

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
July 2021
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 (see Chapter 55 of the Kansas Statutes Annotated), 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

CORNISH

PHONE 431-9308
WIRELINE SERVICES, INC.
P.O. DRAWER H
RADIOACTIVITY LOG
CHICAGO, ILL.

COMPANY: L. A. H. INC.

WELL: BEUC-1-MD-1

FIELD: APT. NO. 15-205-25, 432-00-00

COUNTY: WILSON STATE: KANSAS

LOCATION: 4930' EST./1360' HLL

SEC: 15 TWP: 30S R4A 17E

OTHER SERVICES: 8-29-01: O/I/R
O/I/R HOLE: 8-31-01: E/MS

GROUND LEVEL: 111'

LOG MEASURED FROM: G.L.

RELATIVE MEASURED FROM: G.L.

DATE: 8-31-01

TIME: 2:30 PM

LOGGING: GAMMA RAY

PHYSICIAN: R09, 6"

PHYSICIAN: R03, 8"

PHYSICIAN: R08, 6"

PHYSICIAN: 2, 0"

PHYSICIAN: WATER

PHYSICIAN: WATER

PHYSICIAN: WATER

PHYSICIAN: FULL

PHYSICIAN: FULL

PHYSICIAN: FULL

PHYSICIAN: SANDRIEN, G.

PHYSICIAN: SANDRIEN, G.

PHYSICIAN: SANDRIEN, G.

DATE	TIME	LOGGING	PHYSICIAN
8-31-01	2:30 PM	GAMMA RAY	R09, 6"
8-31-01	2:30 PM	GAMMA RAY	R03, 8"
8-31-01	2:30 PM	GAMMA RAY	R08, 6"
8-31-01	2:30 PM	GAMMA RAY	2, 0"
8-31-01	2:30 PM	GAMMA RAY	WATER
8-31-01	2:30 PM	GAMMA RAY	WATER
8-31-01	2:30 PM	GAMMA RAY	WATER
8-31-01	2:30 PM	GAMMA RAY	FULL
8-31-01	2:30 PM	GAMMA RAY	FULL
8-31-01	2:30 PM	GAMMA RAY	FULL
8-31-01	2:30 PM	GAMMA RAY	SANDRIEN, G.
8-31-01	2:30 PM	GAMMA RAY	SANDRIEN, G.
8-31-01	2:30 PM	GAMMA RAY	SANDRIEN, G.

