

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	Fritzier Resources, Inc.
Well Name	SIEMANS 1-29
Doc ID	1463114

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
5491	5498	Morrow	
5546	5548	Morrow	
5568	5572	Morrow	

# GREAT GUNS

Sonic Cement

Bond Log

FILING NO.

COMPANY SHEPLER & THOMAS, INC.

WELL SIEMANS #1-29

FIELD Wildcat

COUNTY SEWARD STATE KANSAS

Location C-SW-NW

Sec. 29 Twp 32S Rge. 31W

Other Services:

Permanent Datum GROUND LEVEL

Elev. 2783

Log Measured From KELLY BUSHING 11 Ft. Above Perm. Datum

Elev. K.B. 2794

Drilling Measured From KELLY BUSHING

D.F.

G.L. 2783

CASING RECORD

Centralized Interval

Scratched Interval

To 1630'

From 5650'

From 00

To 00

Wt 24

Csg. Size 8 1/2

Wt 10.5

BORE HOLE RECORD

To 1630'

From 4000'

Wt 00

Csg. Size 8 1/2

Wt 16.50

Bit Size 13 1/4

From 00

To 1630'

Run No.

ONE

Date & Time Survey

2-9-89

3:00 P

Date & Time Cementing

1-31-89

Type Cementing Operation

PRODUCTION

Depth Driller

4000'

Depth Logger

5610'

Logged Interval

5604' to 4000'

Casing Driller

4 1/2 @ 5650'

Float Collar—D.V. Tool

to

Squeeze Depth

@

Amount & Type Cement

Amount & Type Admix

Type Fluid in Hole

H2O

Fluid Level

FULL

Salinity PPM Cl

Weight lb/gal—Vis.

Approx. Logged Cem. Top

4140'

Calculated Cement Top

Max. Hole Temperature

138° F.

Tool No.

GRTBOTSIE-14

Spacing Recorded

4 FT.

Equipment—Location

86 Liberal, Ks.

Recorded by

G. ELDER

Witnessed by

FRANK BURKE

GREAT GUNS

Sonic Cement  
Bond Log

FILING NO. \_\_\_\_\_

COMPANY Shepler & Thomas, Inc.

WELL SIEMANS #1-29

FIELD Wildcat

COUNTY SEWARD STATE KANSAS

Location C-SW-NW Other Services: \_\_\_\_\_

Sec. 29 Twp 32S Rge. 31W

Permanent Datum GROUND LEVEL Elev. 2783 Elev. K.B. 2794

Log Measured From Kelly Bushing 11 Ft. Above Perm. Datum: D.F. \_\_\_\_\_

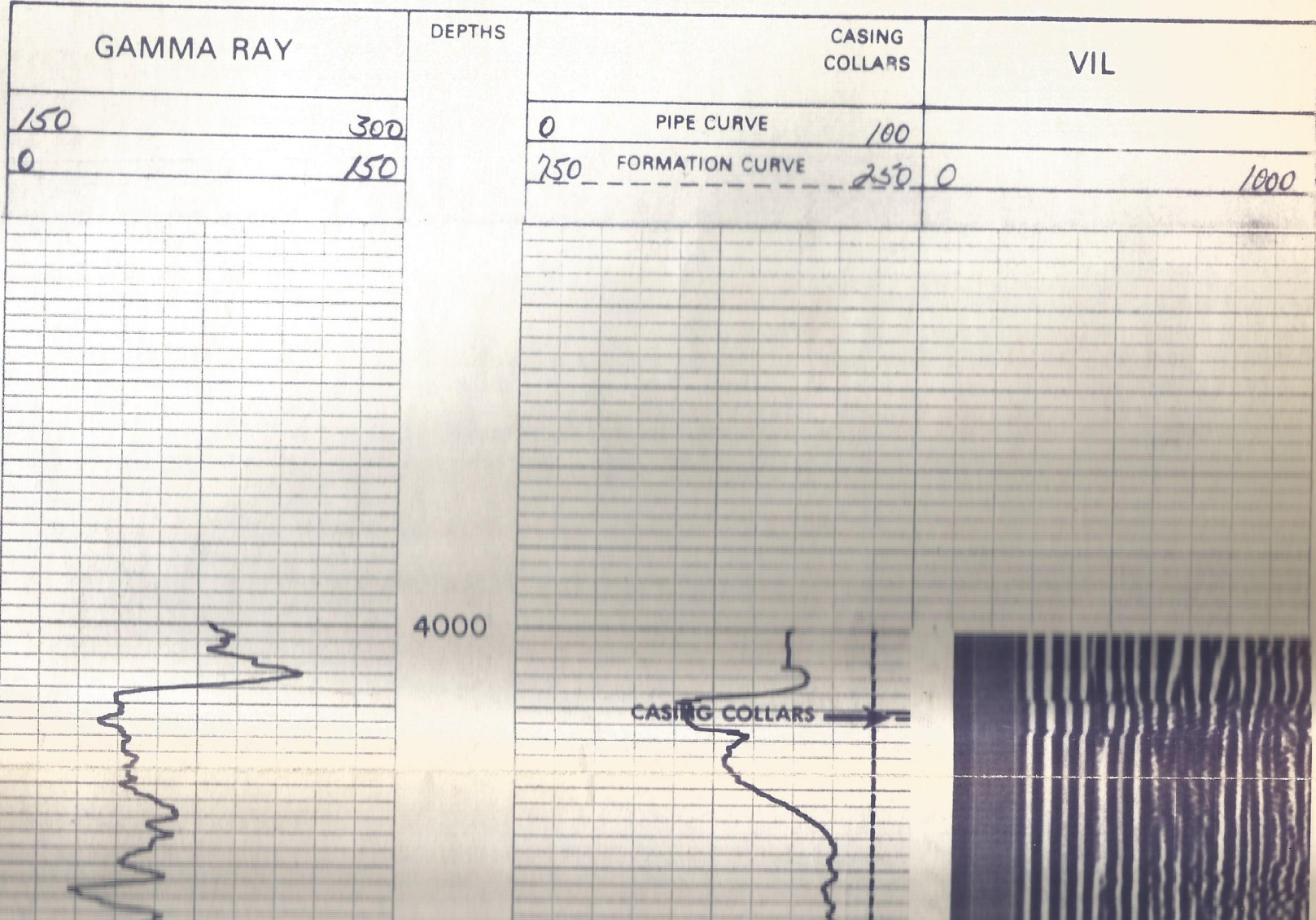
Log Measured From Kelly Bushing G.L. 2783

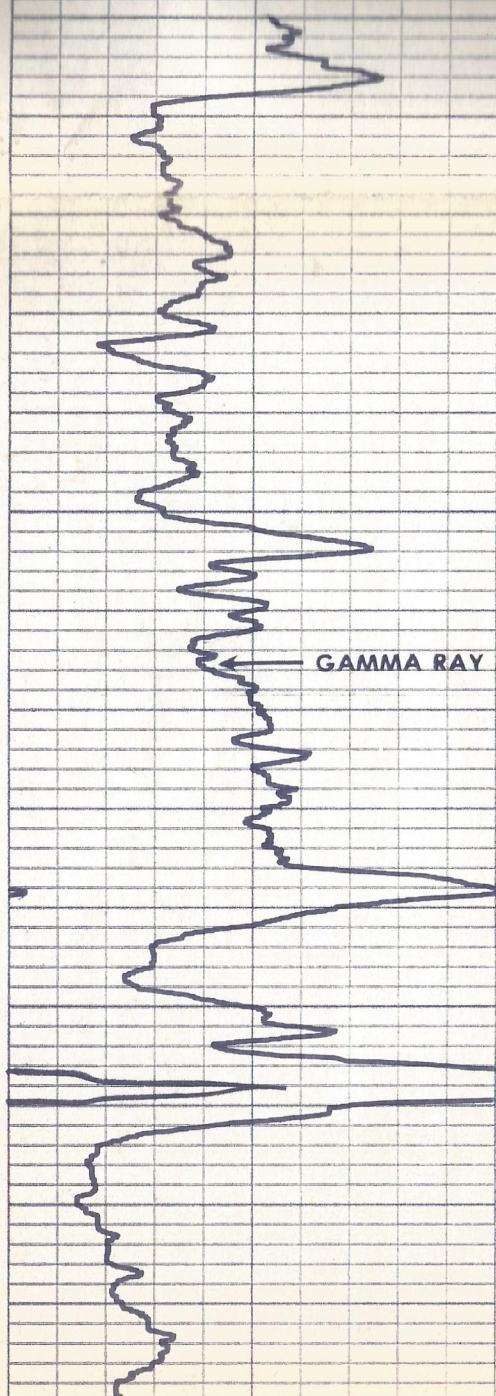
Run No.	<u>ONE</u>	
Date & Time Survey	<u>2-9-89</u>	<u>3:00 p</u>
Date & Time Cementing	<u>1-31-89</u>	
Type Cementing Operation	<u>PRODUCTION</u>	
Depth Driller	<u>4000'</u>	
Depth Logger	<u>5410'</u>	
Logged Interval	<u>5404' to 4000'</u>	to
Casing Driller	<u>4 1/2 @ 5450'</u>	@
Joint Collar - DV Tool		
Grease Depth		
Amount & Type Cement		
Amount & Type Admix		
Type Fluid in Hole	<u>H2O</u>	
Fluid Level	<u>FULL</u>	
Salinity PPM Cl		
Weight lb/gal - Vis		
Approx. Logged Cem. Top	<u>4140'</u>	
Calculated Cement Top		
Max. Hole Temperature		
Set No.	<u>GRIBOITSIE-14</u>	
Logging Recorded	<u>2-PP</u>	
Equipment - Location	<u>Liberal, Ka.</u>	
Recorded by	<u>C. EIDER</u>	

BORE HOLE RECORD		CASING RECORD		
Start	End	From	To	Interval
1630'	00	00	1630'	Centralized Interval
1630'	105'	00	5450'	Scratched Interval
				Open Perforations

GAMMA RAY		DEPTHS		VIL	
Start	End	Start	End	Start	End
300	150	0	100	PIPE CURVE	100
		250	250	FORMATION CURVE	250
					1000

BORE HOLE RECORD			CASING RECORD				
Bit Size	From	To	Csg. Size	Wt.	From	To	Centralized Interval
12 1/4	00	1630'	8 5/8	24"	00	1630'	
7 7/8	1630'	6000'	4 1/2	10.5"	00	5650'	Scratched Interval
							Open Perforations





GAMMA RAY

4000

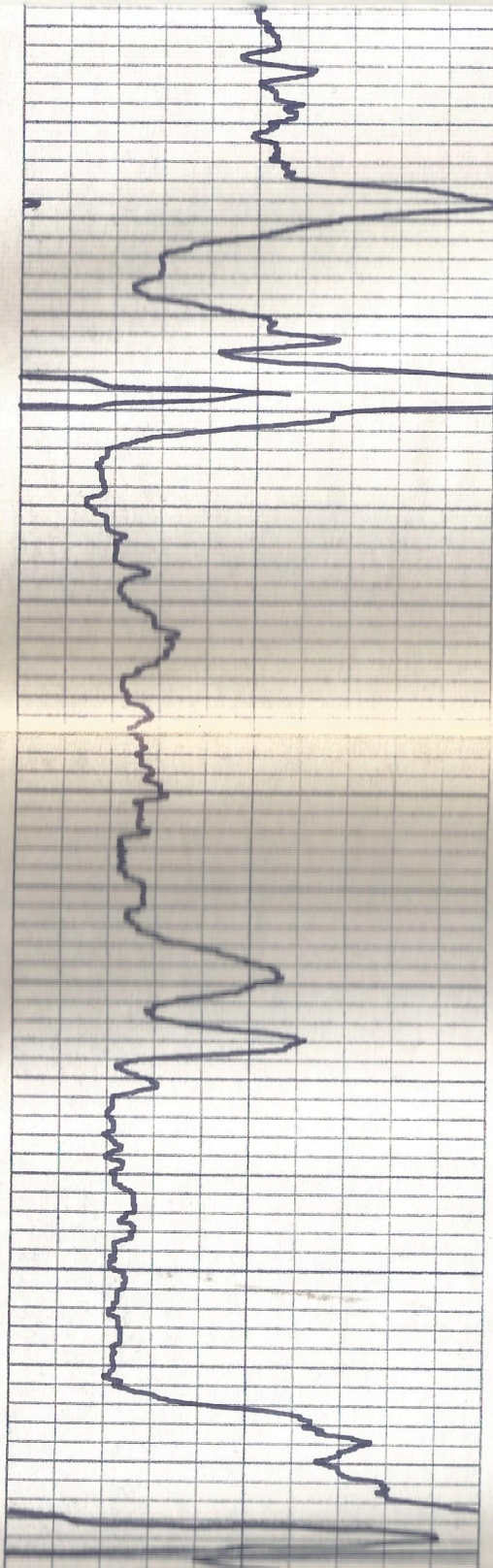
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CASING COLLARS

