



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	MCCONNELL 3
Doc ID	1368179

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
663	669	"SQUIRREL" SS	

Paola, Kansas 66071
Box 328
913/294-4328

API # 15-059-23235

FILING NO.

COMPANY CYKER OIL COMPANY

WELL NO. 3

FIELD MC CONNEL

COUNTY FRANKLIN STATE KANSAS

LOCATION: HGS: 165 FUL, 495 FUL, NW OTHER SERVICES:

CCL

SEC 2 TWP. 16S RGE 20E

PERMANENT DATUM: G.L. ELEV. NA
LOG MEASURED FROM G.L. FT. ABOVE PERM. DATUM
DRILLING MEASURED FROM G.L.ELEV.: K.B. NA
D.F. NA
G.L. NA

DATE	2-12-88	2-12-88	HGS: 942
RUN NO.	1 NW	1 NW	
TYPE LOG	GAMMA RAY	NEUTRON	
DEPTH-DRILLER	NA	NA	
DEPTH-LOGGER	729.0	729.0	
BOTTOM LOGGED INTERVAL	720.0	720.0	
TOP LOGGED INTERVAL	300.0	308.0	
TYPE FLUID IN HOLE	WATER	WATER	
SALINITY, PPM CL.	NA	NA	
DENSITY	NA	NA	
LEVEL	FULL	FULL	
MAX. REC. TEMP., DEG F.	NA	NA	
OPERATING RIG TIME	NA	NA	
RECORDED BY	S. WINDISCH	S. WINDISCH	
WITNESSED BY	D. BLEAKLEY	D. BLEAKLEY	

RUN NO.	BORE-HOLE RECORD				CASING RECORD			
	BIT	FROM	TO	SIZE	WGT.	FROM	TO	
				2 7/8"		0.0;	T.D.	

THIS HEADING AND LOG CONFORMS TO API RP 33

EQUIPMENT DATA

GAMMA RAY		NEUTRON	
RUN NO.	1 NW	RUN NO.	1 NW
TOOL MODEL NO.	102	LOG TYPE	NEU/NEU
DIAMETER	1 11/16"	TOOL MODEL NO.	102
DETECTOR MODEL NO.	E-1057	DIAMETER	1 11/16"
TYPE	SCINT.	DETECTOR MODEL NO.	E-1031
LENGTH	1" x 4"	TYPE	HE-3
DISTANCE TO N. SOURCE	8.0	LENGTH	1" x 6"
		SOURCE MODEL NO.	71-1
		SERIAL NO.	71-1-355B
MOIST TRUCK NO.	NA	SPACING	13"
INSTRUMENT TRUCK NO.	102	TYPE	Am241Be
TOOL SERIAL NO.	MS-0001	STRENGTH	3 CI

LOGGING DATA

GENERAL				GAMMA RAY				NEUTRON			
RUN NO.	DEPTHS		SPEED FT./MIN.	T.C. SEC.	SENS. SETTINGS	ZERO DIV. I OR R	API G.R. UNITS PER LOG DIV.	T.C. SEC.	SENS. SETTINGS	ZERO DIV. I OR R	API N. PER IC
	FROM	TO									
1	300.0	728.0	20	4.0	1.85/100	01	10	4.0	1.35/100	01	

