## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

RECD IN PROD. FROM
N. O. 11/19/10. Form CP-1
March 2010
Form must be Typed
Form must be Signed
All blanks must be Filled

## WELL PLUGGING APPLICATION Contification of Compliance with the Kanasa Surface Owner Notification

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

	MUST be submitted w		45 004 0000		R
OPERATOR: License #: 32711		_   API No. 15 -	15-021-20283	3-0800	
Name: Mike Becker		If pre 1967, supply original completion date:			
Address 1: 15135 Broadmoor	<del></del>	_   ' '	otion:		
Address 2:		165	ENE Sec. 23 Twp.		
City: Stanley State: KS 2	rip: 66223 + 3111	- 165 - 165	Feet from	_	
Contact Person: Mike Becker			Feet from	_	
Phone: (913 ) 271-7631		- Footages Ca	NE NW		rner:
		County:C	Cherokee		
		Lease Name	Kruger	Well #: 1	
Check One:   ✓ Oil Well Gas Well OG					
Check One: ✓ Oil Well Gas Well OG  SWD Permit #:	D&A Cathod	البيا		er:	
	ENHR Permit #:		Gas Storage P		
Conductor Casing Size: 7 inch	Set at: 20 feet				
Production Casing Size:					
List (ALL) Perforations and Bridge Plug Sets:	Set at.	CEI	nented with.		Sacks
n/a					
Elevation: 860 ( G.L./ K.B.) T.D.: 300	PBTD:	Anhydrite Depth:			
Condition of Well: Good Poor Junk in Hole				ne Corral Formation)	-
		(Interval)			
Proposed Method of Plugging (attach a separate page if addition Run 1" to TD. Pump Portland from TD		and total of A	6 sacks Circu	ulated to ton	
itan i to 75. i ampi ordana nom 12	r to surface, pump	ed total of T	O Sacks. Circl	nated to top.	•
C <b>CX</b> 1	<b>-7</b> 1				
	Is ACO-1 filed? Yes	s No			
If ACO-1 not filed, exptain why:					
Plugging of this Well will be done in accordance with K.S.	A. 55-101 <u>et. seg</u> . and the Ru	ules and Regulation	ns of the State Corpor	ration Commission	1
Company Representative authorized to supervise plugging ope					
Address: 15135 Broadmoor		: Stanley	State: KS	zip: 66223	+ 3111
Phone: (913) 271-7631	·			•	<del></del>
Plugging Contractor License #. 32711		me: Mike Becl	ker		
Address 1: 15135 Broadmorr		ress 2:			
City: Stanley			State: KS	Zip: 66223	+ 3111
Phone: ( 913 ) 271-7631					
Proposed Date of Plugging (if known): 10-7-2007					
					· <del>-</del>
Payment of the Plugging Fee (K.A.R. 82-3-118) will be guar	ranteed by Operator or Agei	nt /	_ 1.	0	
Date: 11-11-2010 Authorized Operator / Agent:	M. 13	ecf_	(Signature)	Sto~	RECEIVED
W.W. 1665 -	ata Milata ann mar		,		

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

NOV 1 2 2010

KCC WICHITA

Dist. 3

No Less . - Als. Plugged

## 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 (Ca	athodic Protection Borehole Intent) T-1 (Transfer) X CP-1 (Plugging Application)			
OPERATOR: License #	Well Location:  NE_NE_NE_NE_Sec.23 Twp. 31 S. R. 21			
Address 1: 15135 Broadmoor	County: Cherokee  Lease Name: Kruger Well #: 1			
Address 2:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of			
City: Stanley State: KS Zip: 66223 + 3111				
Contact Person: Mike Becker	the lease below:			
Phone: (913) 271-7631 Fax: ()				
Email Address:				
Surface Owner Information:				
Name: Dr. Peggy Kruger	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			
Name: Dr. Peggy Kruger  Address 1: 1608 West Avenue  Address 2:				
Address 2:	county, and in the real estate property tax records of the county treasurer.			
City: Austin State: TX Zip: 78701 +				
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:				
	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this			
I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface own task, I acknowledge that I am being charged a \$30.00 handling for	ner(s). To mitigate the additional cost of the KCC performing this			
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1				
I hereby certify that the statements made herein are true and correct to t	• .			
Date: 11-11-2010 Signature of Operator or Agent:	Beel Title: Operation			

RECEIVED

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