PIPE CURVE

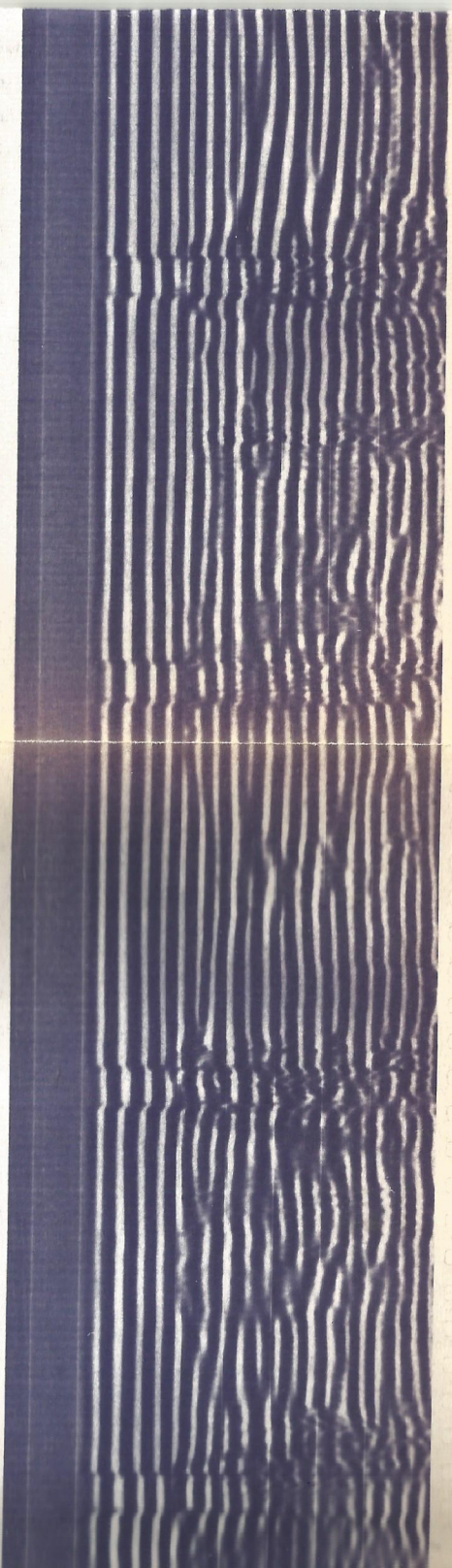
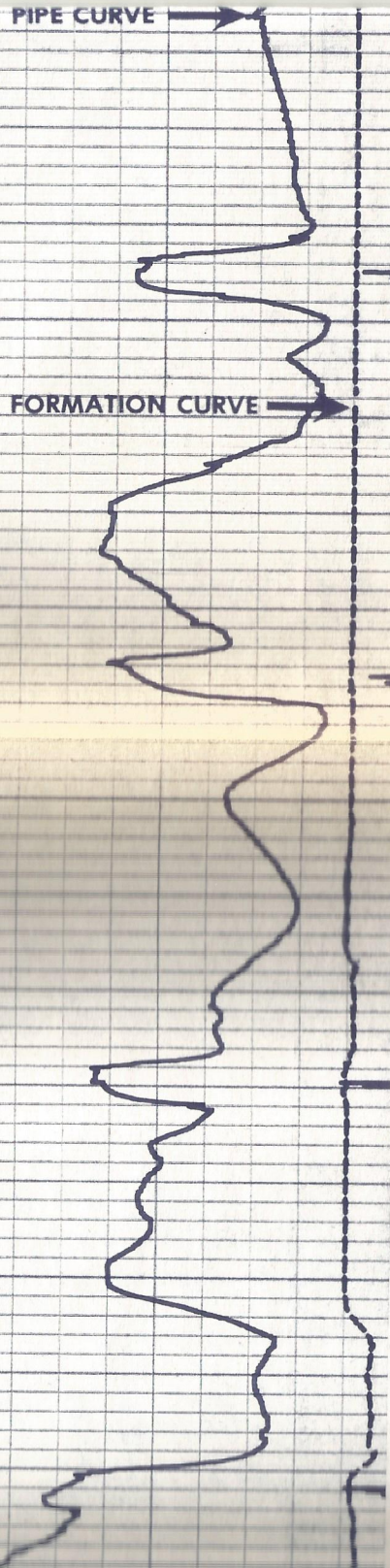
FORMATION CURVE



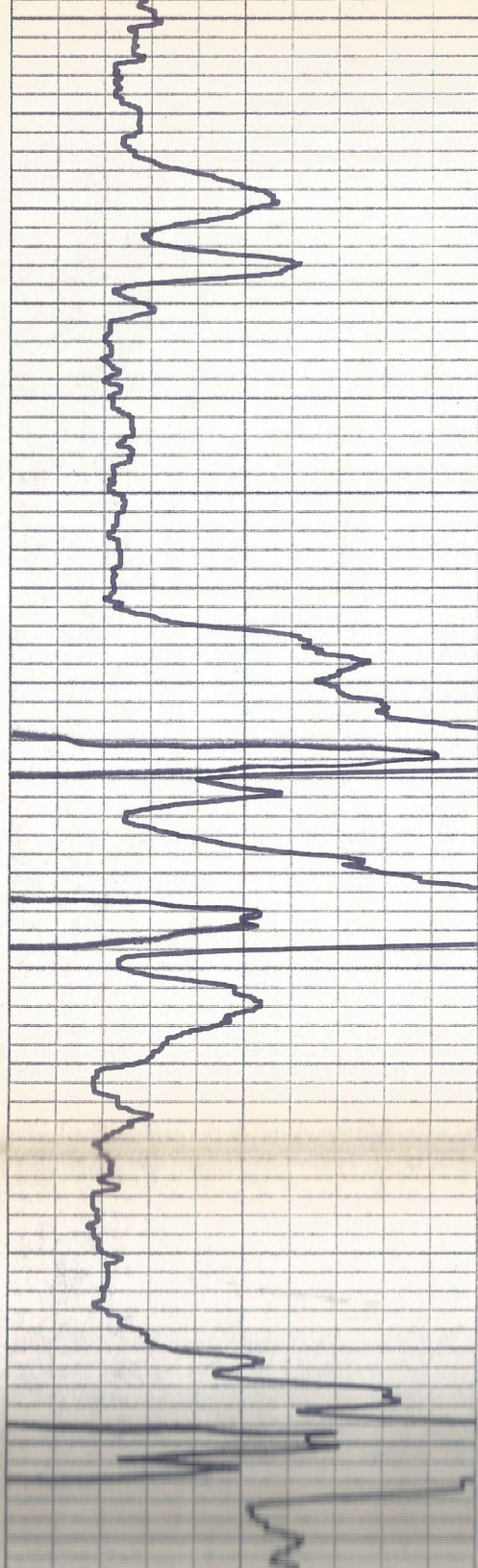


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4200

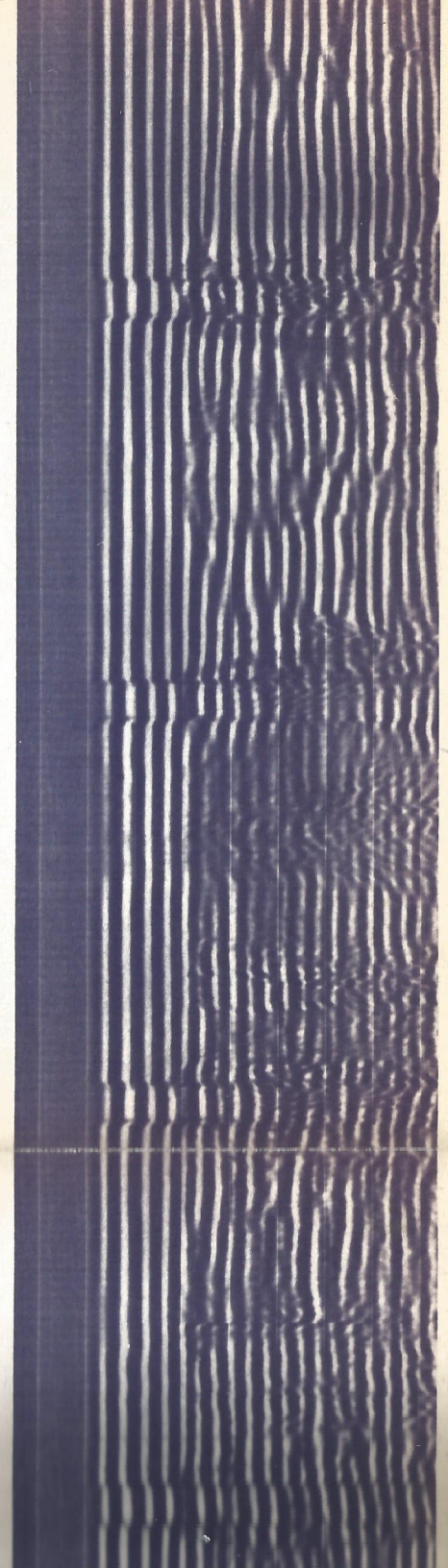
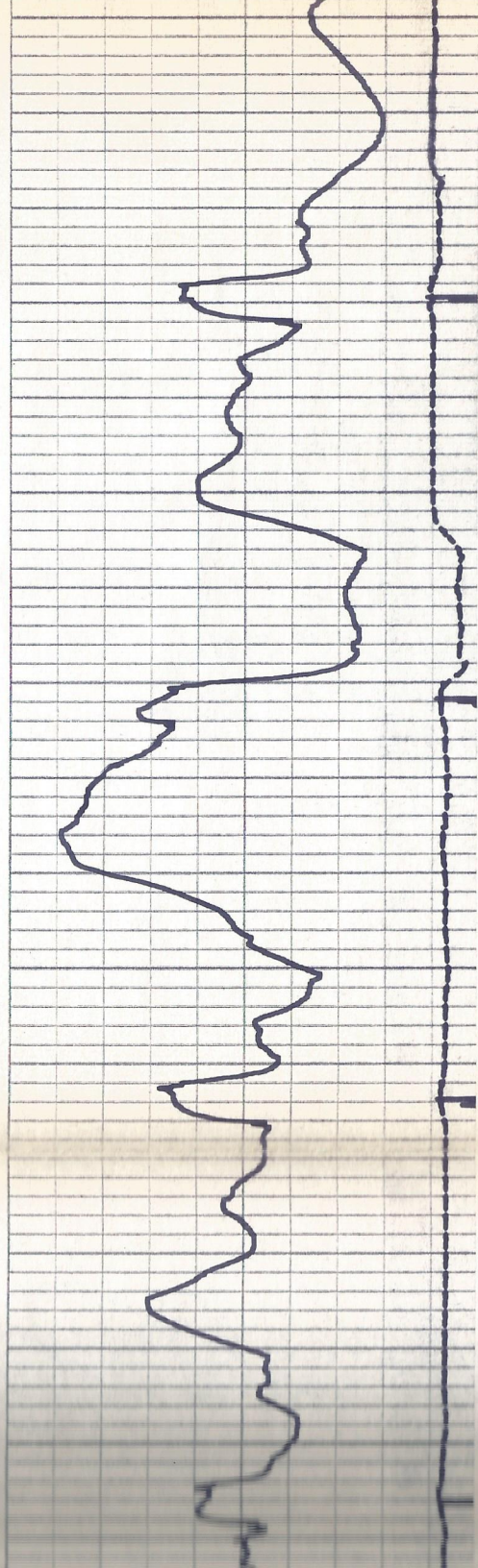