REFERENCE LITERATURE: 2 7/8" CEMENTED

REMARKS

GAMMA RAY

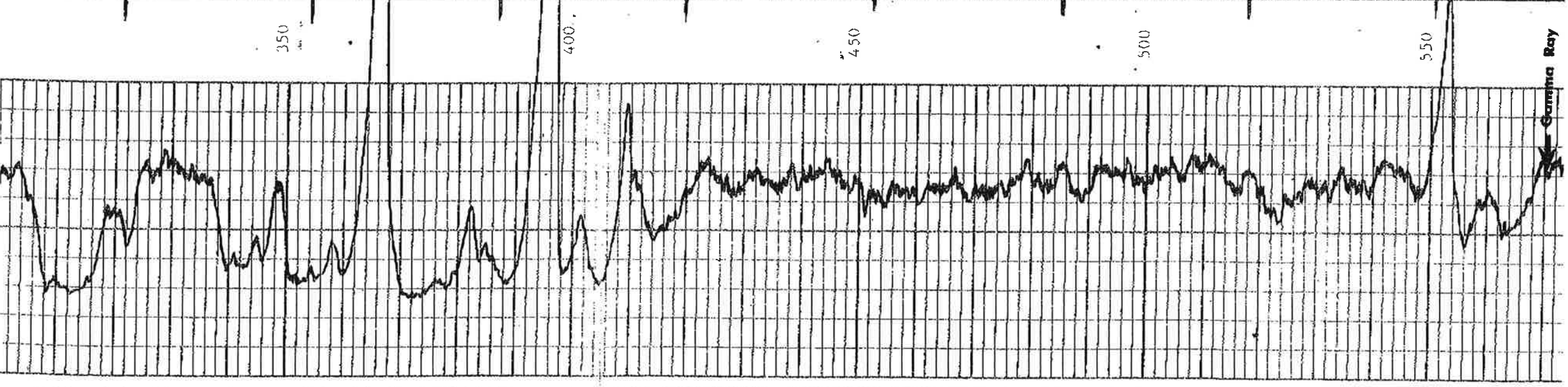
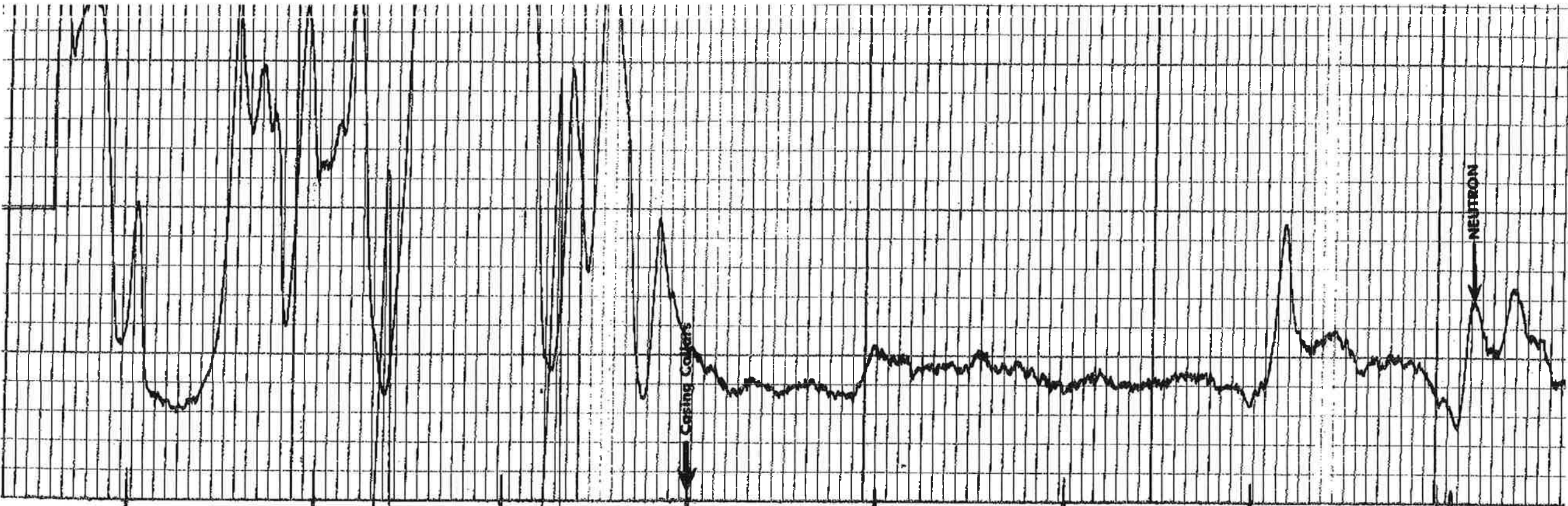
DEPTH

