

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

ORIGINAL

SIDE ONE

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

API NO. 15- 059-24,633
County Franklin

SE SE NW SE Sec. 8 Twp. 16 Rge. 21 East
West

1,564 Ft. North from Southeast Corner of Section
1,440 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Naylor Well # 10

Field Name _____

Producing Formation Squirrel

Elevation: Ground @ 925' KB _____

Total Depth @ 740' PBD _____

Operator: License # 5353

Name: Bloomer Well Service

Address 2926 Vermont Road
Rantoul, Kansas 66079

City/State/Zip _____

Purchaser: Crude Marketing, Inc.

Operator Contact Person: Don C. Bloomer

Phone (913) 878-3497

Contractor: Name: Reusch Well Service

License: 4441 STATE COMMISSION

Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover CONSERVATION DIVISION
Wichita, Kansas
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If OWMO: old well info as follows:
Operator: _____

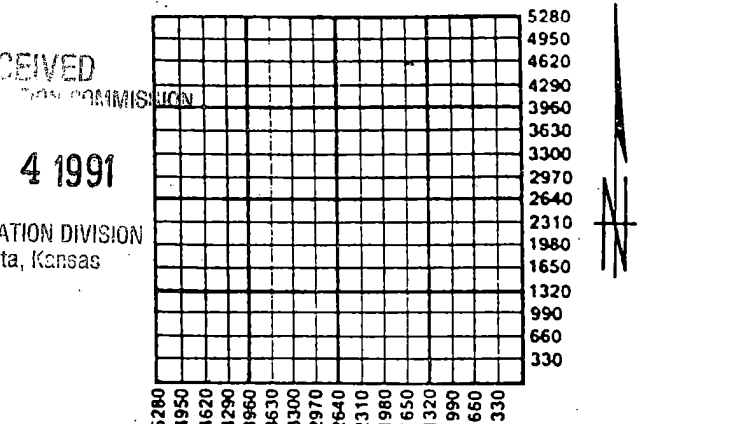
Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable

5/25/91 5/29/91 5/29/91

Spud Date Date Reached TD Completion Date



Amount of Surface Pipe Set and Cemented at 22 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 712

feet depth to 0 w/ 84 sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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.

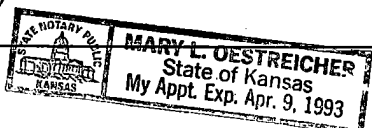
Signature Robert W. Green

Title Attorney for Operator Date 10/31/91

Subscribed and sworn to before me this 31st day of October, 19 91.

Notary Public Mary L. Oestreicher

Date Commission Expires _____



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received

Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

P1

SIDE TWO

Operator Name Bloomer Well Service Lease Name Naylor Well # 10

Sec. 8 Twp. 16 Rge. 12 East West
 County _____

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 <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.)	<p style="text-align: center;">Formation Description</p> <p style="text-align: center;"><input type="checkbox"/> Log <input type="checkbox"/> Sample</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">Name</td> <td style="width:20%; border-bottom: 1px solid black;">Top</td> <td style="width:20%; border-bottom: 1px solid black;">Bottom</td> </tr> <tr> <td style="height: 100px;"> </td> <td> </td> <td> </td> </tr> </table>	Name	Top	Bottom			
Name	Top	Bottom					

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	6 7/8	6 3/4		22	Portland		
Production	3	2 7/8		710	Portland		

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth
10 Total	684 to 690	

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First Production 8/22/91 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
		4			1/2			

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perforation Dually Completed Commingled

Other (Specify) _____

Production Interval 684-690

ORIGINAL

Reusch Well Service
401 S. Main, KS. 66067
Ottawa, KS. 66067

Don Bloomer
P.O.Box # 40
Rantoul, KS. 66079

Naylor #10

<u>Thickness</u>	<u>Formation</u>	<u>Total</u>
15	Soil & clay	15
16	Shale	31
5	Lime	36
3	Shale	39
18	Lime	57
8	Shale	65
32	Lime	97
5	Shale	102
3	Red bed	105
31	Shale	136
22	Shells & lime	158
70	Lime	247
19	Lime	247
2	Shale	249
2	Lime	251
25	Shale	276
8	Lime	284
7	Shale	291
2	Lime	293
11	Shale	304
8	Lime	312
30	Shale	342
25	Lime	367
7	Shale	374
21	Lime	395
4	Shale	399
13	Lime	412 Hertha
143	Shale	555
12	Lime	567
5	Shale	572
9	Lime	581
29	Shale	610
3	Coal	613
2	Shale	615
4	Lime	619
3	Lime	622
13	Shale	635
5	Lime	640
3	Coal	643
2	Shale	645

RECEIVED
STATE CORPORATION COMMISSION

DEC 16 1991

ORIGINAL

Naylor #10 (con't)

<u>Thickness</u>	<u>Formation</u>	<u>Total</u>
		645
13	Lime & shell	658
13	Shale	671
4	Lime	675
3	Shale	678 (cir)
2	Shale	680 (cir)
2	Shale	682 (cir)
2	Oil sand	684 (cir) Good show
5	Oil sand	689
51	Shale	740 T.D.