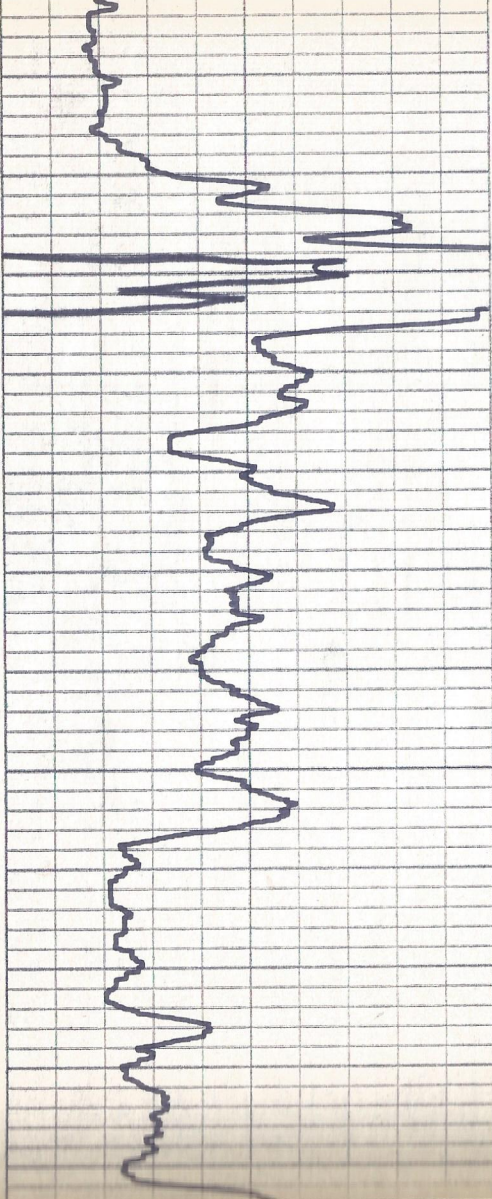




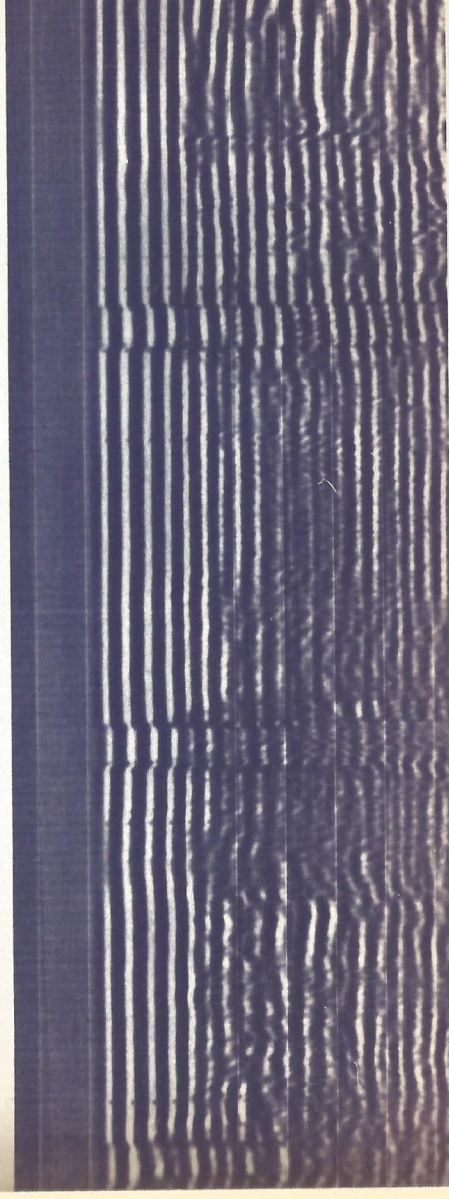
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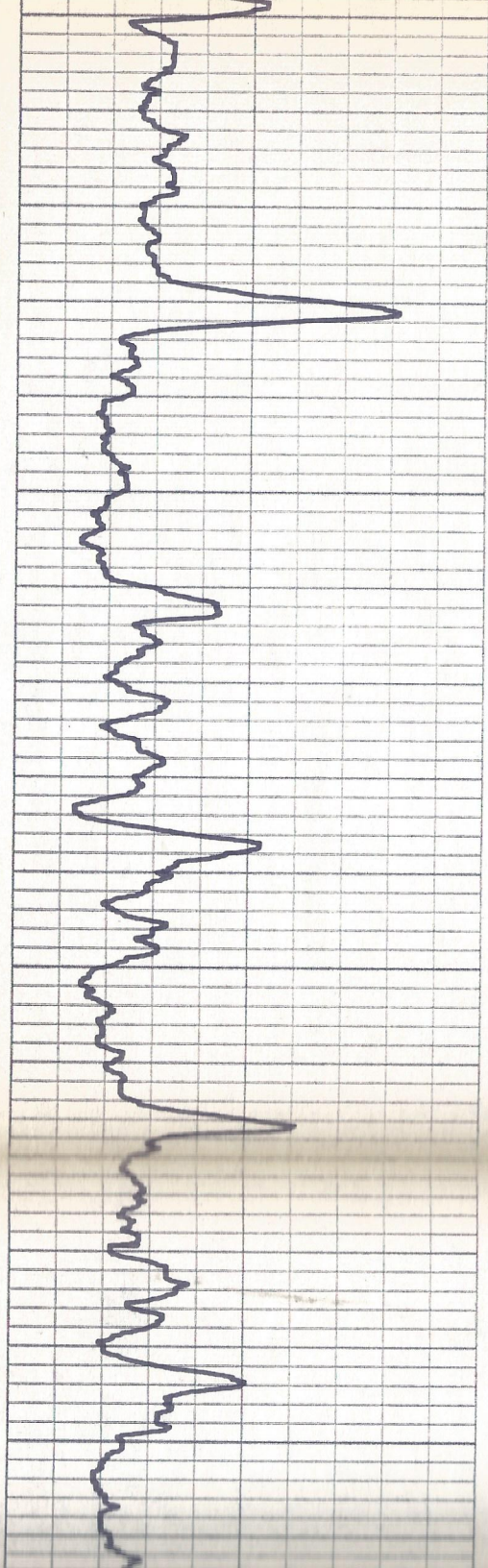
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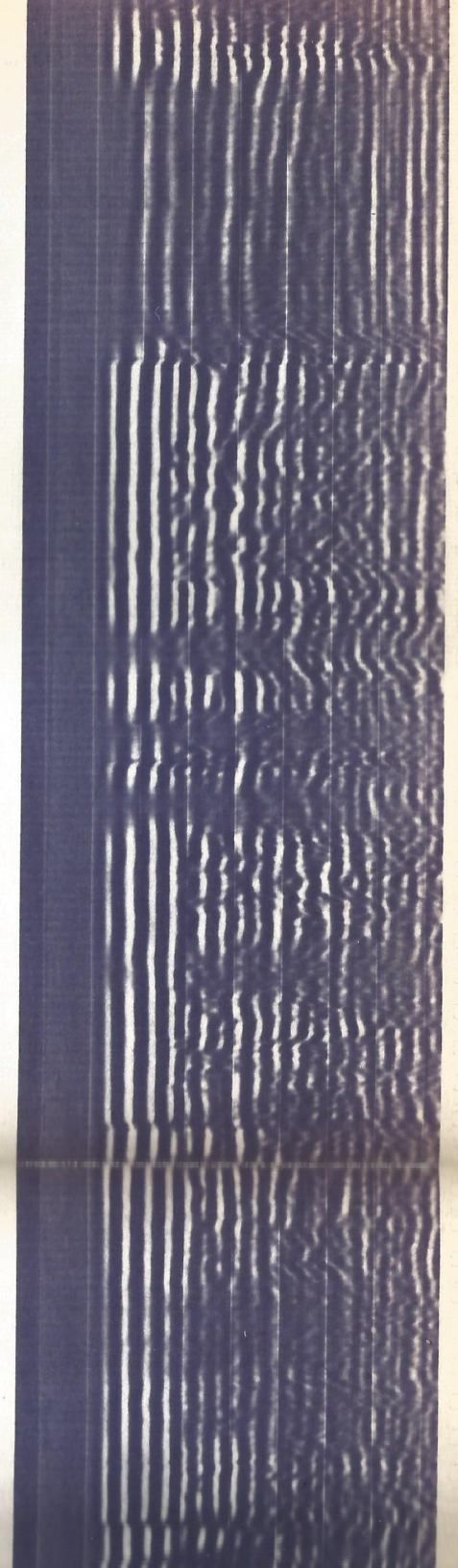
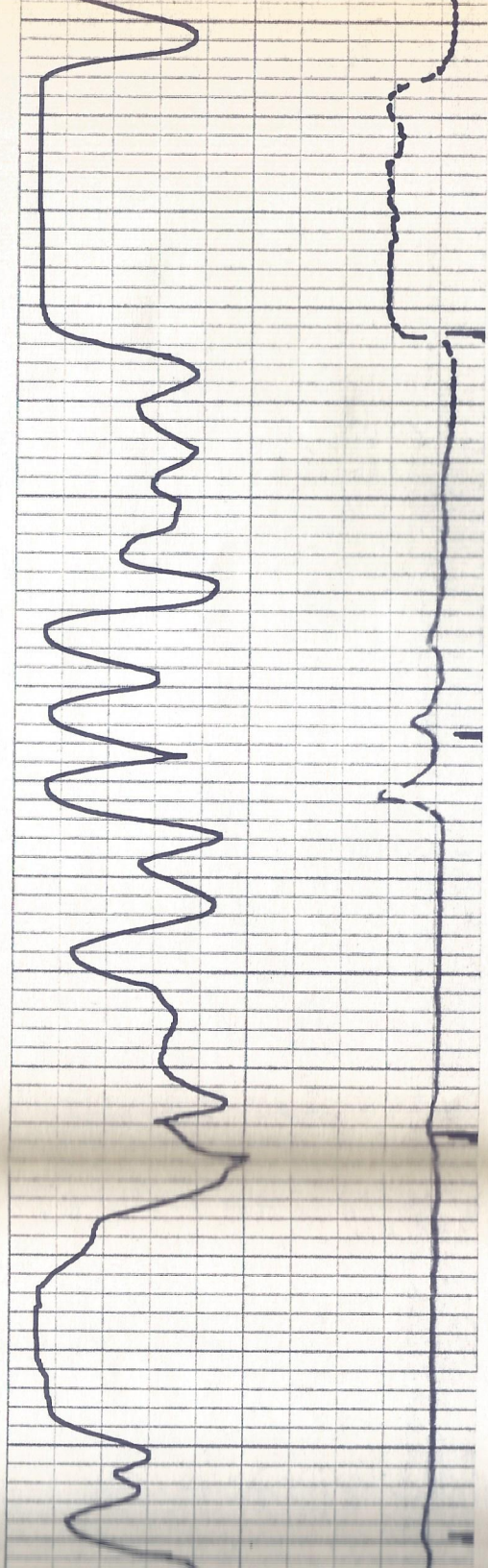
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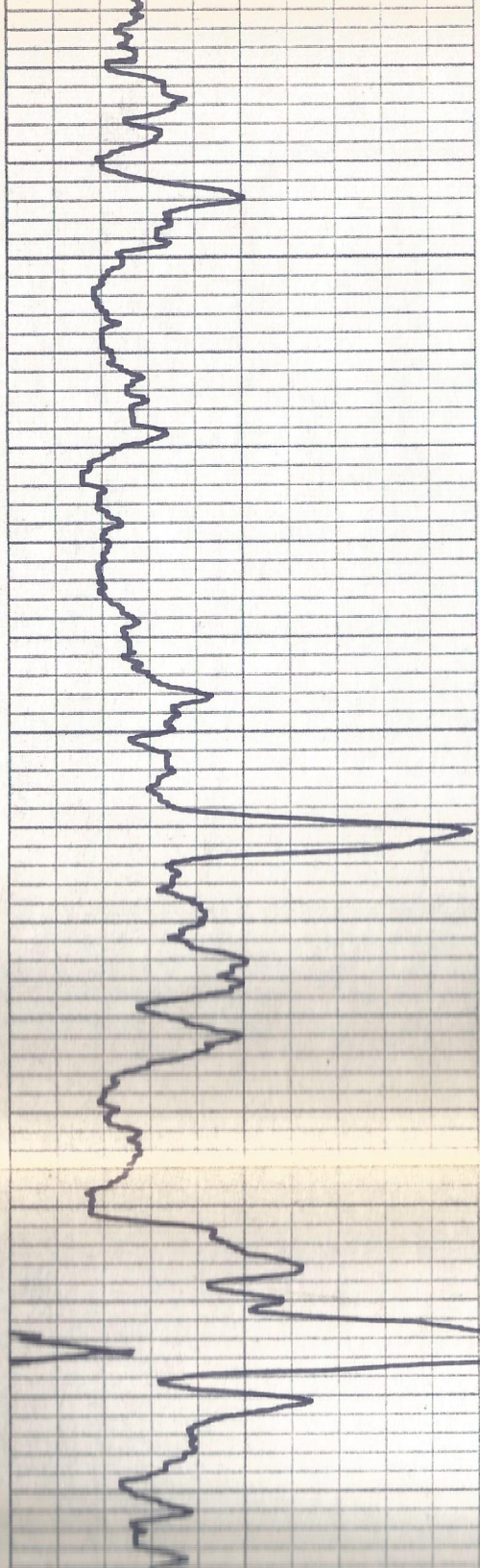




