

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.

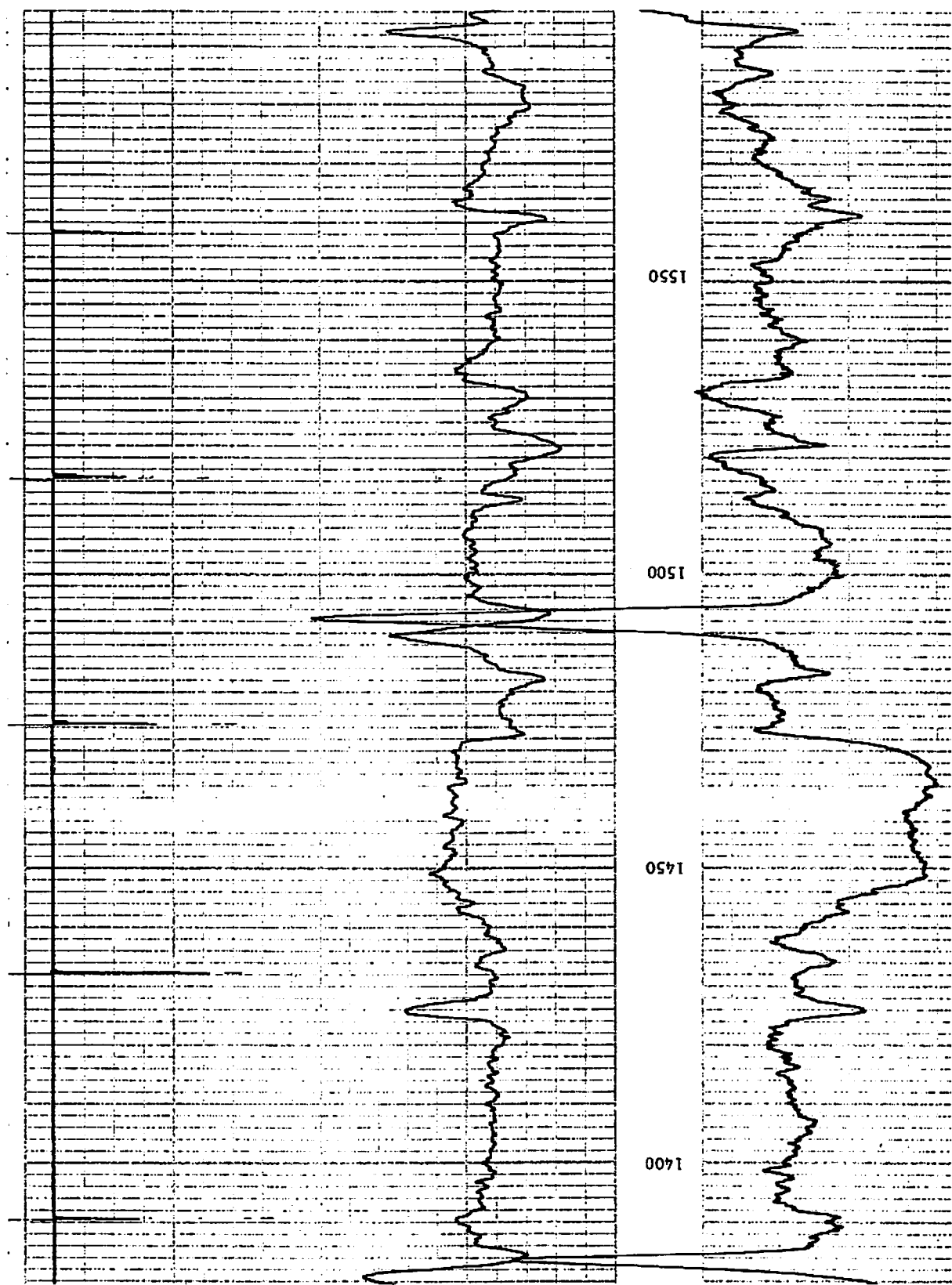
I Submitted Electronically

I

Form	CP1 - Well Plugging Application
Operator	IGWT, Inc.
Well Name	WERNLI 11
Doc ID	1539504

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
1625	1689	BARTLESVILLE	



25-22-100 0' Jm

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 # 5193
name S & B Oil Operations
address Box 365
Madison, Kansas 66860
City/State/Zip