NEUTRON

CASING

COLLARS

300



350

400

450

500

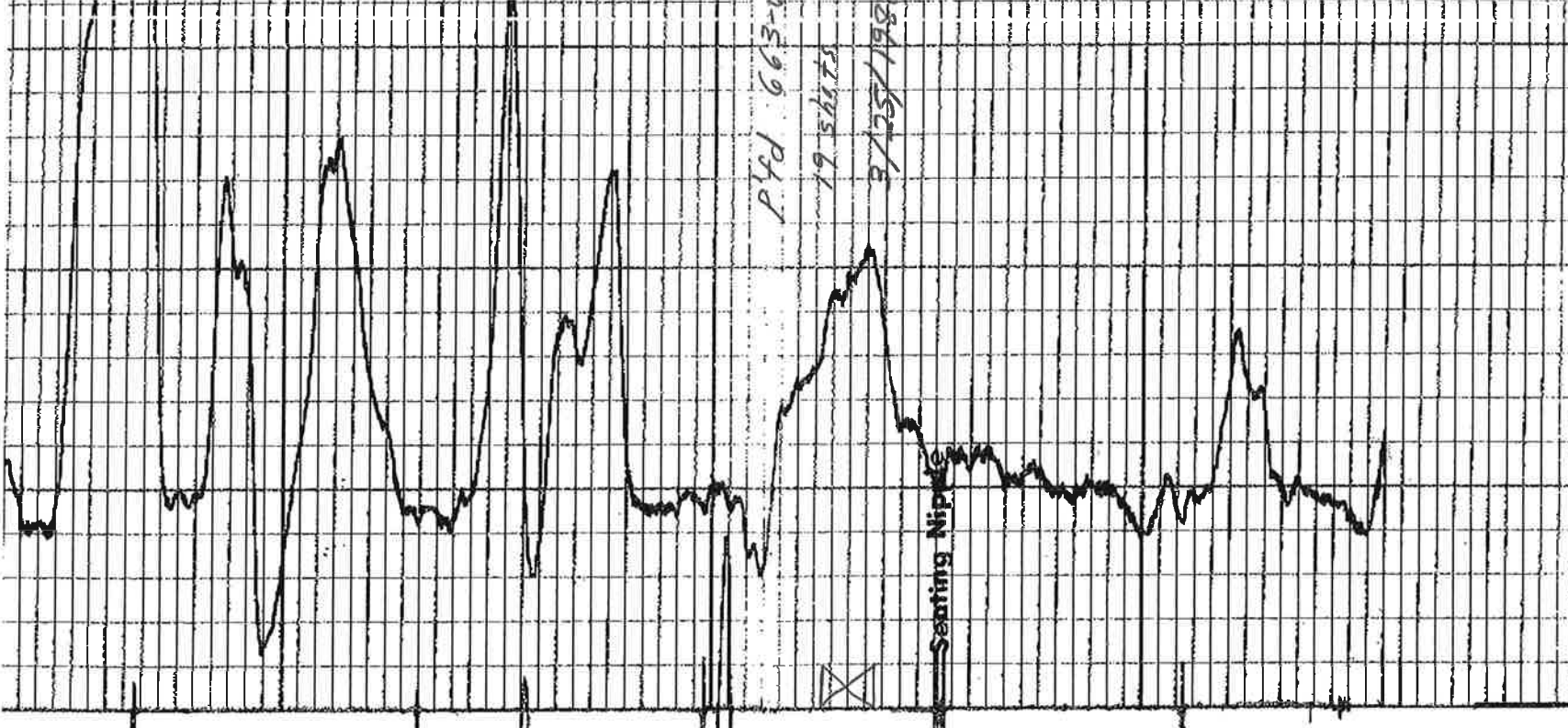
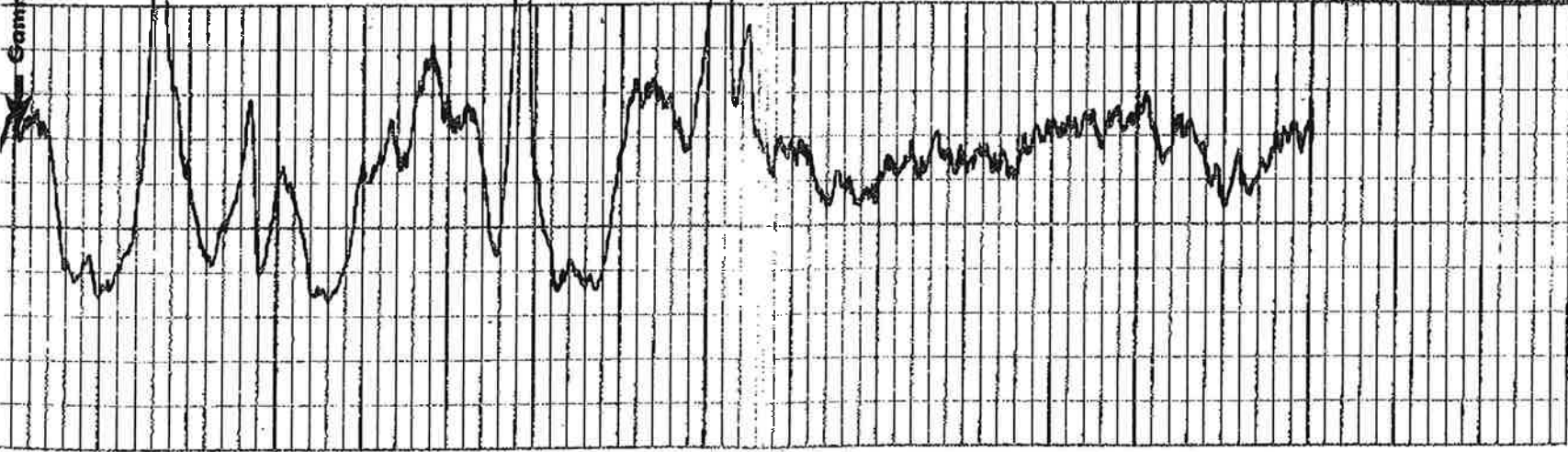
550