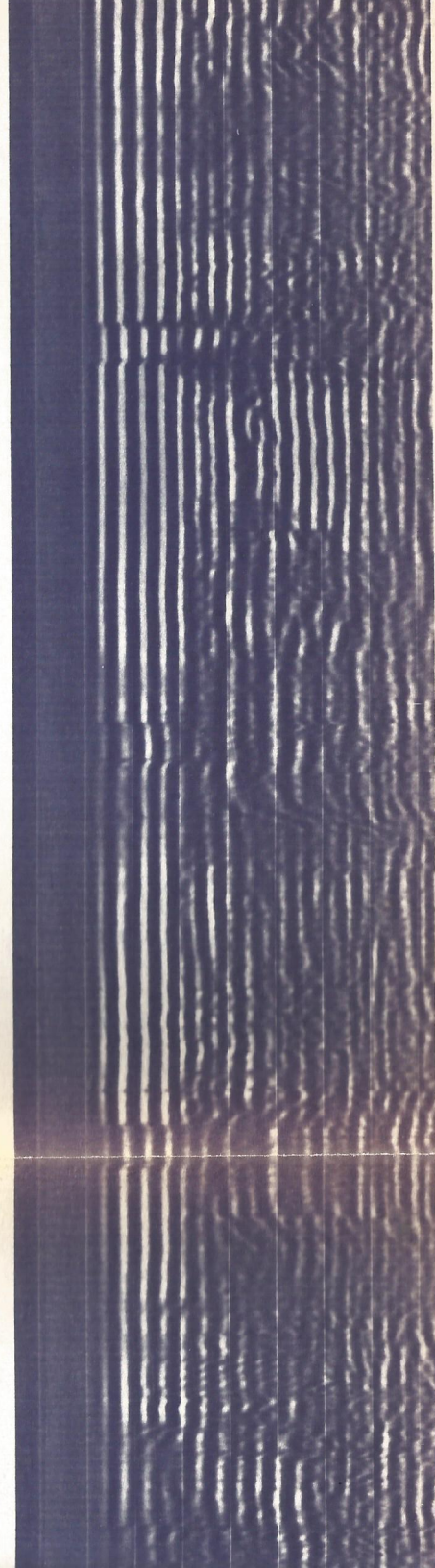
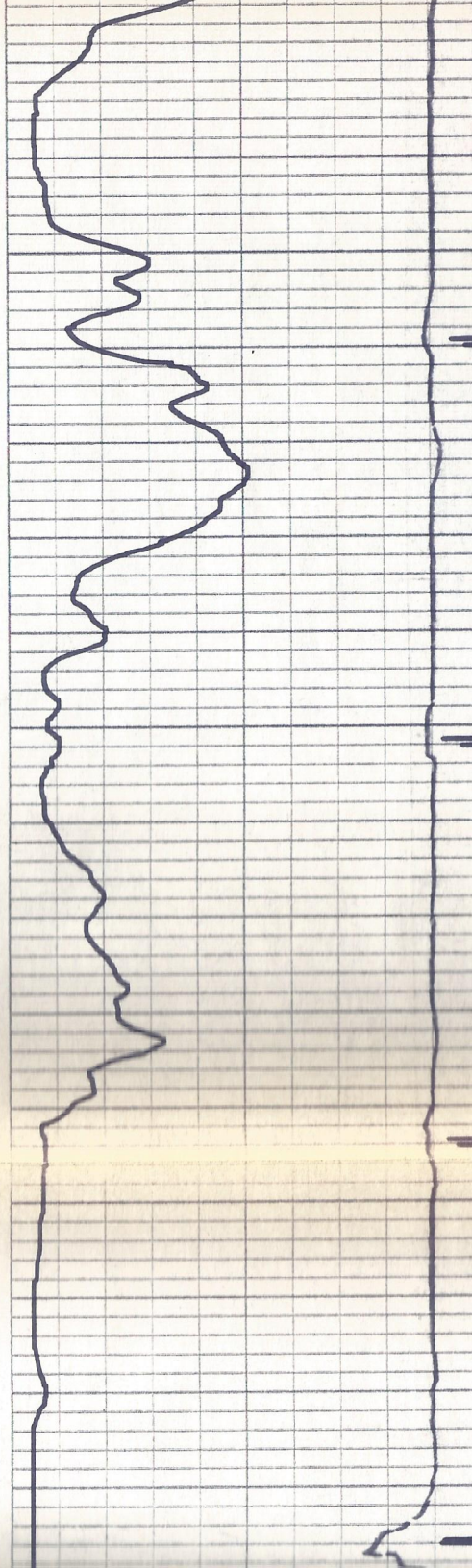
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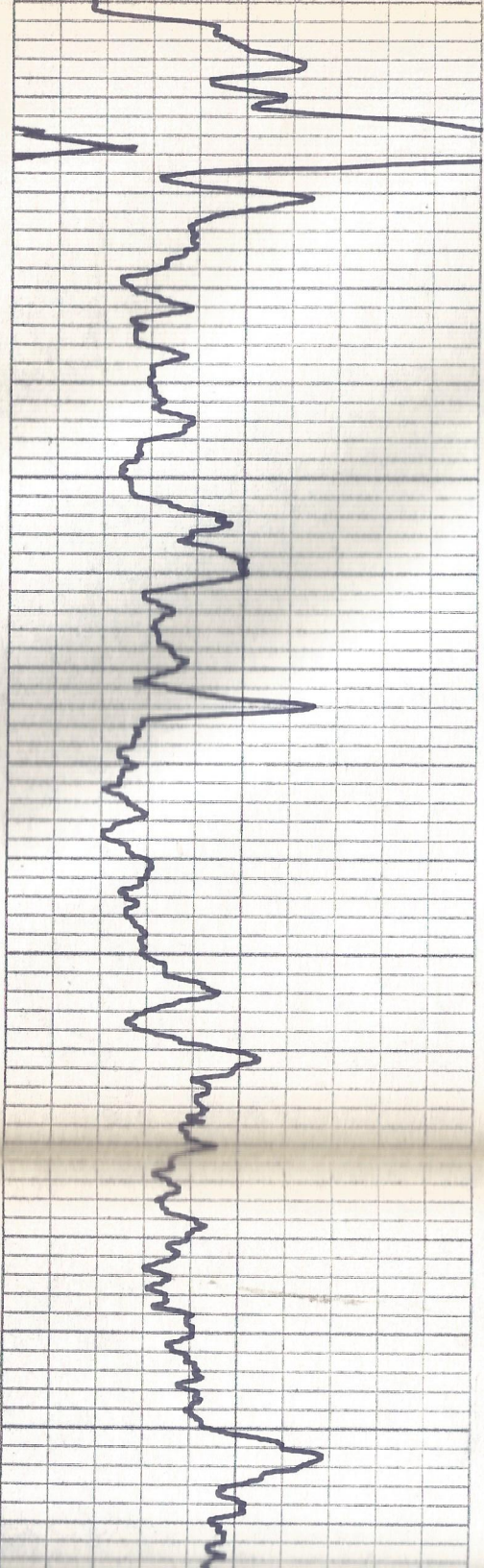
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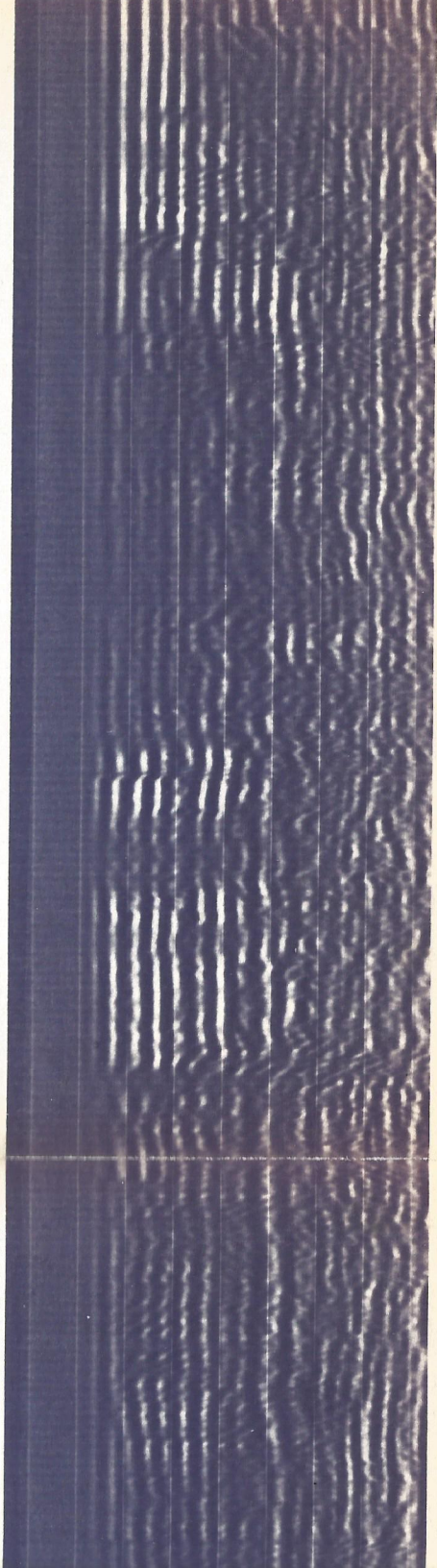
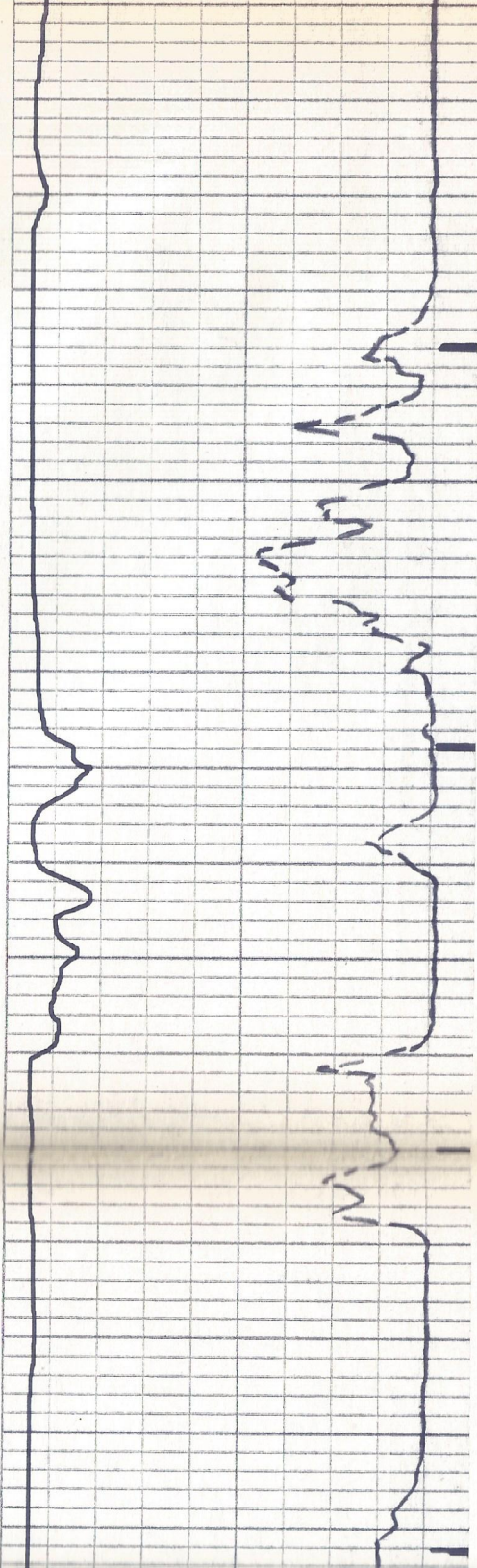
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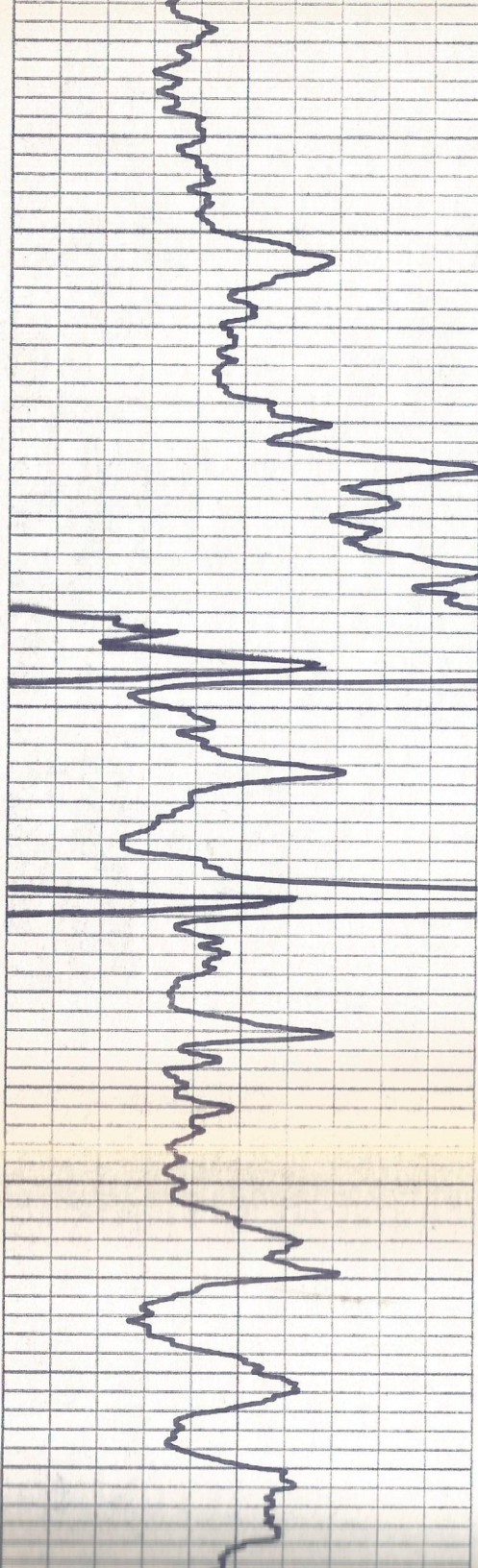




