

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

SIDE ONE

(Rules 82-3-130 and 82-3-107)

This form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within ninety (90) days after the completion of a well, regardless of how the well was completed.

FOR INFORMATION REGARDING THE NUMBER OF COPIES TO BE FILED AND APPLICATIONS REQUIRING COPIES OF ACO-1 FORMS SEE PAGE TWO (2), SIDE TWO (2) OF THIS FORM.

F _____ Letter requesting confidentiality attached.

C Attach ONE COPY of EACH wireline log run (i.e. electrical log, sonic log, gamma ray neutron log etc.)***Check here if NO logs were run _____.

PLEASE FILL IN ALL INFORMATION. IF NOT AVAILABLE, INDICATE. IF INFORMATION LATER BECOMES AVAILABLE, SUBMIT BY LETTER.

LICENSE # 6734 EXPIRATION DATE 06/30/89

OPERATOR Midwestern Oil Co., Inc. API NO. 15-133-25,139

ADDRESS RR #3, Box 167A COUNTY NEOSHO
Fredonia, KS 66746 FIELD Humboldt-Chanute

** CONTACT PERSON George Norris PROD. FORMATION Bartlesville
PHONE (316) 658-4924

PURCHASER Central Gas Inc. LEASE QUINN

ADDRESS 10288 West Chatfield Avenue, Suite 102 WELL NO. G-2
Littleton, Colorado 80127 WELL LOCATION Neosho County C WSW

DRILLING Gary Jackson Drilling 1980 Ft. from South Line and

CONTRACTOR RR #3 4620 Ft. from East Line of (E)
ADDRESS Iola, KS 66749 the N/W (Qtr.) SEC 1 TWP 27 RGE 17 (W).

PLUGGING _____
CONTRACTOR _____
ADDRESS _____

TOTAL DEPTH 974 PBTD

SPUD DATE 6-29-87 DATE COMPLETED 7-3-87

ELEV: GR _____ DF _____ KB _____

DRILLED WITH (CABLE) (ROTARY) (AIR) TOOLS.

DOCKET NO. OF DISPOSAL OR REPRESSURING WELL BEING USED TO DISPOSE OF WATER FROM THIS LEASE _____

Amount of surface pipe set and cemented 20' - 7" DV Tool Used? _____

TYPE OF COMPLETION THIS AFFIDAVIT APPLIES TO: (Circle ONE) - Oil, Shut-in Gas, Gas, Dry, Disposal, Injection, Temporarily Abandoned. If OWWO, indicate type of re-completion _____. Other completion _____. NGPA filing _____.

ALL REQUIREMENTS OF THE STATUTES, RULES AND REGULATIONS PROMULGATED TO REGULATE THE OIL AND GAS INDUSTRY HAVE BEEN FULLY COMPLIED WITH.

George Norris AFFIDAVIT
that: _____, being of lawful age, hereby certifies

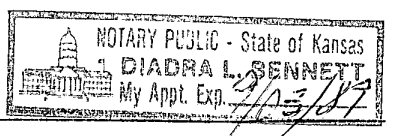
I am the Affiant, and I am familiar with the contents of the foregoing Affidavit. The statements and allegations contained therein are true and correct.

George Norris
(Name)

SUBSCRIBED AND SWORN TO BEFORE ME this 10th day of June 1988.

Diadra L. Bennett
(NOTARY PUBLIC)

MY COMMISSION EXPIRES:



** The person who can be reached by phone regarding any questions concerning this information.

A

FILL IN WELL INFORMATION AS REQUIRED:

WELL NO. G-2

FORMATION DESCRIPTION, CONTENTS, ETC.		TOP	BOTTOM	NAME	DEPTH
<p>Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.</p> <p>XXX Check if no Drill Stem Tests Run. _____ Check if samples sent to Geological Survey</p> <p>SEE ATTACHED LOG</p>					
<p>If additional space is needed use Page 2,</p>					

SHOW GEOLOGICAL MARKERS, LOGS RUN, OR OTHER DESCRIPTIVE INFORMATION.

