

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

* CORRECTION

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: License # 5353
Name Bloomer Well Service
Address P.O. Box 40
City/State/Zip Rantoul, Kansas 66079

Purchaser Amoco

Operator Contact Person Don C. Bloomer
Phone 913-878-3497

Contractor: License # 7112
Name Reusch Well Service

Wellsite Geologist
Phone

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD Temp Abd
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)

If OWWO: old well info as follows:
Operator
Well Name
Comp. Date Old Total Depth

WELL HISTORY

Drilling Method:
 Mud Rotary Air Rotary Cable

7/2/85 7/5/85 8/5/85
Spud Date Date Reached TD Completion Date
678
Total Depth PBD

Amount of Surface Pipe Set and Cemented at 21 feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set feet
If alternate 2 completion, cement circulated from feet depth to w/SX cmt

API NO. 15-059-23953

County Franklin

SW SW NE Sec 8 Twp 16 Rge 21 East West

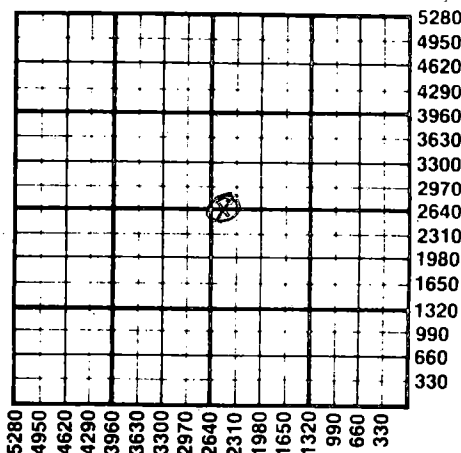
2920 Ft North from Southeast Corner of Section
2425 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

Lease Name Naylor Well # 6

Field Name ~~Wellsville Field~~ Paola Rantoul *

Producing Formation Squirrel

Elevation: Ground N/A KB N/A
Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water: Disposal Repressuring
Docket #

Questions on this portion of the ACO-1 call:
Water Resources Board (913) 296-3717

Source of Water:
Division of Water Resources Permit #

Groundwater Ft North from Southeast Corner (Well) Ft West from Southeast Corner
Sec Twp Rge East West

Surface Water Ft North from Southeast Corner (Stream, pond etc) Ft West from Southeast Corner
Sec Twp Rge East West

Other (explain) (purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 and 82-3-107 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. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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 Date 9/20/85

Subscribed and sworn to before me this 20th day of September 1985

Notary Public Mary Louise 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)

RECEIVED
SEP 25 1985

Form ACO-1 (7-84)

Sec. 8 Twp. 16 Rge. 21 E

SIDE TWO

Operator Name Bloomer Well Service Lease Name Naylor Well # 6

Sec. 8 Twp. 16 Rge. 21 East West County Franklin

WELL LOG

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 Yes No
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

See Detail of core log attached

Formation Description
 Log Sample

Name Top Bottom
 See attached sheets

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> 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 5/8		21'	portland		
Production		2 7/8		658'	portland		
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)		Depth	
	NONE						
TUBING RECORD		Size	Set At	Packer at	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		1"	658				
Date of First Production		Producing Method					
		<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (explain).....					
Estimated Production Per 24 Hours		Oil	Gas	Water	Gas-Oil Ratio	Gravity	
		Bbls	MCF	Bbls	CFPB		

METHOD OF COMPLETION

Production Interval

Disposition of gas: Vented Sold Used on Lease
 Open Hole Other (Specify).....
 Perforation Dually Completed Commingled

Reusch Well Service
 Suite 11 Professional Bldg.
 401 S. Main
 Ottawa, KS 66067

WELL LOG
 Naylor #6
 M&N OIL

7/2/85 to 7/6/85

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
16	Soil & Clay	16
23	Lime	39
7	Shale	46
11	Lime	57
4	Shale	61
16	Lime	77
32	Shale	109
5	Sandstone	114
3	Shale	117
23	Lime	140
3	Sandstone	143
67	Shale	210
22	Lime	232
27	Shale	259
9	Lime	268
23	Shale	291
4	Lime	295
33	Shale	328
17	Lime	345
12	Shale	357
20	Lime	377
3	Shale	380
12	Lime	392
117	Shale	509
5	Sand	514
33	Shale	547
8	Limestone & Shale	555
7	Lime	562
16	Shale	578
4	Sand No show	582
8	Shale	590
3	Coal	593
2	Shale	595
4	Lime	599
16	Shale	615
3	Lime	618
1	Shale	619
4	Bl Shale	623
4	Shale	627
3	Lime	630
5	Lime & Shale	635
2	Lime	637
10	Shale	647
1	Lime	648
3	Shale	651
2	Lime & Shale	653

514 Brown slight gas

Naylor #6

1	Shale	654
2	W. Shale	656 CR
1	W. Shale	657
1	Sand	658 Oil Odor
2	Shale	660
1	Oil Sand	661
2	Broken Oil Snad	663
1	Oil Sand	664
4	Broken Sand	668
10	Shale	678 T.D.

658' 2½" 10 rd in well - Open hole completion Seating Nipple is at 657'
 Set 21' surface casing

Squirrel Core started at 658'

1	2:00 - 2:04	4 min.	659
2	2:04 - 2:10	6 min.	660
3	2:10 - 2:14	4 min.	661
4	2:14 - 2:17	3 min.	662
5	2:17 - 2:21	4 min.	663
6	2:21 - 2:24	3 min.	664
7	2:24 - 2:27	3 min.	665
8	2:27 - 2:30	3 min.	666
9	2:30 - 2:34	4 min.	667
10	2:34 - 2:37	3 min.	668
11	2:37 - 2:41	4 min.	669
12	2:41 - 2:46	5 min.	670
13	2:46 - 2:50	3 min.	671
14	2:50 - 2:54	4 min.	672
15	2:54 - 2:58	4 min.	673
16	2:58 - 3:02	4 min.	674
17	3:02 - 3:07	5 min.	675
18	3:07 - 3:12	5 min.	676
19	3:12 - 3:17	5 min.	677
20	3:17 -		678



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 15-059-23953-00-00
NAYLOR 6
NE/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