

REC'D W/ INLOC. KSONA-1  
(OTR. CALLS). OPER.  
MUST CORRECT.  
PEND.

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.

KW  
K

OPERATOR: License #: 34502  
Name: Michael Bookstore  
Address 1: 472 NW 10th Steet  
Address 2: \_\_\_\_\_  
City: Saint John State: Kansas Zip: 67576 + \_\_\_\_\_  
Contact Person: Michael Bookstore  
Phone: (620) 546-3218

API No. 15 - 185-22256-0000  
If pre 1967, supply original completion date: \_\_\_\_\_  
Spot Description: \_\_\_\_\_  
\_\_\_\_\_ NW 4 Sec. 1 Twp. 24 S. R. 14  East  West  
A 3630 Feet from  North /  South Line of Section  
3780 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Stafford  
Lease Name: R.D. Bookstore Well #: 1-1

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:

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JUL 25 2011  
KCC WICHITA

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: MICHAEL BOOKSTORE  
Address: SAME AS ABOVE City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ +  
Phone: (620) 546-3218  
Plugging Contractor License #: \_\_\_\_\_ Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ +  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Per Sebastian  
KW  
W

Proposed Date of Plugging (if known): \_\_\_\_\_

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

Date: 7-22-11 Authorized Operator / Agent: Michael Bookstore  
(Signature)

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

INCOR. KSONA-1  
(QTK. CAUS)  
OPER. MUST  
CORRECT  
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 # 34502  
Name: Michael Bookstore  
Address 1: 472 NW 10th Street  
Address 2: \_\_\_\_\_  
City: Saint John State: Kansas Zip: 67576  
Contact Person: Michael Bookstore  
Phone: (620) 546-3218 Fax: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
NW 4 Sec. 1 Twp. 24 S. R. 14  East  West  
County: Stafford  
Lease Name: R.D. Bookstore Well #: 1-1

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

Surface Owner Information:

Name: Twila Faye Bookstore  
Address 1: 472 NW 10th Street  
Address 2: \_\_\_\_\_  
City: St. John State: Ks Zip: 67576

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.

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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: 7-22-11 Signature of Operator or Agent: Michael Bookstore Title: Operator

# Shields Law Office, P.A.

P.O. Box 427  
106 East Third  
St. John, Kansas 67576-2099



Emerson H. Shields

Phone: 620-549-3212

Fax: 620-549-3213

July 22, 2011

KCC Conservation Division  
130 S. Market  
Room 2078  
Wichita, KS 67202

Re: Well Plugging  
NW/4 1-24-14, Stafford County, KS

Dear Sir:

Please find enclosed the Form CP-1 Well Plugging Application and Form KSONA-1 Certification of Compliance with the Kansas Surface Owner Notification Act. My client has filled out these applications to the best of his knowledge. He is trying to contact Quality Well Service of Ellinwood, Kansas to help.

■ Please instruct me on what steps need to be taken.

With kindest regards, I remain,

Sincerely yours,

SHIELDS LAW OFFICE, P.A.

By: *Emerson H. Shields*

EHS/sjf

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KCC WICHITA

ORR ENTERPRISES, INC 580-251-9618  
KLN 33338  
DUNCAN, OK. 73534  
RONNIE ORR

PHIL DOLLAR OILFIELD SERVICES, INC 806-435-3373  
KLN 33311  
PERRYTON, TX 79070  
PHIL DOLLAR

SARGENT & LILLARD CASING PULLING, INC 580-254-  
1881  
KLN 32833  
WOODWARD, OK. 73802  
KIRBY, LILLARD

ALLIANCE WELL SERVICE, INC. 620-655-4494  
KLN 34082  
PRATT, KS .67124  
BARRY WALTERS

CLARK CORP.  
KLN 5105  
MEDICINE LODGE, KS. 67104  
MARK MORGENSTERN

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MIKE'S TESTING & SALVAGE 620-938-2943  
KLN 31529  
CHASE, KS. 67524  
MIKE KELSO

QUALITY WELL SERVICE 620-727-3410  
KLN 31925  
ELLINWOOD, KS. 67526  
RICHARD MCINTYRE



Sam Brownback, Governor, Mark Sievers, Chairman, Ward Loyd, Commissioner, Thomas E. Wright, Commissioner

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

BOOKSTORE, MICHAEL D.  
472 NW 10TH ST  
ST. JOHN, KS 67576

August 12, 2011

Re: R D BOOKSTORE #1-1  
API 15-185-22256-00-00  
1-24S-14W, 3630 FSL 3780 FEL  
STAFFORD 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 February 8, 2012. 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: #1  
210 E Frontview, Suite A  
Dodge City, KS 67801  
(620) 225-8888