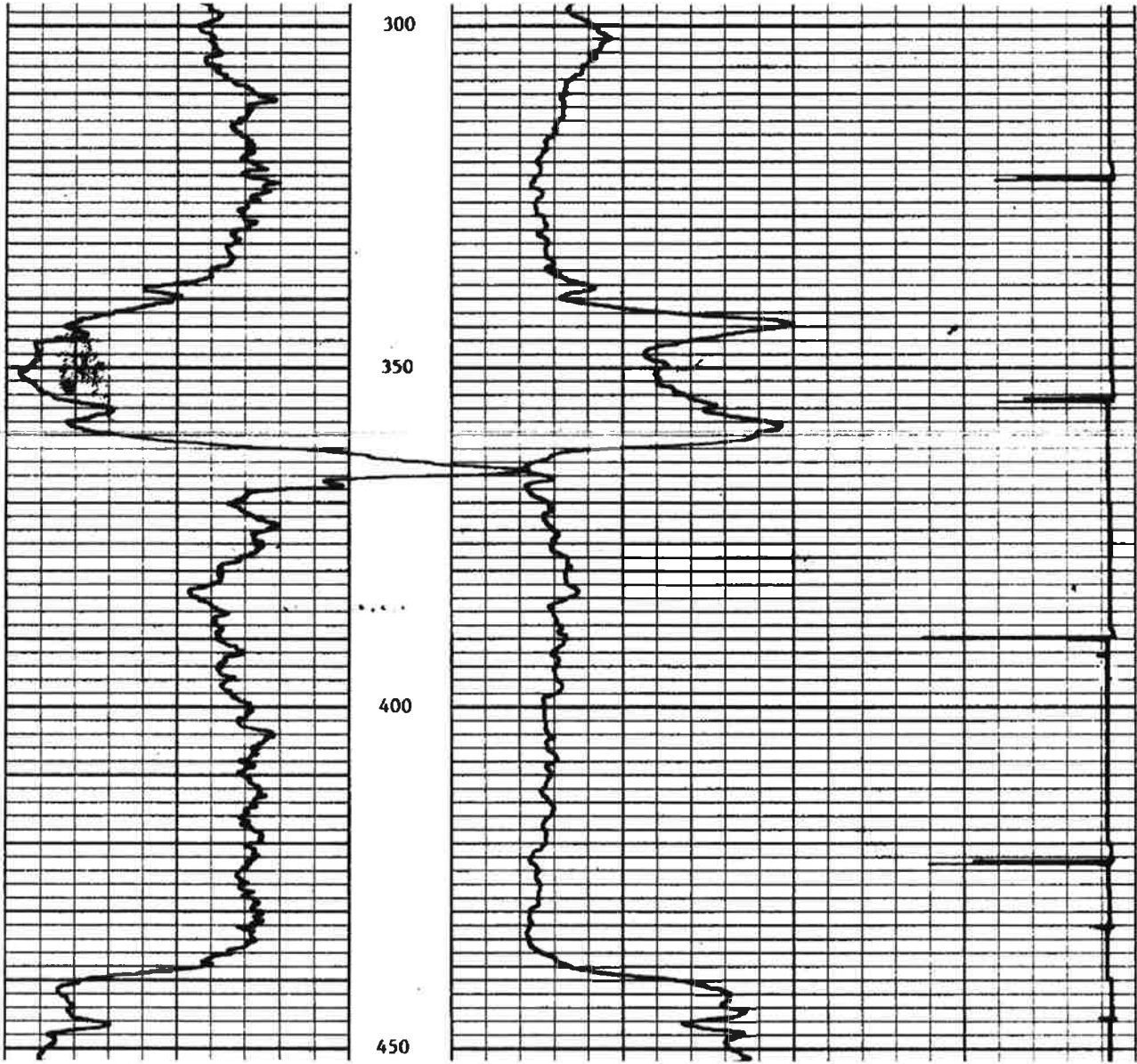


