

Save and Exit

Kansas Corporation Commission Oil & Gas Conservation Division WELL PLUGGING APPLICATION

CPI

Location Info

(Water Wells,
Aerial Photo, Fields)

Operator: _____
 License #: 162
 Name: **WVYKS (Landowner)**
 Address: **810 Hawaii Rd**
 Address: _____
 City: **Humboldt**
 State: **KS**
 Zip + 4: **67448**
 Contact person: **MIKE KEPLER**
 Contact phone: **(913) 433-7140**

API No.: **15-001-27304 . 00 . 00**
 If pre 1967, supply original completion date: _____
 Section: **23** Township: **25** S. Range: **17** **E**
1340 feet from N S Line of Section
3240 feet from E W Line of Section
 Quarter Gals: **SE- NE- SW-**
 Spot: _____
 Footage Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: **Allen**
 Lease Name: **WVYKS** Well #: **9-B**

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Other:
 SWD Permit #: _____ ENR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set At: _____ Cemented with: _____ Sacks
 Surface Casing Size: **10"** Set At: **ZDF** Cemented with: **10** Sacks
 Production Casing Size: **2 7/8** Set At: **T&D** Cemented with: **10** Sacks

Decimal Conversion Chart

List (ALL) Perforations and Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
		SALINA	

UP DOWN DELETE ROW
 Elevation: _____ GL KB TID: _____ PETD: _____ Anhydrite Depth: _____
 Condition of Well: Good Poor Junk in Hole Casing Leak at _____ (Stone Corral Formation)
 (interval)

Proposed Method of Plugging:

Hook onto 2 7/8, squeeze cement into formation and fill tubing with cement

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Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No
 If ACO-1 not filed, explain why: _____

JAN 03 2012

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:

Name: **MIKE KEPLER**

Address: 1745 Ford Rd City: Chanute State: KS Zip + 4: 666120
 Phone: (785) 433-7194
 Plugging Contractor:
 License #: 36 A9 Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip + 4: _____
 Phone: (____) _____

Proposed Date of Plugging (if known): _____

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Operator Information:

Contact person: MIKE KOPPEL
 Contact phone: (785) 433-7194
 Contact fax: (____) _____
 Contact email: _____

Surface Owner Information:

Name: JDC WDYKS
 Address: 5510 Hannell Rd
 Address: _____
 City: Hamboldt
 State: KS
 Zip + 4: 66748

If this form is being submitted with a Form C-1 (Leak) or CB-1 (Cathodic Protection Borehole Intact), 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 2052), 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.

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