

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2010

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1
January 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

**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

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO: 15- Anderson

County Anderson
NE SE SE SW Sec. 13 Twp. 21 Rng. 20 ^{XX} E W

586 Feet from SW (circle one) Line of Section

2805 Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SW, NW or SW (circle one)

Lease Name VanWinkle Well # E-15

Field Name Bush City Shoestring

Producing Formation Bartlesville

Elevation: Ground N/A KB N/A

Total Depth 885' PBD 850'

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used? Yes ^{XX} No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from TD

feet depth to Surface w/ 95 SA cnt.

Drilling Fluid Management Plan ALT 2 8/94 2-26-96
(Data must be collected from the Reserve Pit)

Chloride content XXXXXXXX ppm Fluid volume 100 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite:

Operator Name Not Applicable

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ Rng. _____ E/W

County _____ Docket No. _____

Operator's License # 4693

Name: The Xenia Corporation

Address Rt. 1, Box 286

City/State/Zip Garnett, Ks 66032-9322

Purchaser: Plains Liquids Transports

Operator Contact Person: H. H. Lemon

Phone (913) 898-6218

Contractor's Name: Company Tools

License: _____

Wellsite Geologist: None

Designate Type of Completion
^{XX} New Well _____ Re-Entry _____ Workover _____

^{XX} Oil _____ SWD _____ SIOW _____ Temp. Abd.
Gas _____ LMR _____ SIW
Dry _____ Other (Cure, MW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening _____ Re-perf. _____ Conv. to Inj/SWD
Plug Back _____ PBD
Cemented _____ Docket No. _____
Dual Completion _____ Docket No. _____
Other (SWD or Inj?) Docket No. _____

4/21/95 4/28/95 6/21/95

Spud Date Date Reached TD Completion Date

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Donna Sue Sayer

Title Sec/Treas. Date 8/21/95

Subscribed and sworn to before me this 21st day of August 1995.

Notary Public Donna Sue Sayer

Date Commission Expires September 5, 1998

RECEIVED
K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
G Wireline Log Received
C Geologist Report Received

Distribution
 KCC
 KGS
_____ SWD/Rep
_____ Plug
_____ NEPA
_____ Other (Specify)

DONNA SUE SAYER
My Appt. Exp. 9/5/98

305-12-8

Operator Name The Xenia Corporation

Lease Name VanWinkle Well # E-15

Sec. 13 Twp. 21 Rge. 20
 East
 West

County Anderson

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
(Attach Additional Sheets.)
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No
(Submit Copy.)
List All E-Logs Run: GAMMA RAY/NEUTRON

Log Formation (Top), Depth and Datum Sample
Name Top Datum
Bartlesville 794' - 802'

CASING RECORD New Used

Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (in O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface Csg.	11"	7"	20#	20'	Portland	5	None
Prod. Csg.	5 7/8"	2 7/8"	6.5#	849'	Portland	95	None

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plug Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	788' - 798'	40 sx sand-115 bbls water	788-798

TUBING RECORD Size 1" Set At 785' Packer At None Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. June 28, 1995 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil 2 Bbls. Gas 0 Mcf Water 1 Bbls. Gas-oil Ratio Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACU-18.) MULTIPLE OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____ Production Interval 788-798

XENIA CORPORATION

ORIGINAL

Operator The Xenia Corporation Address Garnett, Ks
 Lease West VanWinkle Well No. E-15
 Location Sec. 13, Twp. 21, Rge 20E County Anderson
 Contractor Company Tools API NO. 15-003-238100000
 Spud Date April 21, 1995 Date Reached TD April 28, 1995

Thickness of Strata	Formation	Total Depth
0- 2	Topsoil	2
16	Clay & Sandrock	18
32	Shale	50
25	Lime	75
43	Shale	118
44	Lime	162
3	Shale	165
11	Lime	176
30	Shale	206
51	Lime	257
177	Shale	434
17	Lime	451
60	Shale	511
31	Lime	542
13	Shale	555
20	Lime-Broken	575
16	Shale-Limey	591
6	Lime	597
10	Shale	607
4	Lime	611
8	Shale	619
3	Black Shale	622
7	Shale-Grey	629
2	Shale & Lime Streaks	631
2	Shale	633
3	Shale-Limey	636
1	Oil Sand	637
2	Sandy Shale	639
1	Shale-Couple of Sand Chips	640
1	Shale	641
1	Shale-Few Oil Sand Chips	642
1	Oil Sand-Broken-Poor	643
4	Shale	647
1	Oil Sand-Broken-Good Odor	648
4	Oil Sand-Good Oil Show	652
1	Oil Sand-Broken-Good Odor	653
22	Sandy Shale-Dry	675
2	Black Sand	677
27	Shale	704
2	Lime	706
70	Shale	776

OVER

1	Coal	777
9	Shale	786
2	Sand	788
20	Core	808
47	Shale	855

February 05, 2018

Vernon Hemreck
Sirius Energy Corp.
526 COUNTRY PL, SOUTH
ABILENE, TX 79606-7032

Re: Plugging Application
API 15-003-23810-00-00
WEST VAN WINKLE E-15
SW/4 Sec.13-21S-20E
Anderson County, Kansas

Dear Vernon Hemreck:

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 August 05, 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 August 05, 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