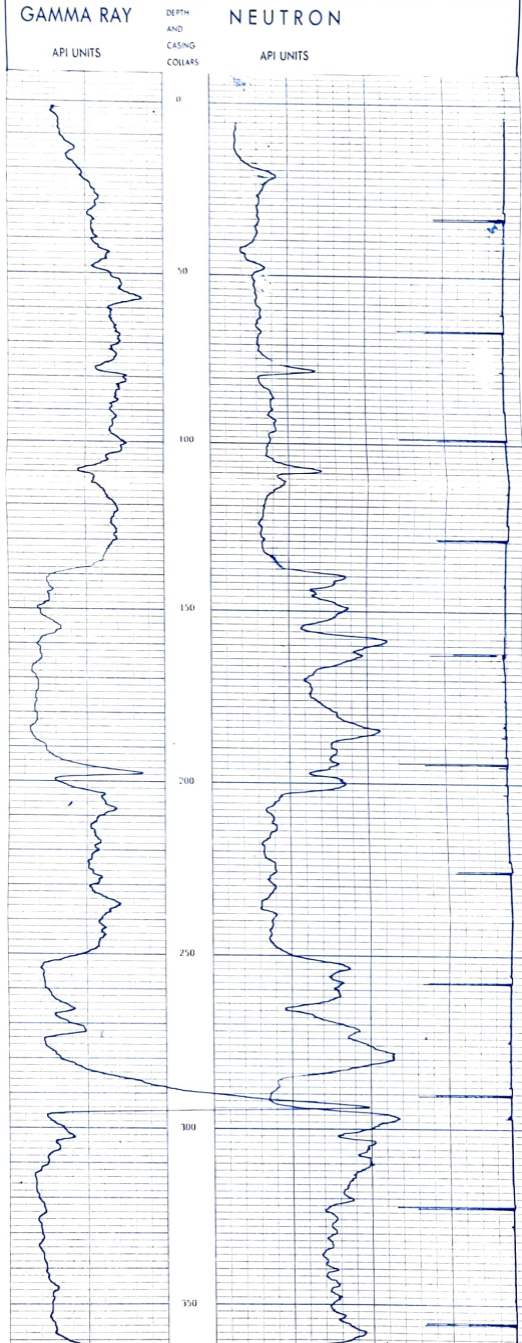
EQUIPMENT DATA

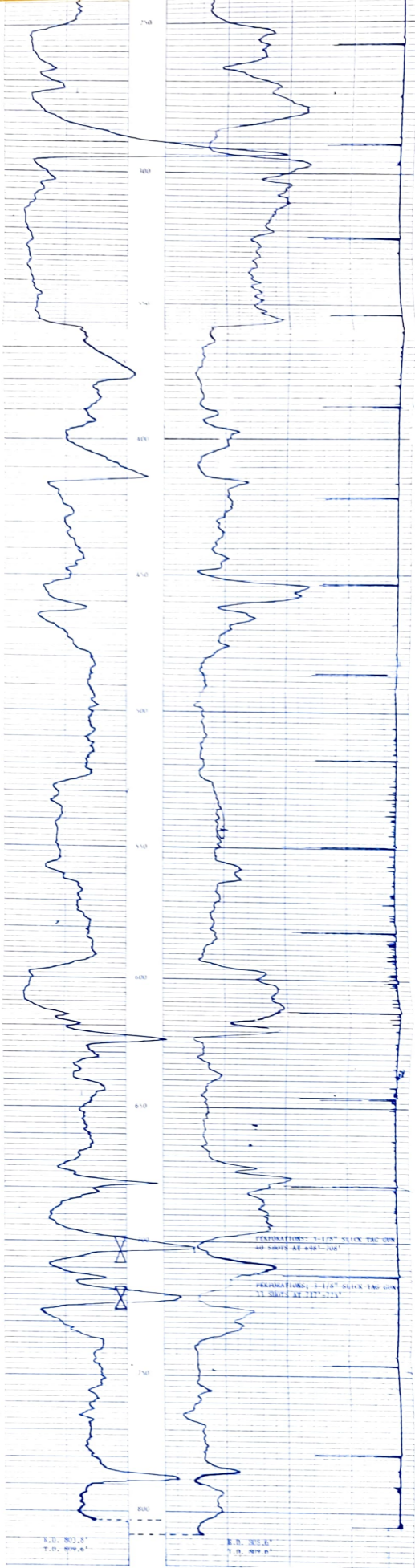
GAMMA RAY		NEUTRON	
RUN NO.	1 NW	RUN NO.	1 NW
TOOL MODEL NO.	9205	LOG TYPE	NEP/NEP
DIAMETER	1-11/16"	TOOL MODEL NO.	9205
DETECTOR MODEL NO.	955C	DIAMETER	1-11/16"
TYPE	SCINT.	DETECTOR MODEL NO.	95BE
LENGTH	1'x6"	TYPE	He-3
DISTANCE TO N. SOURCE	8.5'	LENGTH	1'x6"
		SOURCE MODEL NO.	AC
		SERIAL NO.	MRC415
HOST TRUCK NO.	109	TRUCK NO.	13
INSTRUMENT TRUCK NO.	109	TYPE	Am/Be
LOGGING SERIAL NO.	10	STRENGTH	6.7x10-6

LOGGING DATA

RUN NO.	GAMMA RAY		NEUTRON	
	DEPTH (FEET)	API UNITS	DEPTH (FEET)	API UNITS
1	808.6	2'	25	2.5
			10	0
			20	2.0
			0	0.35
			50	

REFERENCE LITERATURE
REMARKS





Operator Name: L & M Inc Lease Name: Berg Well #: LMD-1
 Sec. 15 Twp. 30 S. R. 17 East West County: _____

JAN 1980

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:
 Gamma Ray Neutron

<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample		
Name	Top	Datum
Pawnee Lime	596	622
Oswego Lime	620	735

CASING RECORD <input 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	# Sacs Used	Type and Percent Additives
Surface	11"	8 5/8"	20#	21'	Portland	4	none
Production	6 3/4"	4 1/4"	10.5	810'	Portland	118	2% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
4	698-708			
4	717-725		Fraced with gelled water and 50 sxs sand.	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method
NA SHUT-IN AT PRESENT	<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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		15	90		

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

Rick's Well Service

P.O. Box 268
129 Railroad
Cherryvale, KS 67335

RECEIVED

OCT 12 2001

KCC WICHITA

ORIGINAL
Invoice

DATE	INVOICE #
8/29/01	659

BILL TO
L&M Inc. 900 College Ave. Independence, KS 67301

SERVICED	DESCRIPTION	HOURS	RATE	AMOUNT
8/28/01	Berg LND#1 - Cement 4 1/2 " casing.		0.00	0.00T
	Pump charge		425.00	425.00T
	118 sacks cement	118	7.25	855.50T
	4 1/2" cement wiper plug		25.20	25.20T
	Water truck	3	50.00	150.00T
	10 sacks of bentonite	10	10.00	100.00T
	Sales Tax		6.90%	107.34

MAKE CHECKS PAYABLE TO:
Rick's Well Service
THANK YOU!

Total	\$1,663.04
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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

June 27, 2023

Billy Cramer
Core S&S LLC
23081 700 Road
THAYER, KS 66776-8155

Re: Plugging Application
API 15-205-25432-00-00
BERG LMD-1
NE/4 Sec.15-30S-17E
Wilson County, Kansas

Dear Billy Cramer:

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 24, 2023. 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 24, 2023 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