

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

Form	CP1 - Well Plugging Application
Operator	Mike Kelso Oil, Inc.
Well Name	HECKEL 6
Doc ID	1417605

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
1376	1382	Winfield	
1423	1428	Winfield	

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117

Form CP-4
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: Mike Kelso Oil, Inc.

Address: P.O. Box 467 Chase, Kansas 67524

Phone: (620) 938-2943 Operator License #: 31528

Type of Well: Oil Docket #: _____
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)

The plugging proposal was approved on: _____ (Date)

by: Virgil Clothier (KCC District Agent's Name)

Is ACO-1 filed? Yes No If not, is well log attached? Yes No

Producing Formation(s): List All (If needed attach another sheet)

_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15-159-21145

Lease Name: Heckel

Well Number: 6

Spot Location (QQQQ): N/2 - SE - SW

990 Feet from North / South Section Line

3300 Feet from East / West Section Line

Sec. 18 Twp. 20 S. R. 9 East West

County: Rice

Date Well Completed: 4-9-81

Plugging Commenced: Jan. 06'

Plugging Completed: Jan. 06'

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface Conductor & Production)				
Formation	Content	From	To	Size	Put In	Pulled Out
				8-5/8"	206'	None
				4-1/2"	3379'	60'

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugged off bottom with sand to 2980' and 4 sacks cement above plug back @3305'. Cut casing loose @1700', Layed down 60 ft. and cemented rest of casing back in hole.

Name of Plugging Contractor: Mike's Testing & Salvage, Inc. License #: 31529

Address: P.O. Box 467 Chase, Kansas 67524

Name of Party Responsible for Plugging Fees: Mike Kelso Oil, Inc.

State of Kansas County, Rice, ss.

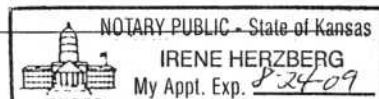
Mike Kelso (Employee of Operator) or (Operator) on above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

(Signature) Mike Kelso

(Address) P.O. Box 467 Chase, Kansas 67524

SUBSCRIBED and SWORN TO before me this 7th day of December, 20 05

Irene Herzberg My Commission Expires: _____
Notary Public



ALLIED CEMENTING CO., INC.

23822

Federal Tax I.D.# 48-0727860

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Almont Bore

DATE <u>9-28-06</u>	SEC. <u>18</u>	TWP. <u>20</u>	RANGE <u>9</u>	CALLED OUT <u>2 PM</u>	ON LOCATION <u>11 PM</u>	JOB START <u>4 PM</u>	JOB FINISH <u>6 PM</u>
LEASE <u>Hochel</u>	WELL # <u>4/6</u>	LOCATION <u>Chase 35 3/4 4/3</u>			COUNTY <u>Price</u>	STATE <u>K.S.</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Mike Malso
 TYPE OF JOB 4 1/2" Pipe 90 1490 #
 HOLE SIZE _____ T.D. _____
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 900 # MINIMUM 150 #
 MEAS. LINE 1490 # SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 23.5

OWNER _____
 CEMENT AMOUNT ORDERED 210 64 2700 2700
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____

EQUIPMENT

PUMP TRUCK CEMENTER Mike
 # 181 HELPER Tim
 BULK TRUCK DRIVER Rock
 # 341
 BULK TRUCK DRIVER _____
 # _____

REMARKS:

Load Hole mix Cement + Rubbers Plug Displace Plug Down to 1490 #
Had Return's Truck out the job

SERVICE

DEPTH OF JOB 1490 #
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____

CHARGE TO: Mike Malso
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

1-4 1/2" Rubber Plug
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

Thank you

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Mike Malso

PRINTED NAME _____

LOG-TECH OF KANSAS, INC.

86 SW 10 AVE.

GREAT BEND, KANSAS 67530

(620) 792-2167

4685

Date 10-2-06

CHARGE TO: MIKE HILSO OIL
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. HECKEL #6 FIELD _____
 NEAREST TOWN CHASE COUNTY PICK STATE KS
 SPOT LOCATION N12-SE-SW SEC. 18 TWP. 20S RANGE 9W
 ZERO S A G L CASING SIZE 4 1/2 WEIGHT _____
 CUSTOMER'S T.D. 1480 LOG TECH 1462 FLUID LEVEL _____
 ENGINEER S GIESLER - L BOSTON OPERATOR L CARR

PERFORATING				
Description	No. Shots	Depth		Amount
		From	To	
<u>3/4 HSC CWTN 3175-302</u>	<u>13</u>	<u>1376</u>	<u>1382</u>	
	<u>9</u>	<u>1423</u>	<u>1427</u>	
				<u>1180.00</u>

DEPTH AND OPERATIONS CHARGES					
Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			
<u>GAMMA RAY / CL / CBL</u>	<u>0</u>	<u>1462</u>	<u>1462</u>	<u>.31</u>	<u>454.22</u>
	<u>1462</u>	<u>1500</u>	<u>38</u>	<u>.29</u>	<u>580.00</u>

MISCELLANEOUS		
Description	Quantity	Amount
<u>Service Charge</u>		<u>450.00</u>

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Sub Total	<u>2663.22</u>
Code Ref.	
Tool Insurance	
Tax	
	<u>2131.00</u>

[Signature]
 Customer Signature _____ Date _____

STATE OF KANSAS

CORPORATION COMMISSION
CONSERVATION DIVISION
266 N. MAIN ST., STE. 220
WICHITA, KS 67202-1513



PHONE: 316-337-6200
FAX: 316-337-6211
<http://kcc.ks.gov/>

GOVERNOR JEFF COLYER, M.D.

SHARI FEIST ALBRECHT, CHAIR | JAY SCOTT EMLER, COMMISSIONER | DWIGHT D. KEEN, COMMISSIONER

August 06, 2018

Mike Kelso
Mike Kelso Oil, Inc.
PO BOX 467
CHASE, KS 67524-0467

Re: Plugging Application
API 15-159-21145-00-02
HECKEL 6
SW/4 Sec.18-20S-09W
Rice County, Kansas

Dear Mike Kelso:

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) 337-7400. 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 February 06, 2019. 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 06, 2019 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