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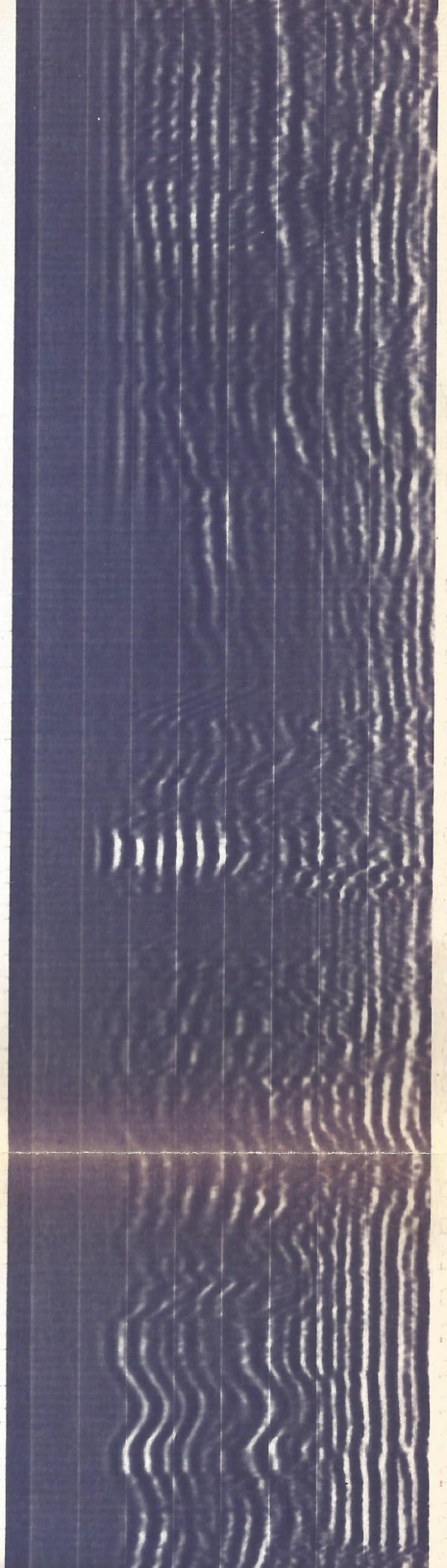
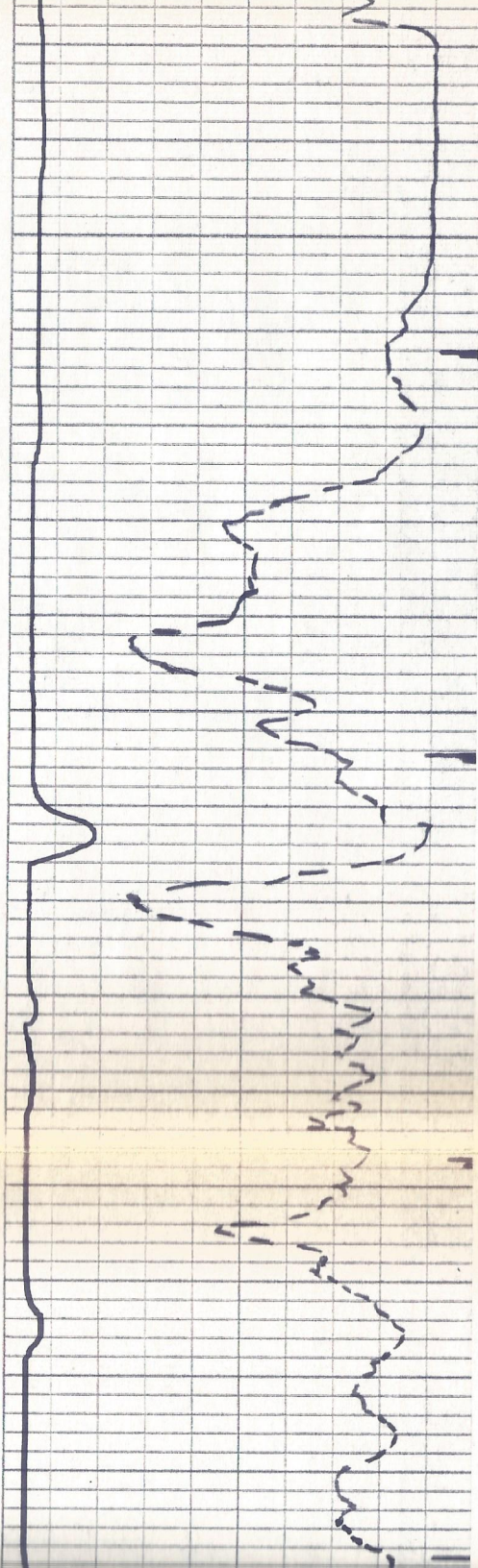
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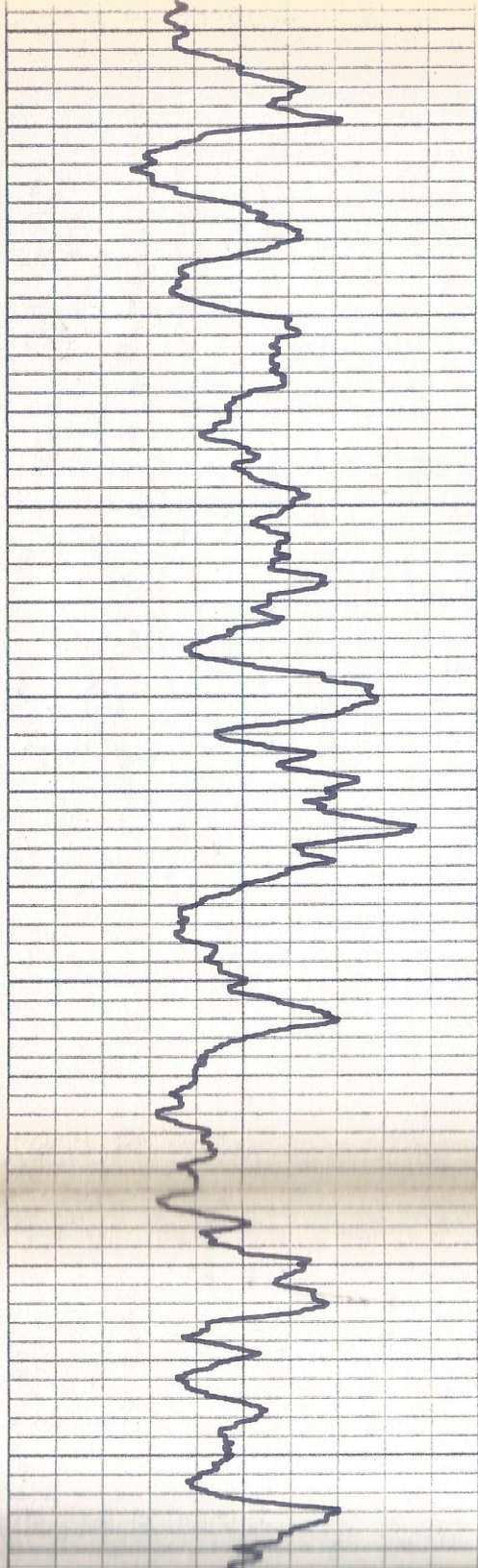




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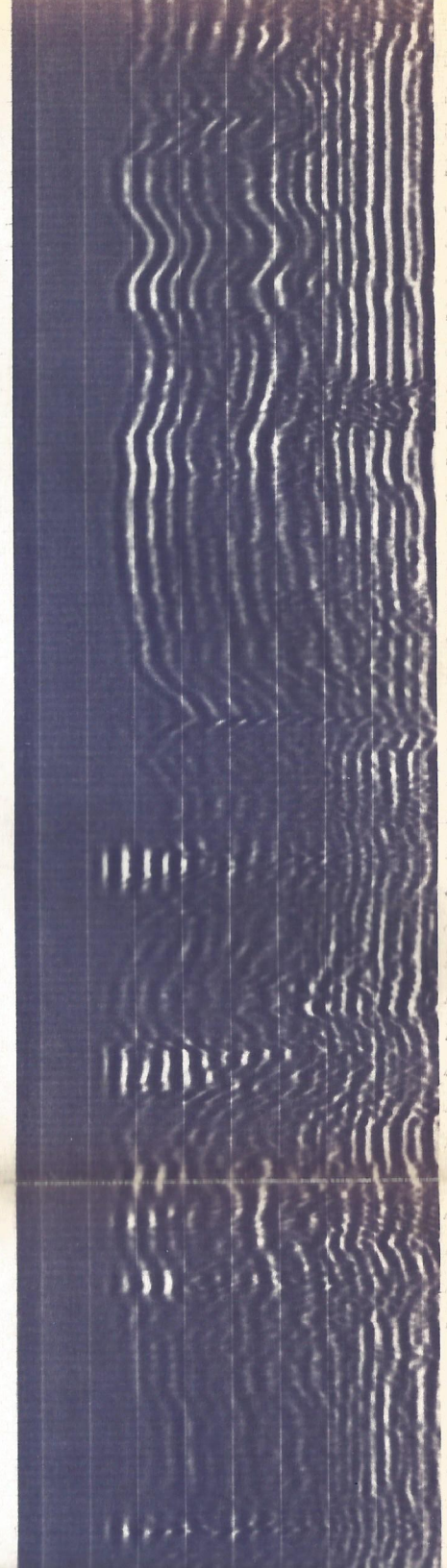
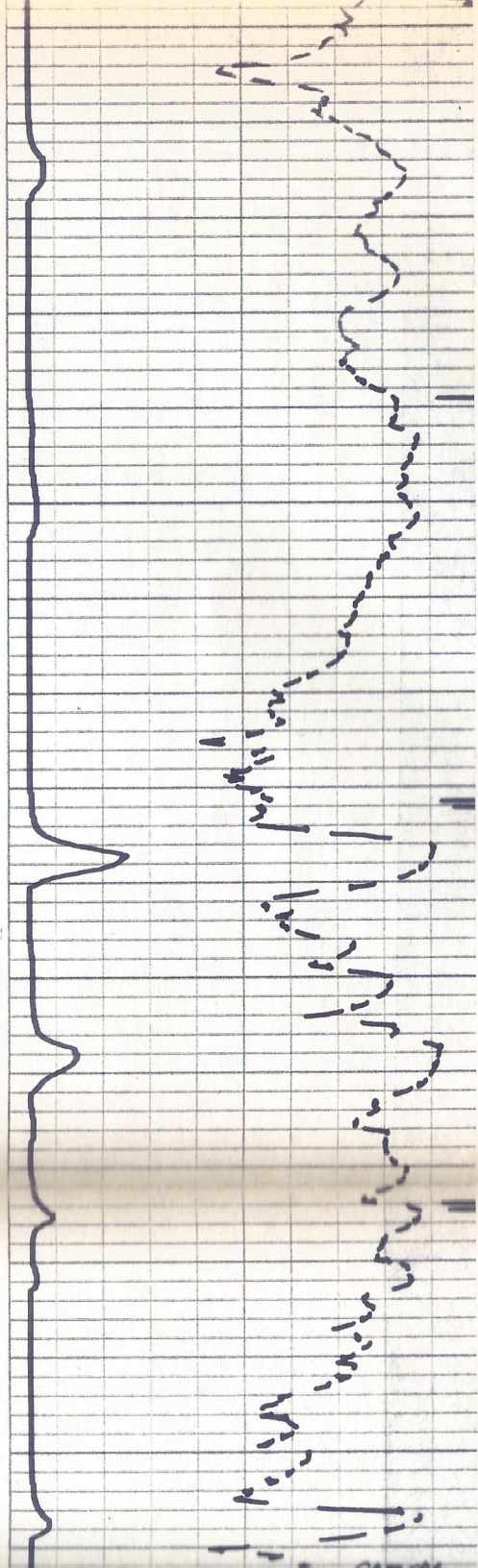
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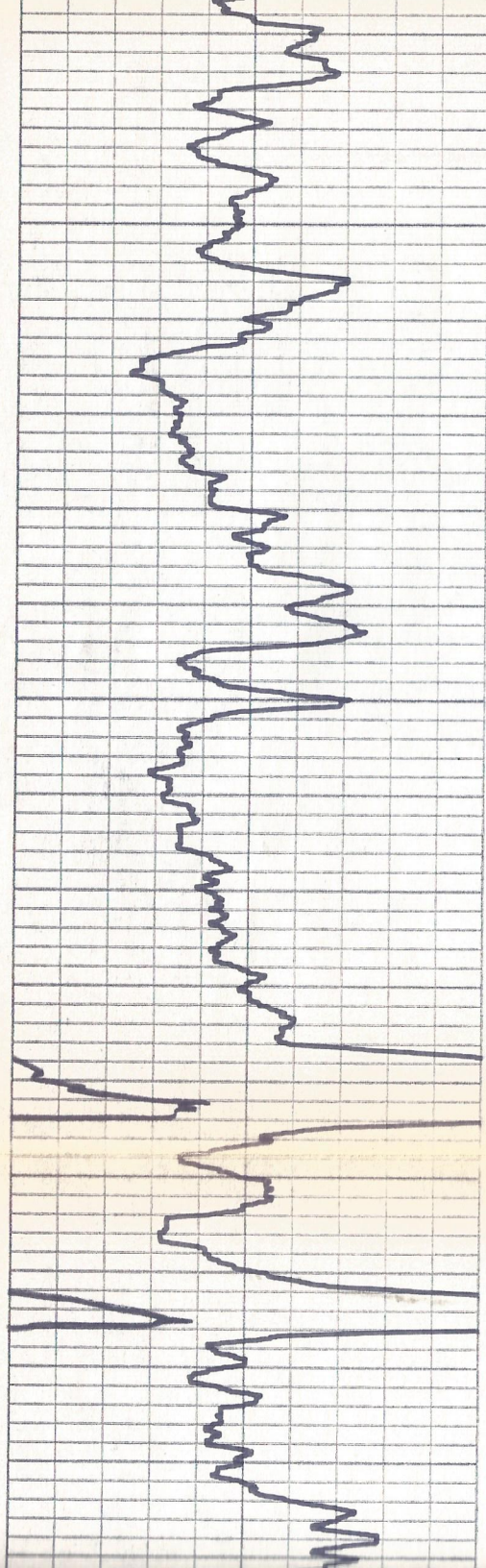


