

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 #: 8490  
Name: Dwight D. Keen & Lenore M. Keen d/b/a Keen Oil  
Address 1: #1 Tam-O-Shanter Ct. Co. \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: Winfield State: KS Zip: 67156+  
Contact Person: Dwight D. Keen  
Phone: ( 620 ) 221-6267

API No. 15-019-19066-0001  
If pre 1967, supply original completion date: \_\_\_\_\_  
Spot Description: \_\_\_\_\_  
SW - ~~NE~~ ~~NE~~ ~~NE~~ Sec. 29 Twp. 33 S. R. 12  East  West  
4678 Feet from  North /  South Line of Section  
0650 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Chautauqua  
Lease Name: Hayden Heirs Well #: 2W

Check One:  Oil Well  Gas Well  OG  D&A  Cathodic  Water Supply Well  Other: \_\_\_\_\_  
 SWD Permit #: \_\_\_\_\_  ENHR Permit #: E-7359  Gas Storage Permit #: \_\_\_\_\_  
Conductor Casing Size: 10" Set at: 40' Cemented with: 10 Sacks  
Surface Casing Size: 7" Set at: 340 Cemented with: to surface Sacks  
Production Casing Size: 2 3/8" Set at: 940 Cemented with: to surface Sacks

List (ALL) Perforations and Bridge Plug Sets:

940-949 open hole

Elevation: 800' ( G.L. /  K.B.) T.D.: 949 PBTD: \_\_\_\_\_ Anhydrite Depth: \_\_\_\_\_  
(Stone Column Available)

Condition of Well:  Good  Poor  Junk in Hole  Casing Leak at: failed MIT on 7-23-10  
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

Run 1" tubing to T.D. and cement entirety of production casing from T.D. to surface

Is Well Log attached to this application?  Yes  No Is ACO-1 filed?  Yes  No

If ACO-1 not filed, explain why:

A pre-1967 well converted to injection by a prior operator and no ACO-1 exists

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: Dwight D. Keen

Address: #1 Tam-O-Shanter Court City: Winfield State: KS Zip: 67156 + \_\_\_\_\_

Phone: ( 620 ) 221-6267

Plugging Contractor License #: 32884 Name: Elmore, Inc.

Address 1: Box 87-776 Hwy. 99 Address 2: \_\_\_\_\_

City: Sedan State: KS Zip: 67361 + \_\_\_\_\_

Phone: ( 620 ) 249-2519

Proposed Date of Plugging (if known): 7-28-10

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 7-26-10 Authorized Operator / Agent: \_\_\_\_\_  
(Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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JUL 26 2010

KCC WICHITA

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form KSONA-1  
July 2010  
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 # 8490  
Name: Dwight D. Keen & Lenore M. Keen d/b/a Keen Oil Co.  
Address 1: #1 Tam-O-Shanter Ct.  
Address 2: \_\_\_\_\_  
City: Winfield State: KS Zip: 67156 + \_\_\_\_\_  
Contact Person: Dwight D. Keen  
Phone: ( 620 ) 221-6267 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: dlkeen@cox.net

Well Location:  
SW NE NE NE Sec. 29 Twp. 33 S. R. 12  East  West  
County: Chautauqua  
Lease Name: Hayden Heirs Well #: 2W

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*

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JUL 26 2010

**Surface Owner Information:**

Name: Dwight D. Keen and Lenore M. Keen  
Address 1: #1 Tam-O-Shanter Ct.  
Address 2: \_\_\_\_\_  
City: Winfield State: KS Zip: 67156 + \_\_\_\_\_

KCC WICHITA

*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 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 hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 7-26-10 Signature of Operator or Agent: \_\_\_\_\_ Title: Operator

CASING MECHANICAL INTEGRITY TEST

DOCKET # E-7,359

Disposal  Enhanced Recovery:

NE NENE, Sec 29, T 33 S, R 12 E ~~SE~~

OWOP Repressuring   
 Flood   
 Tertiary

4678 Feet from South Section Line  
0650 Feet from East Section Line

Date injection started \_\_\_\_\_  
 API #15 - \_\_\_\_\_

Lease Hayden Heirs (Pit) Well # 2W  
 County Cherokee

Operator: Myers Drilling & Expl. Inc. Operator License # 32687  
 Name & Address: P.O. Box 398  
714 E. Elm Contact Person Dickey Myers  
Sedan, KS 67361 Phone 620-725-3464

Max. Auth. Injection Press. \_\_\_\_\_ psi; Max. Inj. Rate \_\_\_\_\_ bbl/d;  
 If Dual Completion - Injection above production \_\_\_\_\_ Injection below production \_\_\_\_\_

Size	Conductor	Surface	Production	Liner	Size	Tubing
<u>10</u>	<u>7"</u>	<u>2 3/8"</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
Set at <u>40'</u>	<u>340'</u>	<u>940'</u>	_____	_____	Set at _____	_____
Cement Top <u>Surface</u>	<u>Surface</u>	<u>Surface</u>	_____	_____	Type _____	_____
" Bottom <u>10 SKs</u>	_____	_____	_____	_____	_____	_____
DV/Perf. _____	_____	_____	_____	_____	_____	_____
Packer type <u>NONE</u>	_____	_____	_____	_____	_____	_____
Zone of injection <u>940'</u>	_____	_____	_____	_____	_____	_____

TD (and plug back) 949 ft. depth  
 Packer Size \_\_\_\_\_ Set at \_\_\_\_\_  
 Perf. or open hole Open holes

Type Mit: Pressure  Radioactive Tracer Survey  Temperature Survey

F Time: Start 20 Min. 40 Min. 60 Min.  
 I Pressures: 490 485 480 Set up 1 System Pres. during test  
 L Set up 2 Annular Pres. during test  
 D Set up 3 Fluid loss during test \_\_\_\_\_ bbls.

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 KCC WICHITA

Tested: Casing  or Casing - Tubing Annulus   
 The bottom of the tested zone is shut in with Fluid Depressure Test  
 Test Date 3-11-06 Using Myers Drilling & Expl. Company's Equipment  
 The operator hereby certifies that the zone between 940 feet and 0 feet  
 was the zone tested  
 Signature Dickey W. Myers Title Owner

The results were Satisfactory , Marginal \_\_\_\_\_, Not Satisfactory \_\_\_\_\_  
 State Agent Jim [Signature] Title PART Witness: Yes  No   
 REMARKS: Fluid level @ surface. 940' @ 43" = 404"  
Repressured with nitrogen gas.

Origin. Conservation Div.;  KDHE/T;  Dist. Office;  
 Computer Update



CORPORATION COMMISSION

Mark Parkinson, Governor Thomas E. Wright, Chairman, Joseph F. Harkins, Commissioner, Ward Loyd, Commissioner

**NOTICE OF RECEIPT OF WELL PLUGGING APPLICATION (CP-1)**

KEEN, DWIGHT D. & LENORE M. DBA KEEN OIL CO  
# 1 TAM O SHANTER CT  
WINFIELD, KS 67156-6309

July 26, 2010

Re: HAYDEN HEIRS #2W  
API 15-019-19066-00-01  
29-33S-12E, 4678 FSL 650 FEL  
CHAUTAUQUA COUNTY, KANSAS

Dear Operator:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. **Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.**

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

**This notice is void after January 22, 2011. The CP-1 filing does not bring the above well into compliance with K.A.R. 82-3-111 with regard to the Commission's temporary abandonment requirements.**

Sincerely

Steve Bond  
Production Department Supervisor

District: #3  
1500 W. 7th  
Chanute, KS 67220  
(620) 432-2300