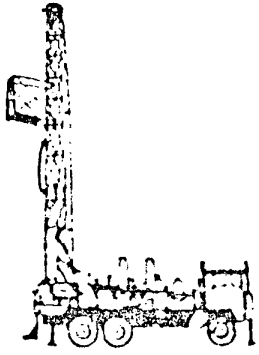
Report of all strings set — surface, intermediate, production, etc. CASING RECORD (New) or (Used)

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs/ft.	Setting depth	Type cement	Sacks	Type and percent additives
	6 1/4"	4 1/2"	10 lbs	966	Portland A	102	50/50 poz, 2% Gel 2 sacks of gel ahead of cement

LINER RECORD			PERFORATION RECORD		
Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval
			1	2 1/2 Alum Jet	930 to 950
TUBING RECORD					
Size	Setting depth	Pecker set at			

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD	
Amount and kind of material used	Depth interval treated
	930 to 950

Date of first production	Producing method (flowing, pumping, gas lift, etc.)	Gravity
Estimated Production -I.P.	Oil bbls.	Gas 30 MCF
	Water %	Gas-oil ratio CFPB
Disposition of gas (vented, used on lease or sold)		Perforations 930 to 950



Gary Jackson Drilling

OIL AND GAS—ROTARY RIG—LICENSED TO PLUG AND CORE

Gary Jackson Drilling
 Rt. 3
 Iola, KS 66749

A. P. I. #15-133-25, 139

COMPANY Midwestern Oil Co. Inc. FARM Quinn WELL NO. 4-2
 SEC. 1 TWP. 27 RGE. 17 LOC. East COUNTY Neosho STATE Kansas
 CONTRACTOR Gary Jackson Drilling SIZE HOLE 6 1/2 PIPE DEPTH 956 1/2

REMARKS: Set and cemented 21' of 6 5/8 surface casing
 Hole T.D. 974'
 Ran 956 1/2' of 4 1/2" casing

DATE June 29, 1987

DEPTH	TIME O'CLOCK	MIN.	REMARKS
1	1		Topsoil
3	4		Clay & loose Rock
14	13		Shale
4	22		Lime
42	30		Shale
49	39		Lime
9	47		Shale
9	48		Lime (Broken)
7	45		Lime
8	44 1/2		Shale (limey)
17	46		Lime
28	48		Shale (limey)
3	49		Sand
4	200		Shale
162	362		Lime
10	372		Sand
70	442		Shale
2	444		Lime
30	474		Shale
4	478		Lime
6	484		Shale
9	493		Lime
5	498		Shale
11	509		Lime
28	537		Shale
12	549		Sandy
5	554		Sand limey
35	589		Sand
16	605		Shale
2	607		Lime
4	611		Shale
18	629		Lime
33	652		Shale
16	673		Lime
6	684		Shale
3	687		Lime
28	715		Shale
3	718		Lime
11	729		Brown Sand & odor (Gas)
16	745		Sand (Black) slight odor
25	770		Shale
2	772		Black Shale
2	774		Shale
2	776		Lime (no odor)
9	785		Shale
2	787		Lime
3	790		Black Shale
4	794		Sand (Broken)

July 3, 1987

DEPTH	TIME O'CLOCK	MIN.	REMARKS
2	796		Lime (Broken)
45	842		Shale
5	847		Limey cut
6	853		Brown Sand (lean Good Odor) slight stain
3	856		Black Sand (Broken)
14	870		Shale
4	874		Black Shale
7	881		Sdy Shale (white) E-6-6
8	889		Shale
15	904		Sdy Shale
1	905		Black Shale
25	930		Shale
7	937		Sdy Shale Lower Part 1/2 6 1/2 Core
1	938	5	11.940----24
2	939	3	11.941----3
3	940	4	11.950----5
4	941	4	11.951----4
5	942	4	15.952----204
6	943	2	16.953----24
7	944	2	17.954----17
8	945	12	18.955----18
9	946	11	19.956----48
10	947	4	20.957----10
1 1/2	938 1/2		Limey
1 1/2	940		Shale (Sand Gasy)
5	945		Sand Gasy light oil
1	946		Shale
1	947		Sand Gasy light oil
10 1/2	957 1/2		Sdy Shale Drilled
36	974		Shale HOLE T.D.