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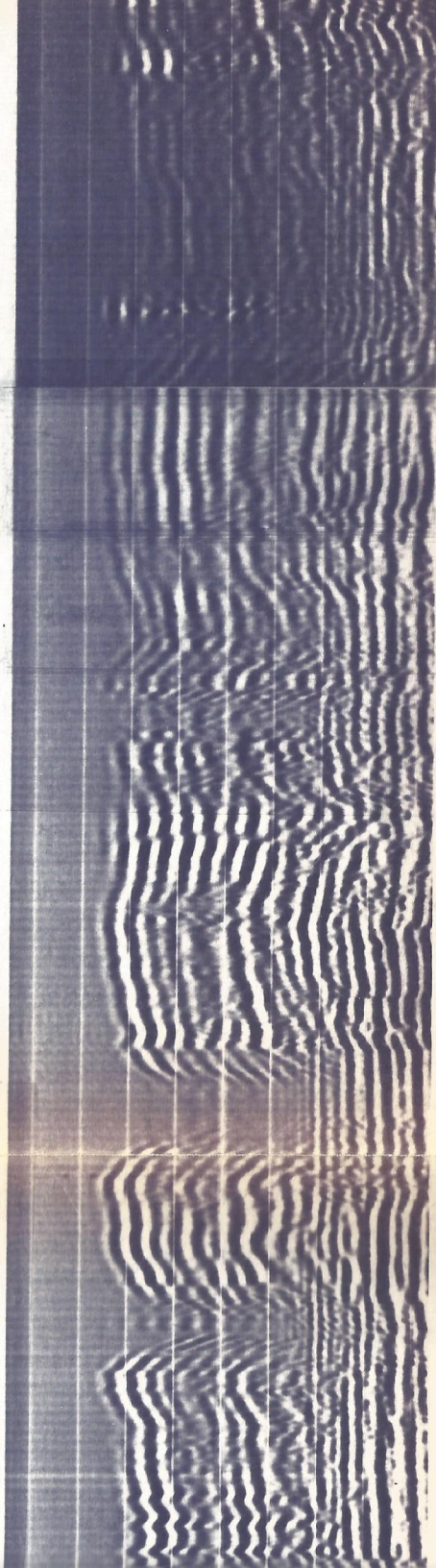
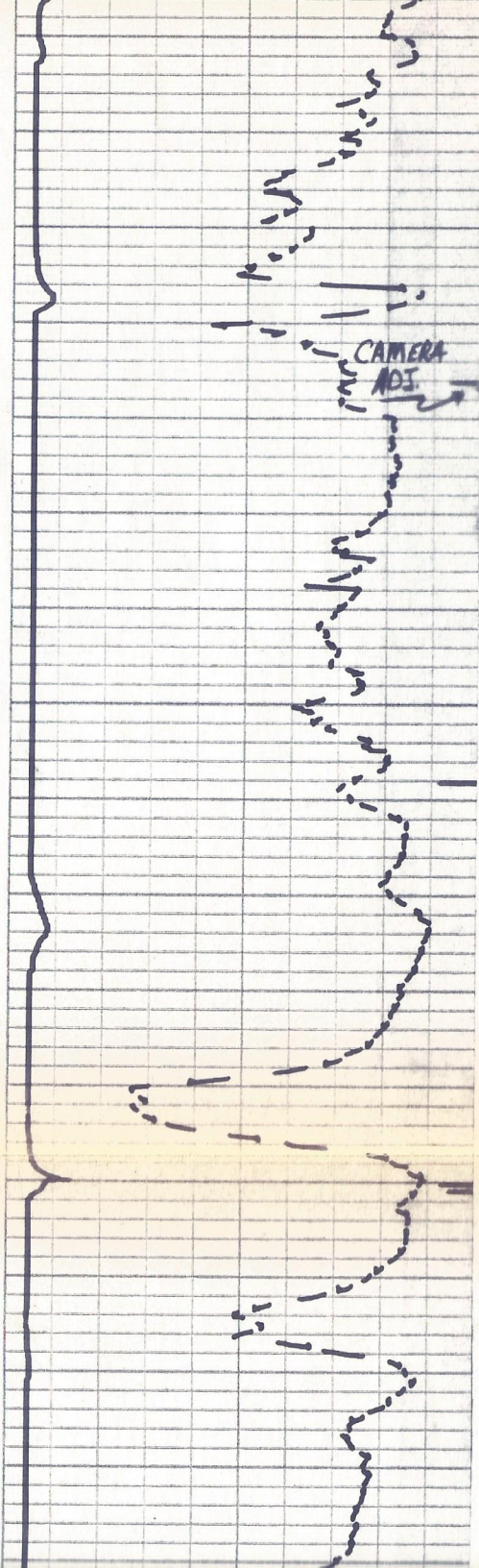
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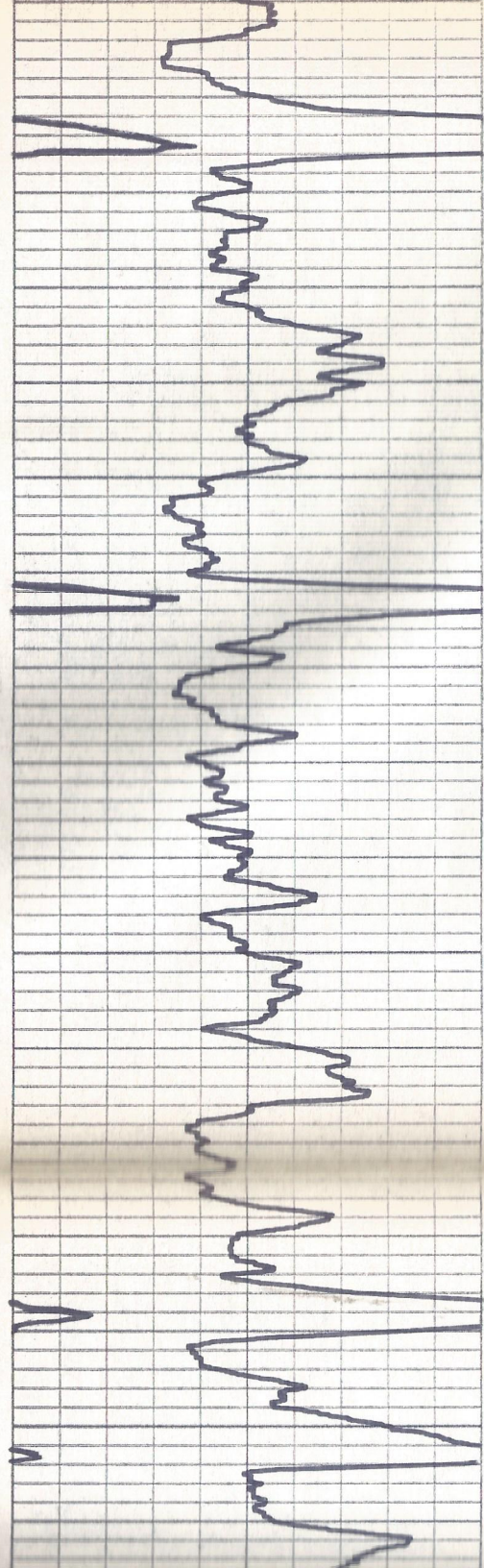
12-lead ECG tracing on grid paper. The rhythm is regular. The P waves are upright and followed by narrow QRS complexes. The rate is approximately 70-80 bpm. The tracing shows a regular sinus rhythm.



5100

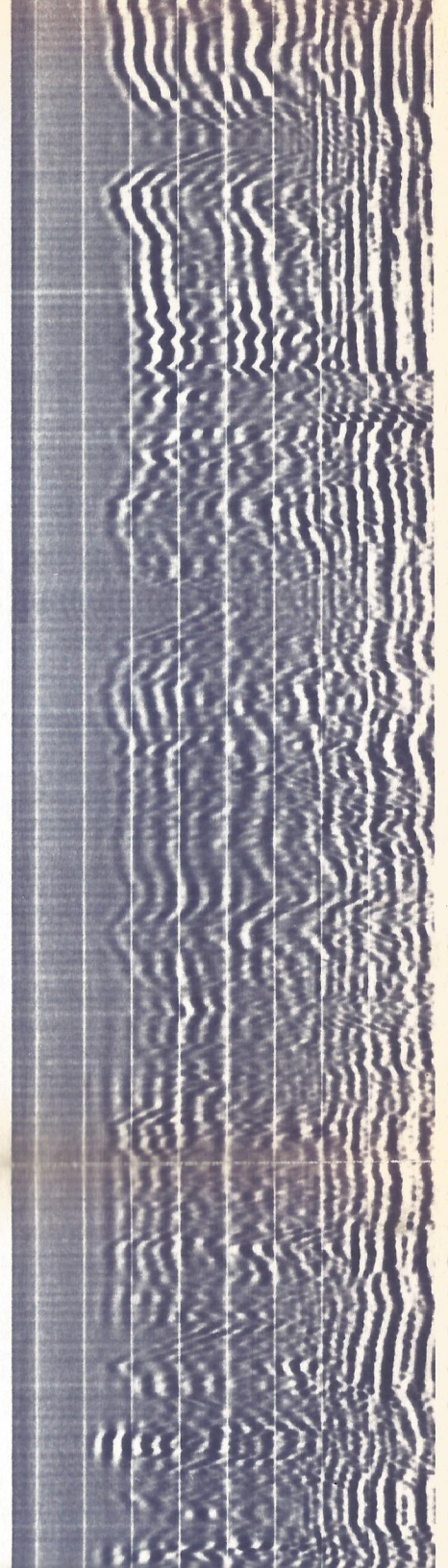
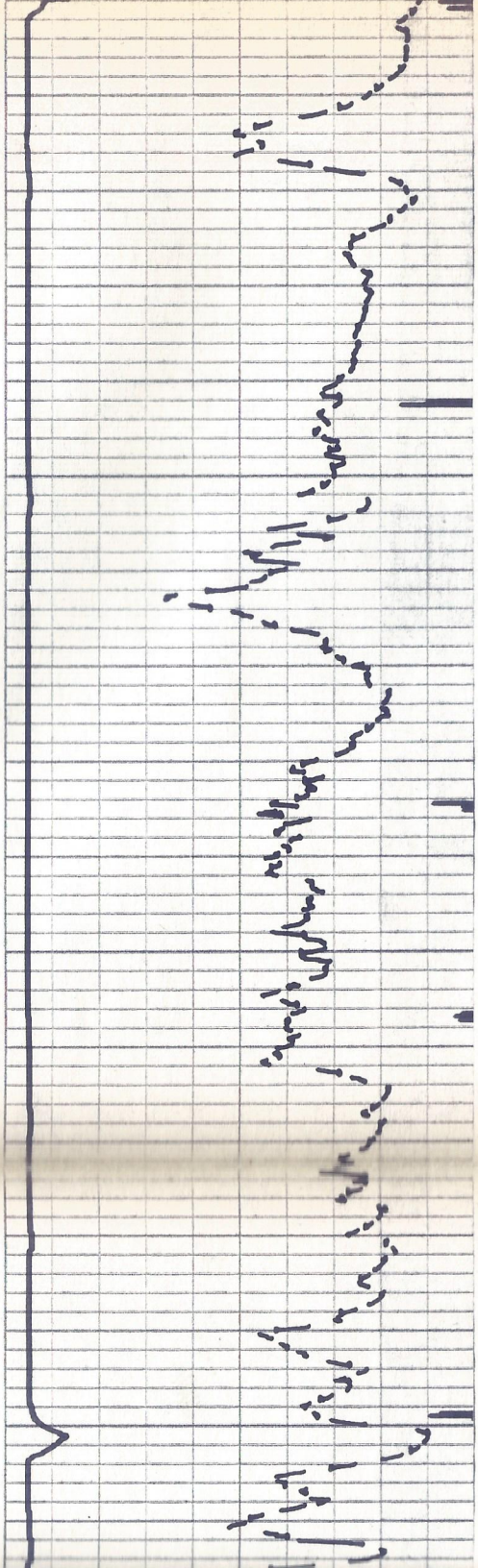