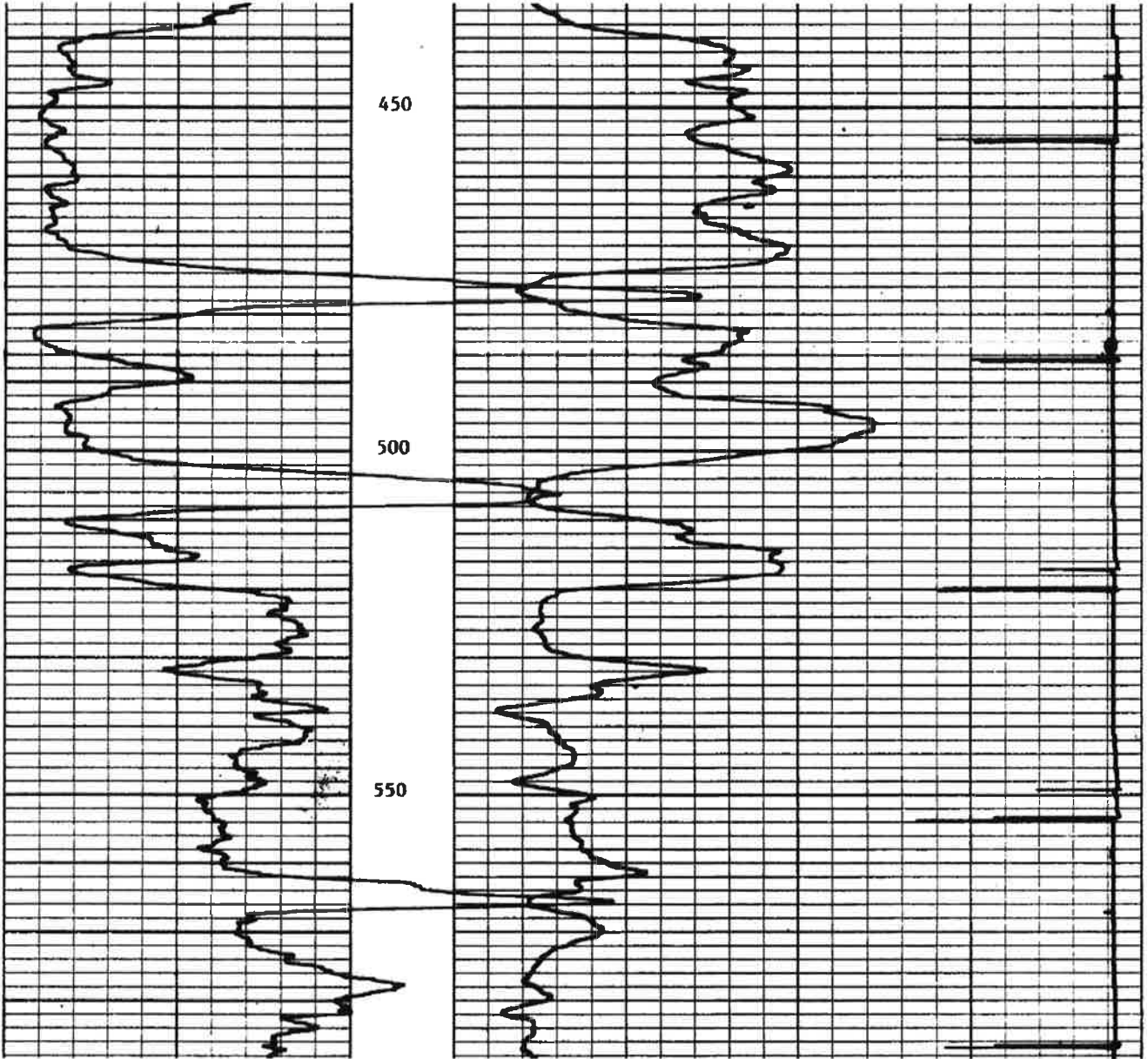
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