Operator Contact Person G.E. Sauder
Phone 316-437-2287

Contractor: license # Alco Drilling Company
name # 5913

Wellsite Geologist Dean Seeber
Phone 316-321-1270

PURCHASER Inland Crude Purchasing

Date Type of Completion
 New Well Re-Entry Workover

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

Old Well Info as follows:
Operator
Well Name
Comp. Date Old Total Depth

WELL HISTORY

Drilling Method: Mud Rotary Air Rotary Cable
1/14/85 1/16/85 4/18/85
Sp. Rate Date Reached TD Completion Date

1740 1728
Total Depth PBTD

Amount of Surface Pipe Set and Cemented at 40' feet

Multiple Stage Cementing Collar Used? Yes No

If Yes, Show Depth Set feet

If alternate 2 completion, cement circulated from TD feet depth to top 115' SX cmt
10% Gel and 40 w/2% cottonseed Hulls

API NO. 15-073-23,376
County Greenwood
SW (location) Sec 25 Twp 22 Rge 12
1160 Ft North from Southeast Corner of Section
4250 Ft West from Southeast Corner of Section
(Note: locate well in section plat below)

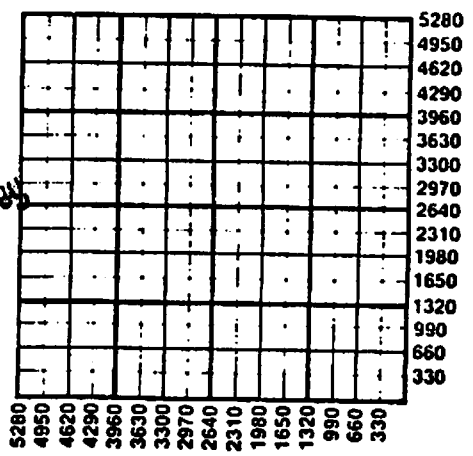
Lease Name Wernli Well# 11

Field Name Lamont

Producing Formation Bartlesville

Elevation: Ground 1090 KB

Section Plat



MAY 07 1985
State Geological Survey
WICHITA BRANCH

WATER SUPPLY INFORMATION

Source of Water:
Division of Water Resources Permit #

Groundwater Ft North From Southeast Corner and Ft. West From Southeast Corner of Sec Twp Rge East West

Surface Water Ft North From Southeast Corner and (Stream, Pond etc.) Ft West From Southeast Corner Sec Twp Rge East West

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

Disposition of Produced Water: Disposal Repressuring
Docket # E-19,905

TUBING RECORD		size	set at	packer at	Liner Run	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of First Production APPRD: 4/85	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	NK	Oil	Gas	Water	Gas-Oil Ratio	Gravity	
	Bbls		MCF	Bbls	CFPB		

Operator Name S. & B. Oil Operations Lease Name Well# 11 SEC. 25. TWP. 22. RGE. 12

WELL LOG

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem test: 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

Formation Description
 Log Sample

Name	Top	Bottom
GL	1090	
Base KC	1104	-14
Marmation	1241	-151
Cherokee	1390	-300
Lower Squirrel SS	1429	-339
Ardmore	1490	-400
Bartlesville SS	1625	-535
Base Bartlesville SS	1706	-616
	1740	-650
<hr/>		
1384	1388	Lime
1388	1457	Shale
1457	1477	Sand
1477	1494	Shale
1494	1496	Lime
1496	1635	Shale
1635	1695	Sand
1695	1735	Shale

MAY 0 1 1985
 State Geological Survey
 WICHITA BRANCH

RECEIVED
 STATE CORPORATION COMMISSION
 MAY 01 1985
 CONSERVATION DIVISION
 Wichita, Kansas

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	9 7/8"	7"		40'	reg.	15	4% Calcium
Production	6 1/4"	4 1/2"		1728	reg.	115 & 40	10% Gel 2% cottonseed hulls

PERFORATION RECORD

Acid, Fracture, Shot, Cement Squeeze Record

shots per foot	specify footage of each interval perforated	(amount and kind of material used)	Depth
24 Shots.	1623 - 1625 1647 - 1649	3 - 1/8" DFL-HSC D, P. Jets	
	1626 1651		
	1636 - 1637 1663 - 1664		
	1638 1665 - 1667		
	1640 - 1645 1672 - 1673		
		1679	
		1681 - 1683	
		1685 - 1686 1687 - 1689	



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

December 17, 2020

KENTON HUPP
IGWT, Inc.
P.O. BOX 550
ROSE HILL, KS 67133-0550

Re: Plugging Application
API 15-073-23376-00-00
WERNLI 11
SW/4 Sec.25-22S-12E
Greenwood County, Kansas

Dear KENTON HUPP:

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 June 15, 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 June 15, 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