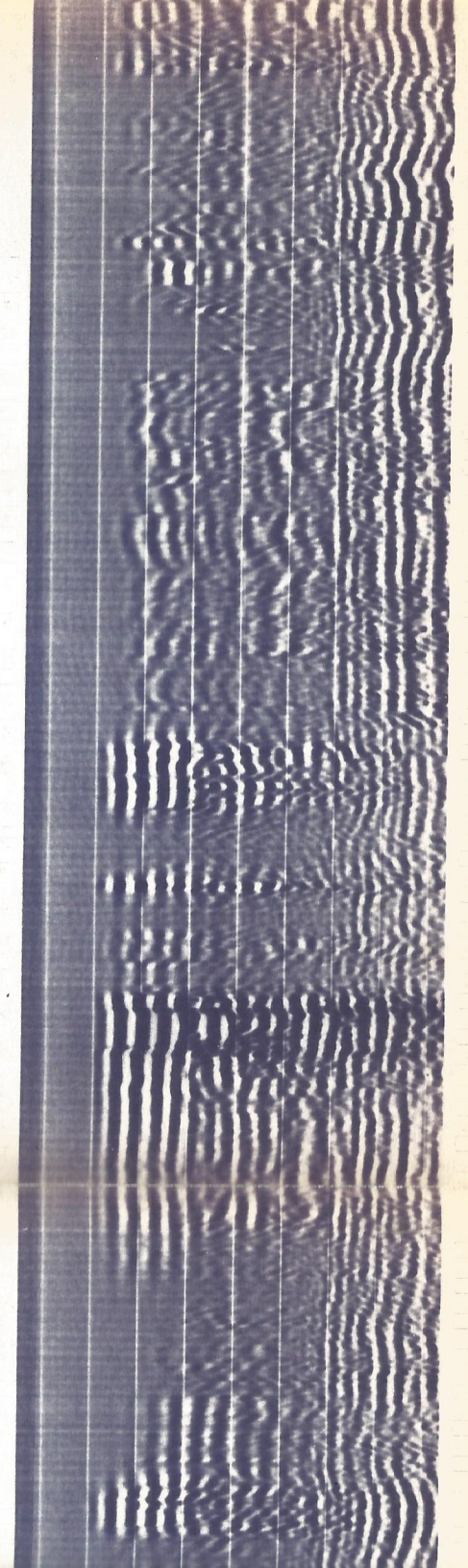
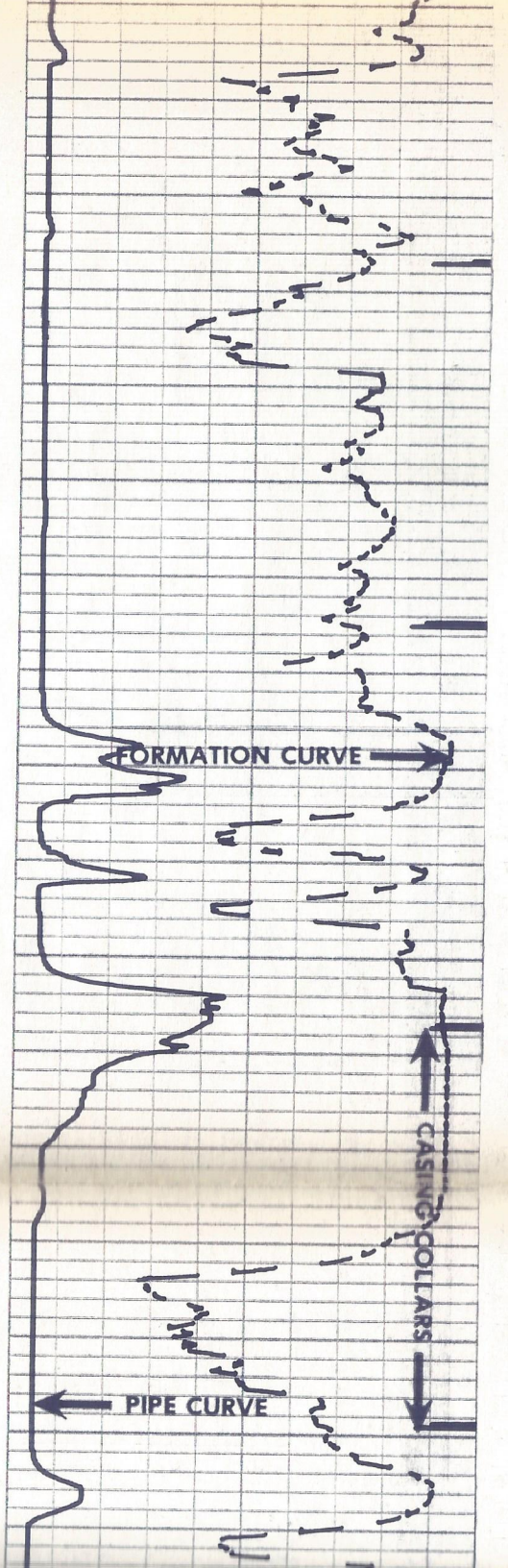
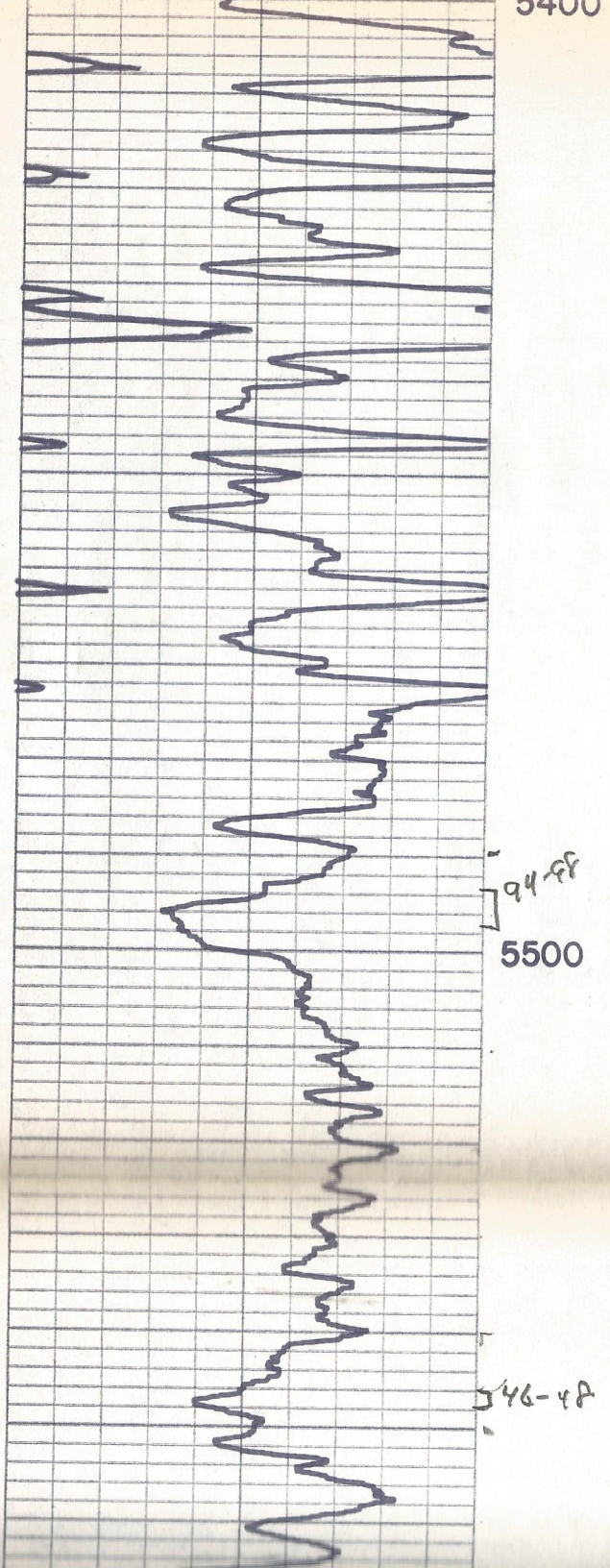


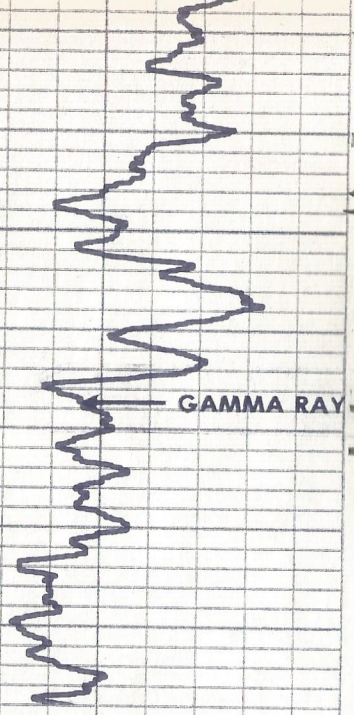
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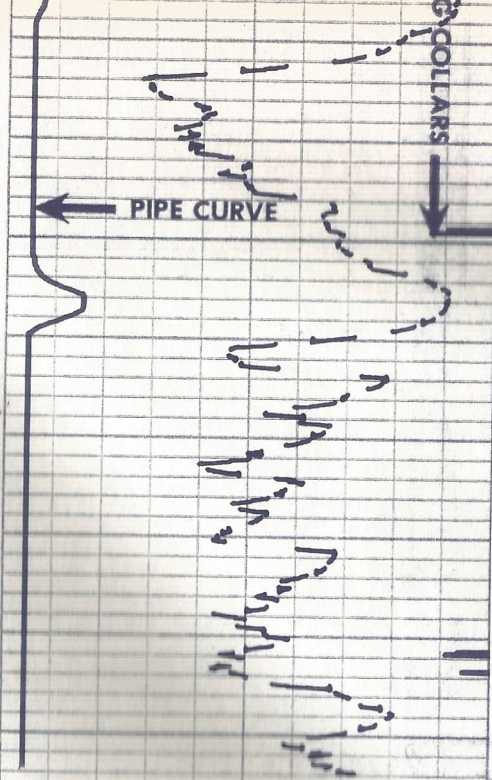


GAMMA RAY

46-48

68-72

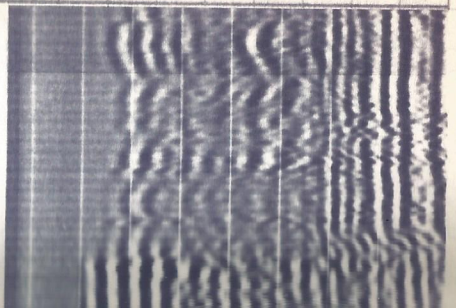
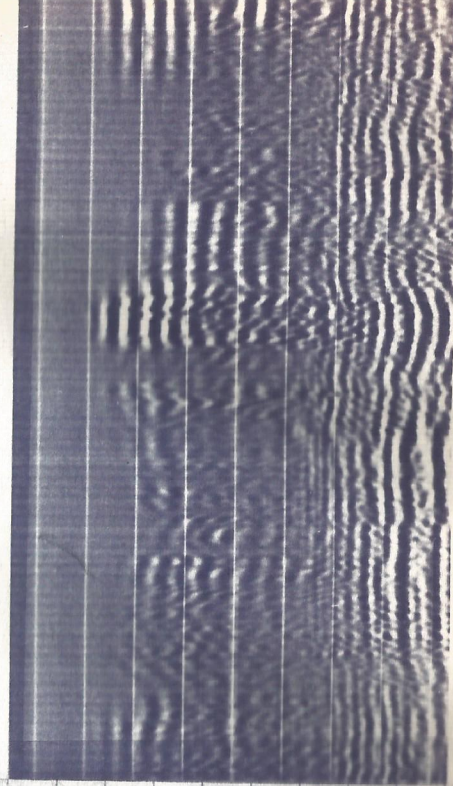
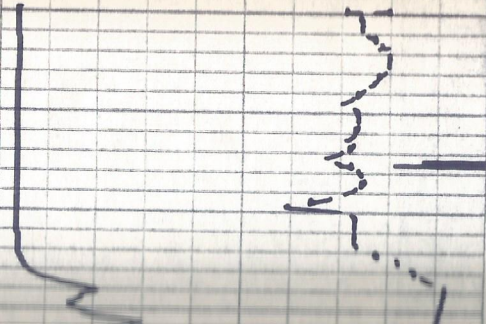
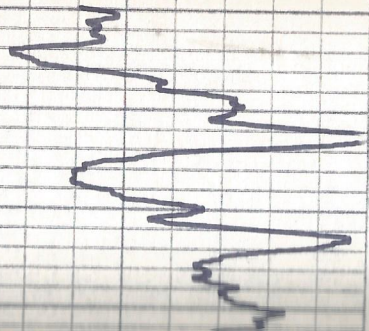
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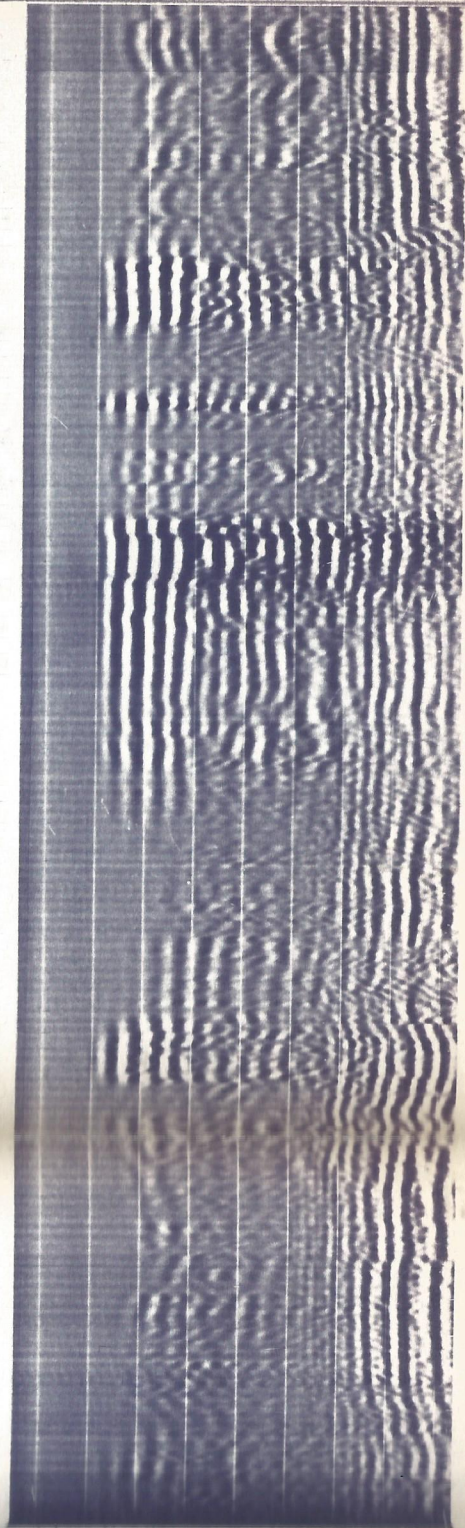
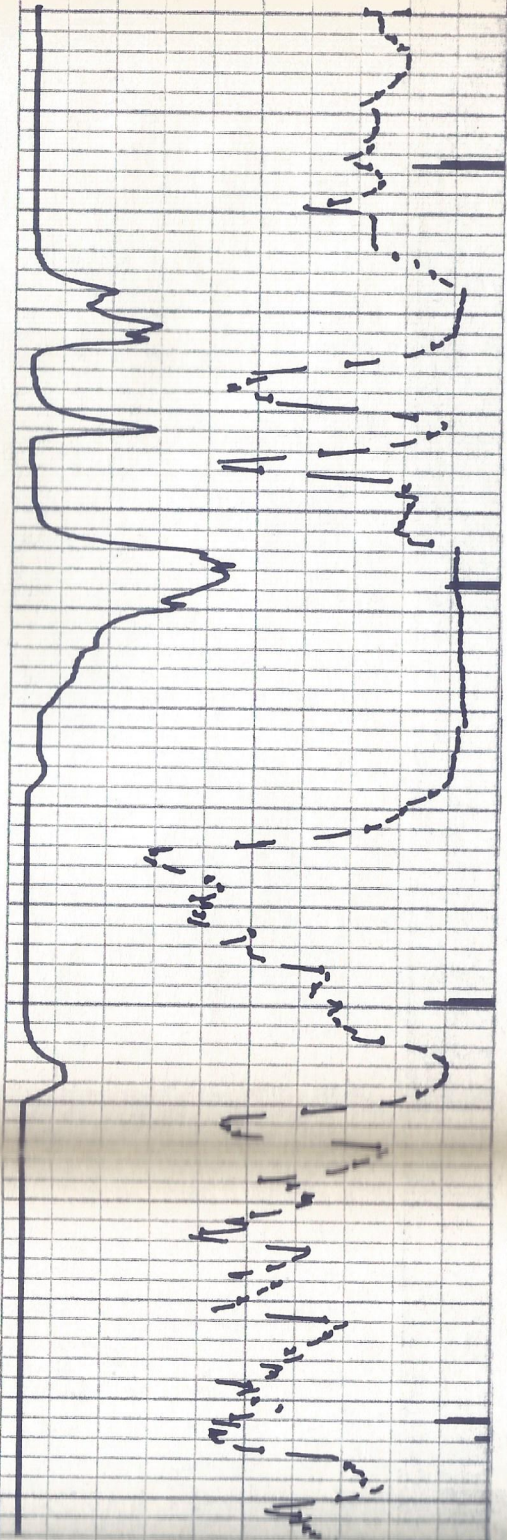
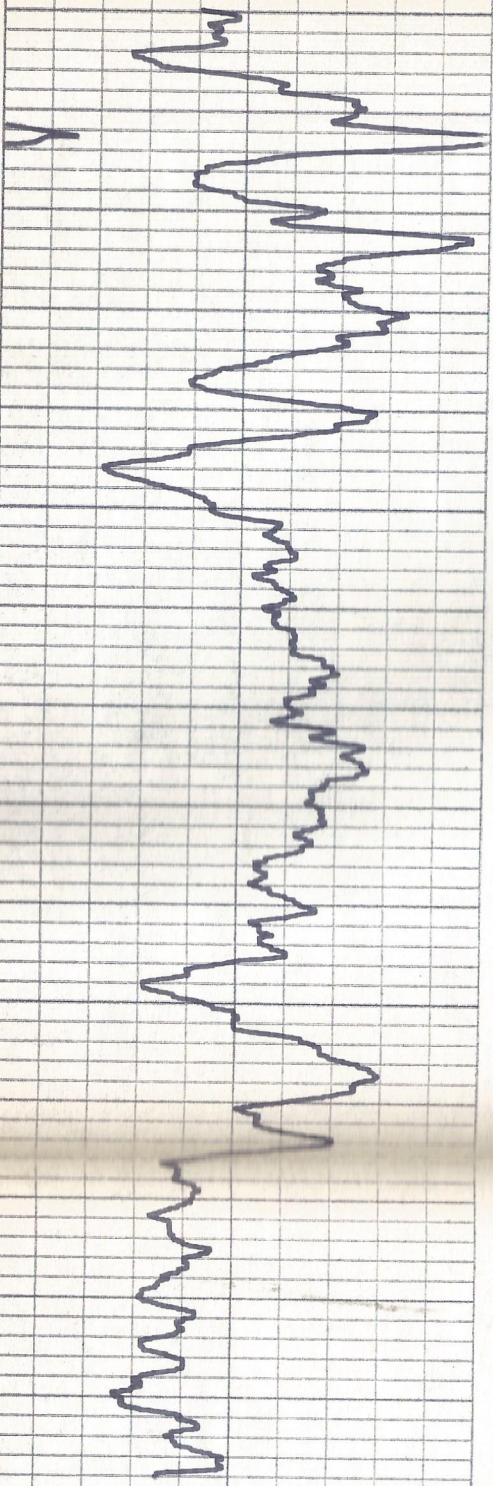