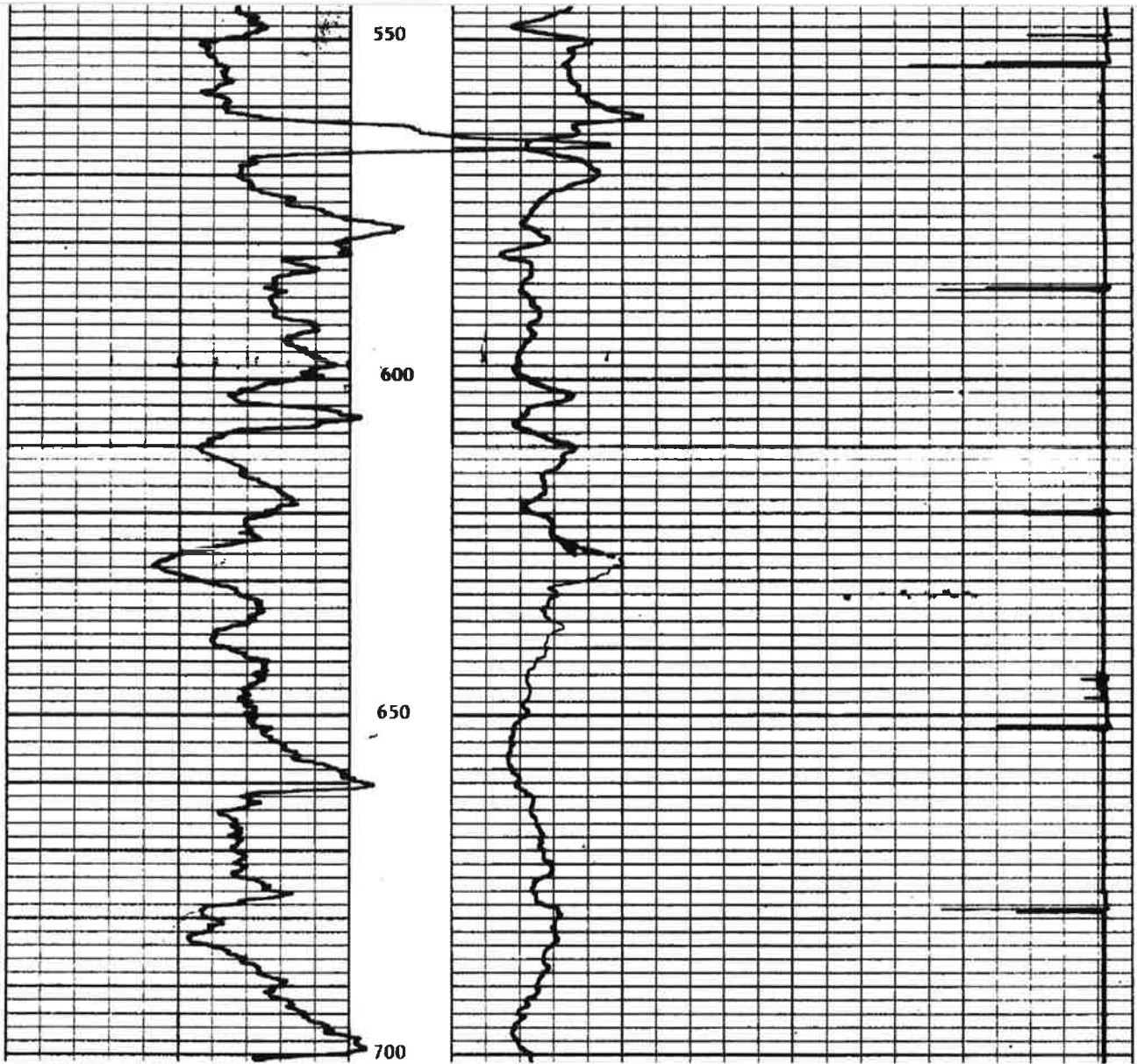
250