Set 22.00' of 6/4 Surface Casing.
Set 710.00' of 2 7/8 8 Round Pipe.
Seating nipple is at 679.00 Ft.

1st Squirrel Core

1	2:50-2:52	2	685
2	2:52-2:54	2	686
3	2:54-2:56	2	687
4	2:56-2:58	2	688
5	2:58-3:01	3	689
6	3:01-3:04	3	690
7	3:04-3:07	3	691
8	3:07-3:11	4	692
9	3:11-3:15	4	693
10	3:15-3:19	4	694
11	3:19-3:23	4	695
12	3:23-3:27	4	696
13	3:27-3:32	5	697
14	3:32-3:36	4	698
15	3:36-3:40	4	699

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STATE CORRELATION COMMISSION

DEC 16 1991

5/21/91	Customer's Acct. No. 1328	Sec. 8	Twp. 16	Range 21	Well No. & Farm #10 Nailor	Place or Destination Wellsville
Owner Don Bloomer					County FR	
Billing Address P.O. Box 40					Contractor Reusch Drilling	
City & State Rantoul, Ks. 66079					State Ks.	
Well Owner Operator Contractor						

CEMENTING SERVICE DATA

TYPE OF JOB	CASING	HOLE DATA	PLUGS AND HEAD	PRESSURE	CEMENT LEFT IN CASING
Surface	New	Bore Size 5 1/8"	Bottom 5-W	Circulating 200	Requested
Production	Used	Total Depth 740'	Top	Minimum 100	Necessity
Freeze	Size 2 3/4"		Head 1-BU 25'	Maximum 600	Measured
Pumping	Weight	Cable Tool	FLOAT EQUIPMENT		Sacks Cement 84
Depth	712'	Rotary	Type & Brand		Portland #1 90% For
Type	EUEP		Admixes		2 2/3 gal

FRACTURING - ACIDIZING SERVICE DATA

At Intervals of _____

psi to _____ psi

psi Minimum _____ psi Avg. Pump Rate _____ GPM/BPM Close In _____ psi

Gals. Treating Acid _____ Type _____ Open Hole Diameter _____

Casing _____ Annulus _____ Size _____ Weight _____

Pay Formation Name _____ Depth of Job _____ Ft.

CEMENTING Cement One Well

INVOICE SECTION

FRACTURING - ACIDIZING

Pumping Charge	Office Use	Pumping Charge	Office Use
84 Sacks Bulk Cement @ 2.25		12x30 Sand @	
18 Ton Mileage on Bulk Cement @ 3.33		10x20 Sand @	
Premium Gel @ 6.90		x Sand @	
Flo-Seal @		Ton Mileage @	
Calcium Chloride @		Gals., Acid @	
2 1/2" Plug Rubber @ 8.50		Chemicals @	
Equipment @		@	
2 well Ahead (16) @		@	
@		@	
@		@	
@		Potassium Chloride @	
@		Rock Salt @	
Granulated Salt @		Water Gel @	
Transport Truck (2 Hrs.) @		Transport Truck (Hrs.) @	
Vac Truck (2 Hrs.) @ 4.40		Vac Truck (Hrs.) @	
@		@	
Tax 25.05		Tax	

RECEIVED
 STATE COMMISSION
 DEC 16 1991

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

Total \$ 1023.15

Total \$



Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513

Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Susan K. Duffy, Chair
Dwight D. Keen, Commissioner
Andrew J. French, Commissioner

Laura Kelly, Governor

August 17, 2020

Brian Bloomer
Bloomer, Don C. and Bessie L. Liv. Trust
2926 VERMONT ROAD
RANTOUL, KS 66079-9020

Re: Plugging Application
API 15-059-24633-00-00
NAYLOR 10
SE/4 Sec.08-16S-21E
Franklin County, Kansas

Dear Brian Bloomer:

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 February 13, 2021. 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 13, 2021 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