RECEIVED
 DIVISION OF
 OIL & GAS
 WICHITA, KANSAS
 JUN 20 1988

STATION *Chanute* OPERATOR *J. Williams*
CONSOLIDATED OIL WELL SERVICES, INC.

P.O. Box 884
 Chanute, Kansas 66720
 Phone (316) 431-9210

11061

Date 7-3-87	Customer's Acct. No. 5049	Sec. 1	Twp. 27	Range 17	Well No. & Farm Quinn # G-2	Place or Destination Chanute 2422
Charge To Midwestern Oil - 86 40 A. Norris					Owner Midwestern Oil - 86 40 A. Norris	County Neosho
Mailing Address Rt #3 Box 167 A					Contractor	State Ko
City & State Judonia, Ks 66736					Well Owner Operator Contractor	

CEMENTING SERVICE DATA

TYPE OF JOB	CASING	HOLE DATA	PLUGS AND HEAD	PRESSURE	CEMENT LEFT IN CASING
Surface	New <input checked="" type="checkbox"/>	Bore Size 6 1/4	Bottom	Circulating 200	Requested
Production	Used <input checked="" type="checkbox"/>	Total Depth 970	Top 15W	Minimum 200	Necessity
Squeeze	Size 4 1/2	Cable Tool	Head P.C	Maximum 1000	Measured yes
Pumping	Weight 968	Rotary <input checked="" type="checkbox"/>	FLOAT EQUIPMENT	Sacks Cement 102.04	
Other	Depth 968			Type & Brand Portland A	
	Type			Admixes 50/50 Per 2% Hel 2 gel ahead	

FRACTURING - ACIDIZING SERVICE DATA

Type of Job	At Intervals of				
Bbls Fracturing Fluid	Breakdown Pressure from	psi to	psi		
Treating Pressures Maximum	psi	Minimum	psi	Avg. Pump Rate	GPM/BPM
Sand	Gals. Treating Acid	Type			Open Hole Diameter
Well Treating Through: Tubing	Casing	Annulus		Size	Weight
Remarks:	Pay Formation Name				Depth of Job
No. Perforations					

INVOICE SECTION

FRACTURING - ACIDIZING

CEMENTING

Pumping Charge	Office Use	\$	Pumping Charge	Office Use	\$
Pumping Charge			Pumping Charge		
Sacks Bulk Cement 102	@	535.50	12x30 Sand	@	
Ton Mileage on Bulk Cement 5	@	52.00	10x20 Sand	@	
Premium Gel 4	@	27.60	x Sand	@	
Flo-Seal	@		Ton Mileage	@	
Calcium Chloride	@		Gals., Acid	@	
Plug 1-4 1/2	@	18.50	Chemicals	@	
Equipment	@			@	
	@			@	
	@			@	
	@			@	
	@			@	
	@			@	
Granulated Salt	@		Potassium Chloride	@	
Transport Truck (Hrs.)	@		Rock Salt	@	
Vac Truck (2 Hrs.)	@	76.00	Water Gel	@	
	@		Transport Truck (Hrs.)	@	
	@		Vac Truck (Hrs.)	@	
	@			@	
		Tax 29.08			Tax
		Total \$1123.68			Total \$

WATKINS
 OIL CORPORATION COMMISSION
 JUN 20 1988
 CONSERVATION DIVISION
 Wichita, Kansas

76779

A Finance Charge computed at 1 1/4% per month (annual percentage rate of 21%) will be added to balance over 30 days.

January 16, 2019

Curt Whitaker
W4 Energy, LLC
555 DELAWARE RD.
HUMBOLDT, KS 66748

Re: Plugging Application
API 15-133-25139-00-00
QUINN G-2
SW/4 Sec.01-27S-17E
Neosho County, Kansas

Dear Curt Whitaker:

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 July 16, 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 July 16, 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 3