300

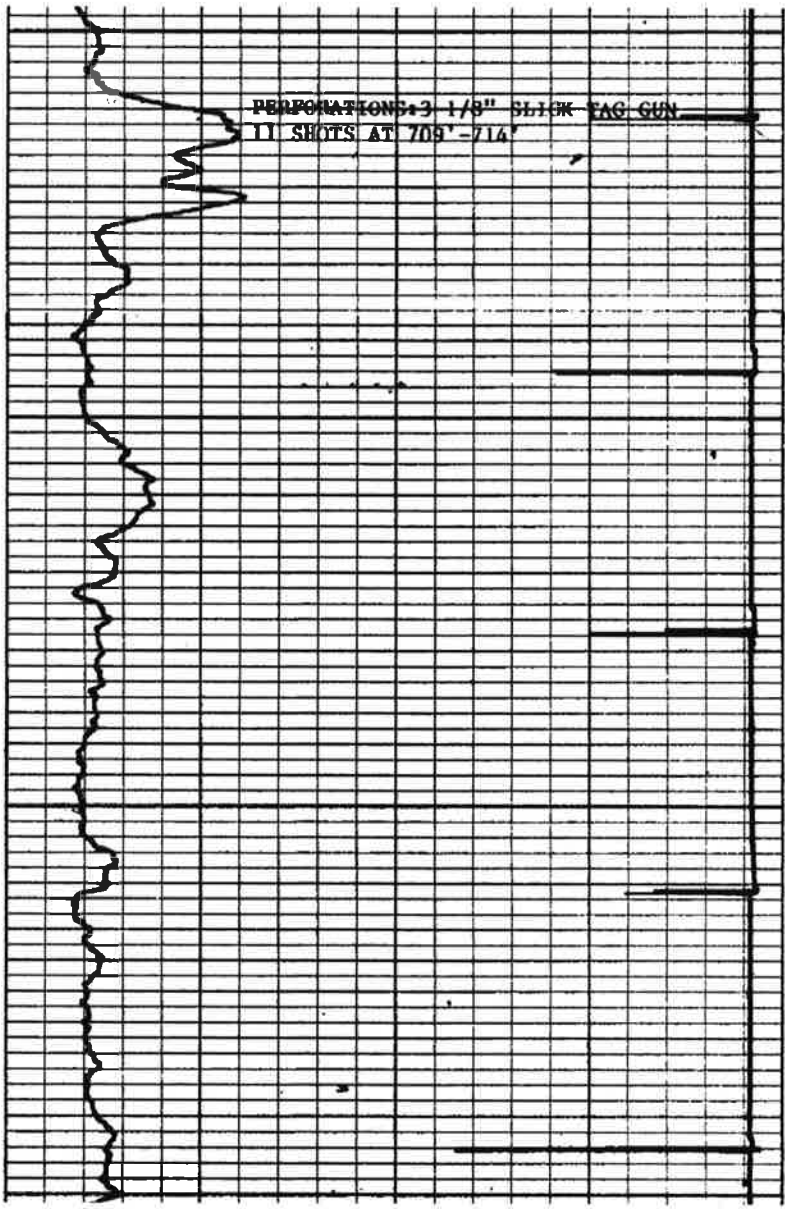
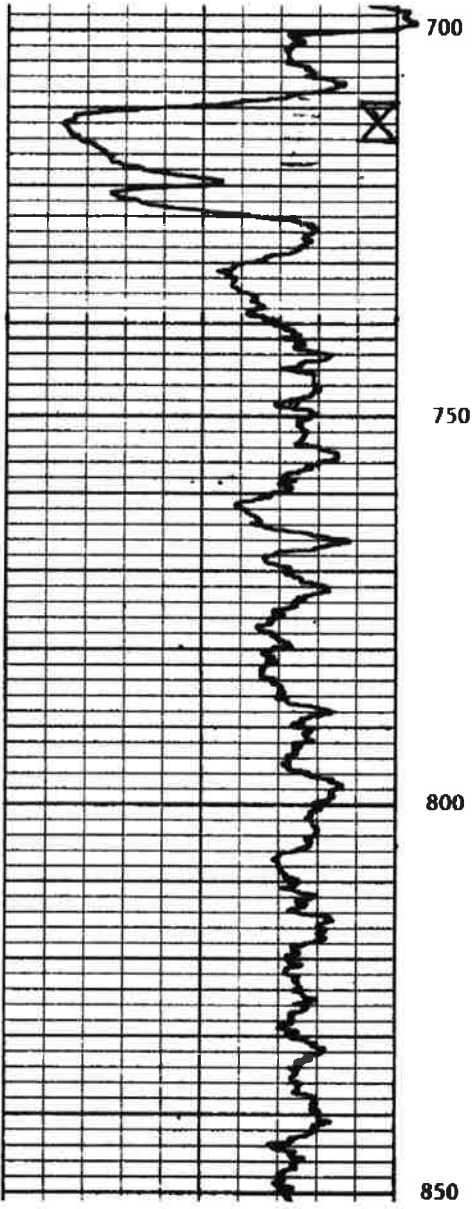


