KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

This Form must be Typed Form must be Signed All blanks must be Filled

## **WELL PLUGGING APPLICATION**

Miles	UST be submitted with t	this form.	Ę
OPERATOR: License #: 32062			4
Name: ARDC INC		If pre 1967, supply original completion date: 7/28/83	
Address 1: 108 W 34TH		Spot Description SE SE SE SE	_
Address 2:		SE_SE_SE_ Sec. 12_ Twp. 13_S. R. 20East W	est
City: HAYS State: KS Zip: 6	7601	2,970 Feet from North / South Line of Section	
Contact Person: GREG WHITEHAIR			on
Phone: (785 ) 625-6588		Footages Calculated from Nearest Outside Section Corner:	
7		UNE UNW VSE USW	
		Lease Name: JACQUES Well #; 1	<u> </u>
Check One: 🗸 Oil Well Gas Well OG	D&A Cathodic	Water Supply Well Other:	_
	NHR Permit #:		_
Conductor Casing Size: 0 Set at:			k c
· · · · · · · · · · · · · · · · · · ·	208	Cemented with: 115 SKS Sac	
Production Casing Size: 5.5 Set at:		Cemented with: 150 SKS Sac	-
List (ALL) Perforations and Bridge Plug Sets:	-		
2 stage perfed @ 1360' with 425 sacks cir stuck in hole @ 2780'.	culation to surfac	ce bridge plug set @ 3690'. Plug & Packer	
Elevation: 2124 ( GL/ (KB) T.D.: 3835 PR	3690 Anhy	ydrite Depth: 1430	_
Condition of Well: ☐ Good ☐ Poor ☐ Junk in Hole ✔ Ca	sing Leak at: _2680 &	(Stone Cornel Formation)	
Proposed Method of Plugging (attach a separate page if additional space	(Inter		
	0/40 w/4% gel ceme	ent into well. Pulled tubing to 1350', pump cement till de, pressured up to 300psi, no cement.	
Is Well Log attached to this application? Yes V No Is A	ACO-1 filed? Yes	l No	
If ACO-1 not filed, explain why:		, ··•	
•			
Plugging of this Well will be done in accordance with K.S.A. 55-1			
Company Representative authorized to supervise plugging operation			_
	City: <u>H</u>	AYS State: KS Zip: 67601 +	_
Phone: ( 785 ) 625-6588	·		
Plugging Contractor License #: 99996			_
	Address		
		State: KS zip: 67665 +	_
Phone: (785_) 483-2627			
Proposed Date of Plugging (if known): 5/20/11	<u> </u>		_
		RECEIVED	
Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed  Date: 6 / 3 / 2 0     Authorized Operator / Agent: ——	i u	JUN 0 3 2011	
Date: 0/3/2011 Authorized Operator / Agent: — —	- In-	(Signature)	_

D150, 4

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

NCORRECT OTR. CANS.

KANSAS CORPORATION COMMISSION CORRECTED
OIL & GAS CONSERVATION DIVISION BY ADDRESSED

July 2010 Form Must Be Typed

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## 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.

OPERATOR: License # 32062	Mall Landian
ACUALING	Well Location:   SE_SE_SE_SE_Sec. 12   Twp. 13   S. R. 20   East
Name:	
Address 2:	County: ELLIS  Lease Name: JACQUES Well #: 1
City: HAYS State: KS Zip: 67601 +	If filing a Form T.1 for multiple walls on a longer enter the legal description a
Contact Person: GREG WHITEHAIR	If filing a Form T-1 for multiple wells on a lease, enter the legal description o the lease below:
Phone: ( 785 ) 625-6588 Fax: (785 ) 625-6588	
Email Address:gjwhitehair@yahoo.com	
Surface Owner Information:	
Name: NADINE JACQUES	When filing a Form T-1 involving multiple surface owners, attach an additiona
Address 1: 1715 160TH AVE	sheet listing all of the information to the left for each surface owner. Surface
Address 2:	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.
City: ELLIS State: KS Zip: 67637 +	
the KCC with a plat showing the predicted locations of lease roads, ta	nodic Protection Borehole Intent), you must supply the surface owners and ink batteries, pipelines, and electrical lines. The locations shown on the plat
the KCC with a plat showing the predicted locations of lease roads, ta are preliminary non-binding estimates. The locations may be entered Select one of the following:	nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
<ul> <li>are preliminary non-binding estimates. The locations may be entered</li> <li>Select one of the following:</li> <li>I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be</li> </ul>	Act (House Bill 2032), I have provided the following to the surface clocated: 1) a copy of the Form C-1, Form CB-1, the plate is a Form C-1 or Form CB-1, the plate is a Form C-1 or Form CB-1, the plates is a Form CB-1 or Form CB-1, the plates is a Form CB-1 or Form CB-1, the plates is a Form CB-1 or Form CB-1, the plates is a Form CB-1 or Fo
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W

KCC WICHITA

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

CORRECTED

Form KSONA-1

July 2010

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## CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

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Any such form submitted without an accompanying Form KSONA-1 will be returned.

OPERATOR: License # 32062  Name:	Well Location:  SE_SE_NE Sec 12 Two 13 S. R. 20 ☐ East 1 West
Address 1: 108 W 34TH	
Address 2:	SE_SE_NE Sec. 12 Twp. 13 S. R. 20 East  west  County: ELLIS  Lease Name: JACQUES Well #: 1
HAYS State: KS 7in: 67601	Lease Name: JACQUES Well #: 1
	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: GREG WHITEHAIR	the lease below:
Phone: ( 785 ) 625-6588 Fax: ( 785 ) 625-6588	
Email Address:gjwhitehair@yahoo.com	
Surface Owner Information:	
	When filing a Form T-1 involving multiple surface owners, attach an additiona
Name: NADINE JACQUES Address 1: 1715 160TH AVE	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
Address 2:	county, and in the real estate property tax records of the county treasurer.
CHELLIS State KS 7 to 67637	
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