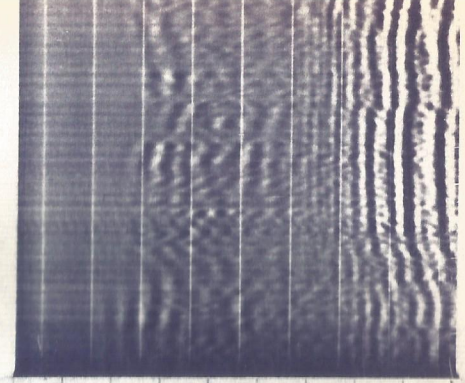
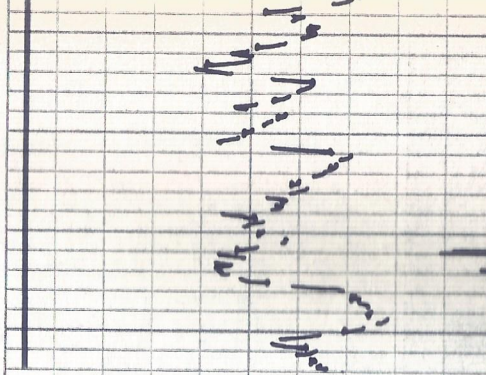
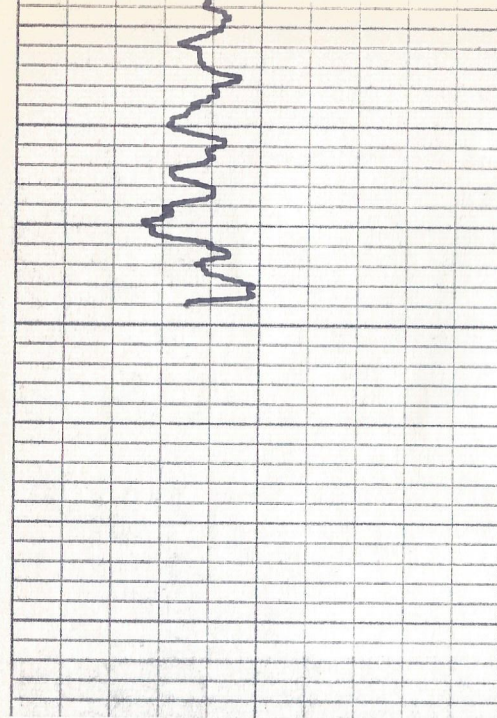
PIPE CURVE

COLLARS

REPEAT SECTION







150	300	750	250	0	1000
0	150	FORMATION CURVE			
		0	PIPE CURVE	100	
GAMMA RAY		CASING COLLARS		VIL	
DEPTHS					

Tenant Farmer on Siemans 1-29 Lease

Brett Reiss

Southwest Family Farm

20494 Hwy 160

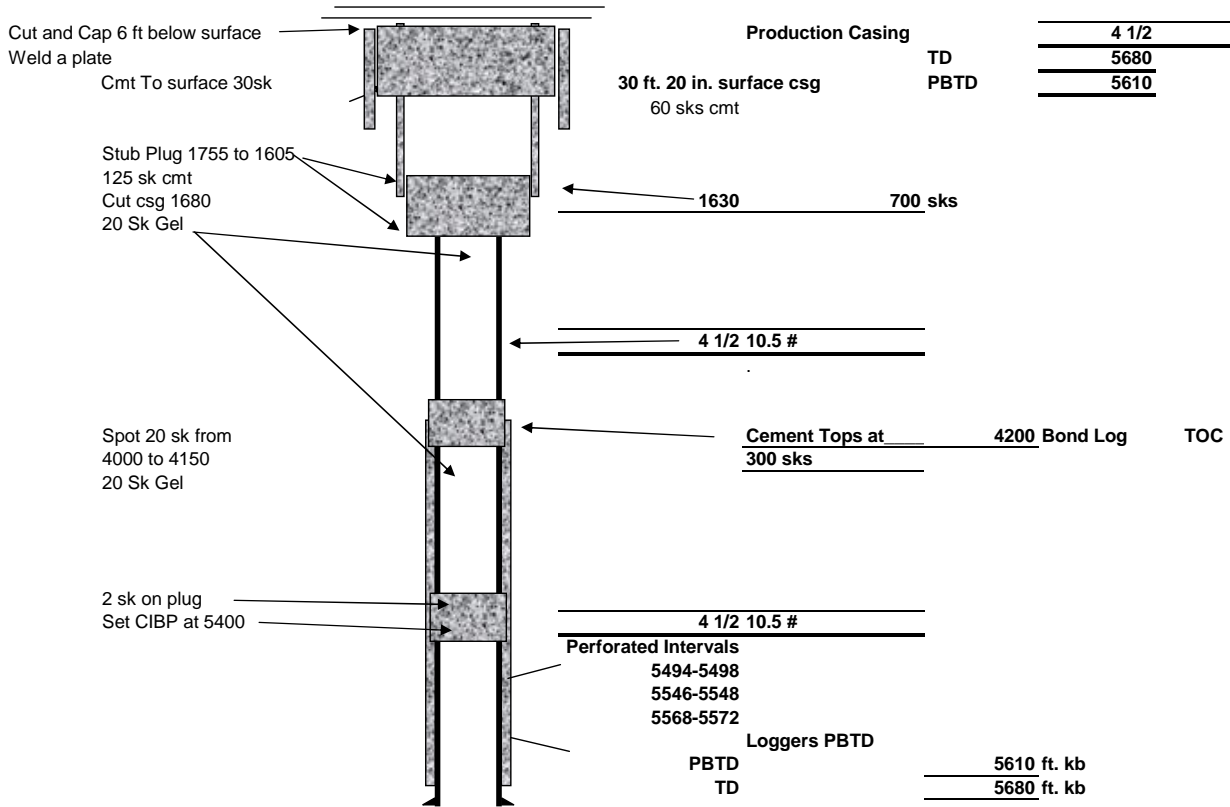
Plains KS 67869

**Proposed PA Wellbore configuration**

**API Number 15-175-21076-00**  
**Siemans 1-29**  
**SW-NW Sec 29-32S-31W**

KB	7
KB Elevation	2794 ft
Ground Elevation	2787 ft
Surface Casing	1630 8 5/8 24 #
Sks cmt	700

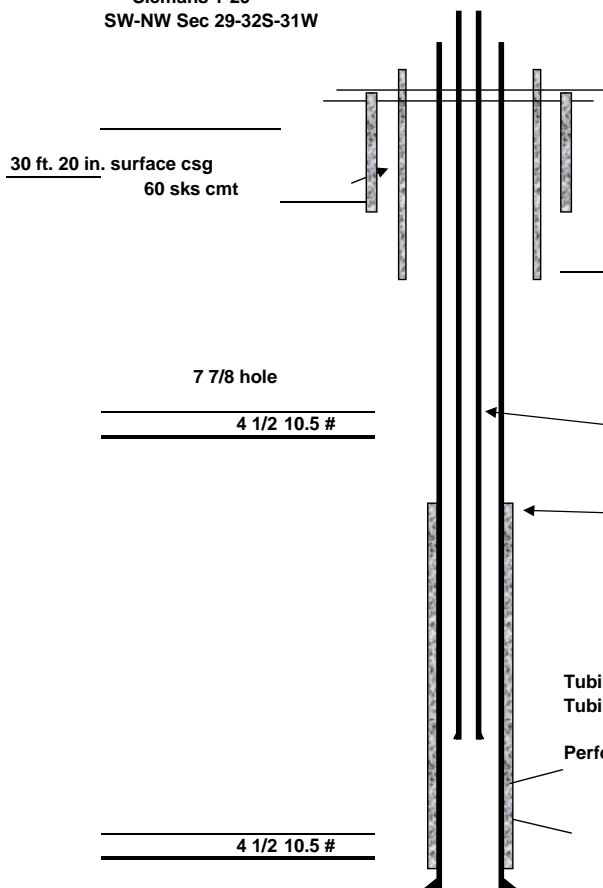
Production Casing	4 1/2
TD	5680
PBTD	5610





AS Built WBD Siemens 1-29

API Number 15-175-21076-00  
 Siemens 1-29  
 SW-NW Sec 29-32S-31W



KB Elevation	11
Ground Elevation	2794 ft
Surface Casing	1630
Sks cmt	700

Production Casing 4 1/2

TD	5680
PBTD	5610

1630 700 sks

approx 5500ft 2 3/8 j55 tubing  
167 jnts

Cement Tops at 4200 Bond Log TOC  
300 sks

Tubing Anchor 5391  
Tubing SN 5488

Perforated Intervals

5494-5498

5546-5548

5568-5572

PBTD

TD

5610 ft. kb  
5680 ft. kb

Loggers PBTD

Proposed Plugging Procedure  
Siemans 1-29

**API Number 15-  
175-21076-00  
Siemans 1-29  
SW-NW Sec 29-32S-31W**

Plugging Procedure.

- Set CIBP above top Perforated interval at 5400 ft kb
- Place 2 sks cmt on CIBP,
- Load and circulate hole with drilling mud ,
- Spot 20 sks gell at 4200 ft. kb
- Spot 20 sk cmt plug from 4000 ft to 4150 ft kb
- Cut csg, at 1680 . pull csg
- Spot 20 sk gel plug in csg, ahead of stub plug
- Spot stub plug from 1755 to 1605
- WOC - Tag Plug
- Cmt to surface, 30 sks cmt

June 17, 2019

Gene Fritzler  
Fritzler Resources, Inc.  
300 E BURLINGTON AVE  
PO BOX 114  
FORT MORGAN, CO 80701-0114

Re: Plugging Application  
API 15-175-21076-00-00  
SIEMANS 1-29  
NW/4 Sec.29-32S-31W  
Seward County, Kansas

Dear Gene Fritzler:

The Conservation Division has received your Well Plugging Application (CP-1).

**Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 1 of your proposed plugging plan at least 5 days before plugging the well.** DISTRICT 1's phone number is (620) 682-7933. Failure to notify DISTRICT 1, 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 December 14, 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 December 14, 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 1