Casing Collars

NEUTRON

Gamma Ray

Gamma Ray



P.D. 663-1
 19 shifts
 8/15/1988

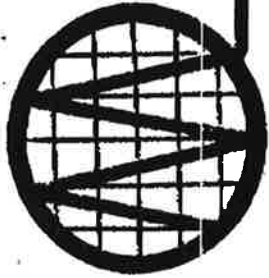
Seating Nipple

COMPANY
 WELL
 LEASE
 COUNTY
 DATE

CYKER OIL COMPANY
 No. 3
 MC CONNELL LEASE
 FRANKLIN CO., KANSAS
 FEBRUARY 12, 1988

GAMMA RAY
 GAMMA RAY
 NEUTRON
 NEUTRON
 CASING SET @

T.D. 725
 R.D. 721
 T.D. 725
 R.D. 721
 T.D.



MIDWEST SURVEYS

LOGGING • PERFORATING • CONSULTING SERVICES

P.O. Box 328

Paola, Kansas 66071

910/441-2128

755-2128

PERFORATION RECORD

COMPANY:

CYKER OIL COMPANY

4813 W 121st STREET

OVERLAND PARK, KANSAS 66029

WELL NAME/NO.

NO. 3

LEASE/FIELD

MC CONNELL LEASE

COUNTY/STATE

FRANKLIN, KANSAS

SERVICE ORDER NO.

8916

DATE

MARCH 25, 1988

PERFORATED @

663.0 - 669.0

**TYPE OF JET, GUN
OR CHARGE**

2" D.M.L. R.T.G.

**NUMBER OF JETS,
GUNS OR CHARGES**

NINETEEN (19)

CASING SIZE

2 7/8"

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

October 17, 2017

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

Re: Plugging Application
API 15-059-23235-00-00
MCCONNELL 3
NW/4 Sec.02-16S-20E
Franklin 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) 902-6450. 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 April 17, 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 April 17, 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