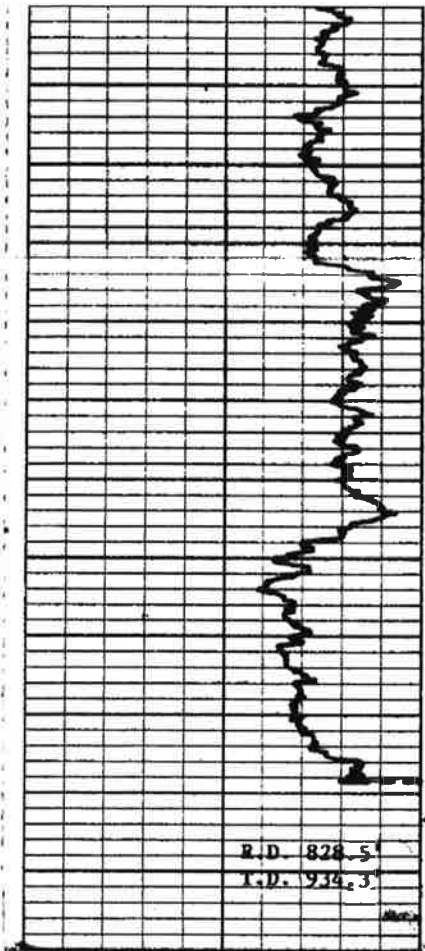






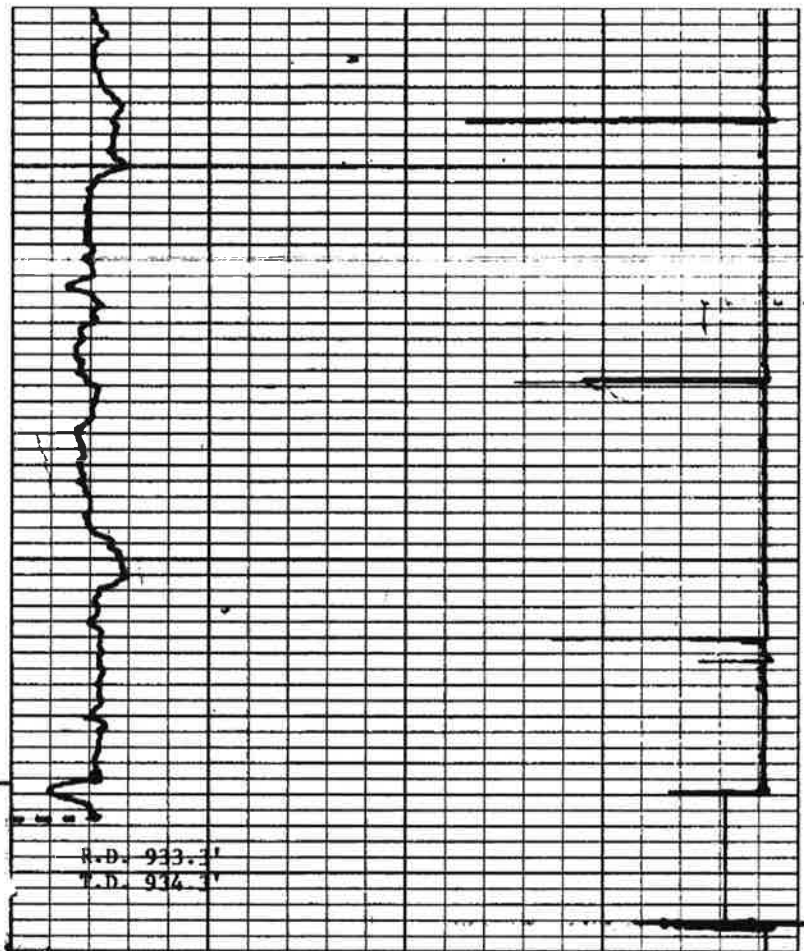
Handwritten text or signature at the bottom right of the page.





850

900



GREGORY NO. G 1

SPOONER-MERRICK OIL

LABETTE COUNTY, KANSAS

JUNE 9, 2003

GAMMA RAY/NEUTRON/PERFORATE

2/33S/17E

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



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

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

Sam Brownback, Governor

August 02, 2017

REX R. ASHLOCK
Colt Energy Inc
PO BOX 388
IOLA, KS 66749-0388

Re: Plugging Application
API 15-099-23251-00-00
GREGORY L SOUTHWEST(733 1-G
SW/4 Sec.02-33S-17E
Labette County, Kansas

Dear REX R. ASHLOCK:

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 February 02, 2018. 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 February 02, 2018 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