

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	Becker, Steve A. dba A & A Well Service
Well Name	NELSON KW 9
Doc ID	1462555

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
648	672	Bartleville	
682	688	Bartleville	

TYPE

AFFIDAVIT OF COMPLETION FORM

ACO-1 WELL HISTORY

Compt. _____

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.

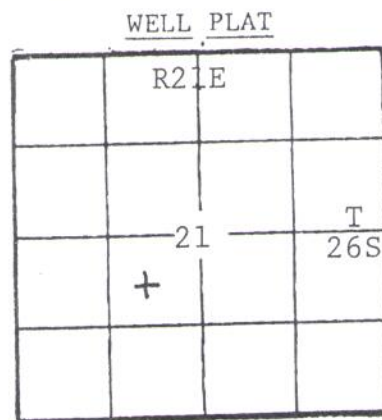
FOR INFORMATION REGARDING THE NUMBER OF COPIES TO BE FILED AND APPLICATIONS REQUIRING COPIES OF ACO-1 FORMS SEE PAGE TWO (2), SIDE TWO (2) OF THIS FORM.

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 # 5096 EXPIRATION DATE 6-30-83
 OPERATOR James E. Russell Petroleum, Inc. API NO. 15-001-24,957
 ADDRESS 536 N. Highland COUNTY Allen
Chanute, Kansas 66720 FIELD Savonburg
 ** CONTACT PERSON G. Bob Barnett PROD. FORMATION Bartlesville
 PHONE 316-431-2650
 PURCHASER Square Deal Oil Company, Inc. LEASE Nelson
 ADDRESS P. O. Box 883 WELL NO. KW-9
Chanute, Kansas 66720 WELL LOCATION _____
 DRILLING B & J Drilling Company 700Ft. from E Line and
 CONTRACTOR P. O. Box 531 770Ft. from N Line of (E
 ADDRESS Fredonia, Kansas 66736 the SW (Qtr.) SE 21 TWP 26S RGE 21 XX
 PLUGGING _____
 CONTRACTOR _____
 ADDRESS _____
 TOTAL DEPTH 762' PBD 743'
 SPUD DATE 11-11-81 DATE COMPLETED 11-14-81
 ELEV: GR 1058⁶ DF _____ KB _____
 DRILLED WITH (CABLE) (ROTARY) (AIR) TOOLS.
 DOCKET NO. OF DISPOSAL OR REPRESSURING WELL BEING
 USED TO DISPOSE OF WATER FROM THIS LEASE 74,830-C
(C-11,361)
 Amount of surface pipe set and cemented 20' DV Tool Used? No
 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 _____



(Office
Use Only)

KCC _____
KGS _____

SWD/REP _____
PLG. _____

NGPA _____

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

A F F I D A V I T

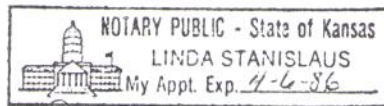
G. Bob Barnett, being of lawful age, hereby certifies that:

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.

G. Bob Barnett
(Name)

SUBSCRIBED AND SWORN TO BEFORE ME this 15th day of June,
1983.



Linda Stanislaus
(NOTARY PUBLIC)

MY COMMISSION EXPIRES: April 6, 1986

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

SIDE TWO James E. Russell
 OPERATOR Petroleum, Inc.

LEASE Nelson

ACO-1 WELL HISTORY (E)
 SEC. 21 TWP 26S RGE. 21
 WELL NO. KW-9

FILL IN WELL INFORMATION AS REQUIRED:

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.

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

FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	BOTTOM	NAME	DEPTH
<input checked="" type="checkbox"/> Check if no Drill Stem Tests Run.				
<input type="checkbox"/> Check if samples sent to Geological Survey				
Soil and Clay	0	6		
Lime	6	52		
Gray Shale	52	53		
Lime	53	57		
Gray Shale	57	62		
Gray Sand	62	72		
Gray Shale	72	76		
Lime	76	83		
Gray Shale	83	84		
Lime	84	108		
Gray Shale	108	109		
Lime	109	117		
Gray Shale	117	121		
Gray Shale & Lime	121	132		
Lime	132	155		
Gray Shale	155	157		
Lime	157	176		
Black Shale	176	182		
Gray Shale	182	214		
Gray Sand	214	225		
Gray Sandy Shale	225	282		
Lime & Gray Shale	282	284		
Gray Shale	284	298		
Lime	298	309		
Gray Shale	309	311		
Lime	311	321		
Gray Shale	321	324		
Lime	324	326		
Gray Shale	326	391		
Lime	391	394		
Black Shale	394	400		
Lime	400	417		
Black Shale	417	418		

If additional space is needed use Page 2,

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
Surface	unknown	8 5/8		20'	Unknown	unknown	
Prod.	unknown	4 1/2		747'	Class A	75	2% gel

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval
			2	3 1/2 stick jets	648-672 & 682-688

TUBING RECORD

Size	Setting depth	Packer set at			

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used				Depth interval treated	
Spotted 50 gal. HCL at bottom perfs.					
Date of first production injection		Producing method (flowing, pumping, gas lift, etc.)		Gravity	
6-10-83					
Estimated Production -I.P.	Oil	Gas	Water	Gas-oil ratio	CFPB
	bbls.	MCF	%	bbls.	
Disposition of gas (vented, used on lease or sold)			Perforations 648-672 & 682-688'		

PAGE TWO (Side One) James E. Russell
OPERATOR Petroleum, Inc.

LEASE NAME Nelson

ACO-1 WELL HISTORY (E
SEC. 21 TWP 26S RGE 21 XW

FILL IN WELL LOG AS REQUIRED: WELL NO. KW-9

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

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.			
FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	BOTTOM	
			NAME
			DEPTH
Lime	418	427	
Black Shale	427	438	
Lime	438	439	
Black Shale	439	453	
Lime	453	454	
Black Shale	454	466	
Gray Shale	466	474	
Lime	474	492	
Black Shale	492	500	
Lime	500	506	
Gray Shale	506	508	
Black Shale	508	526	
Gray Sandy Shale	526	596	
Lime	596	597	
Black Shale	597	604	
Cored	604	721	
Gray Shale	721	762	

June 10, 2019

Steve Becker
Becker, Steve A. dba A & A Well Service
4500 Connecticut road
ELSMORE, KS 66732-4069

Re: Plugging Application
API 15-001-24957-00-00
NELSON KW 9
SW/4 Sec.21-26S-21E
Allen County, Kansas

Dear Steve Becker:

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 December 07, 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 07, 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