

Save and Exit

### Kansas Corporation Commission Oil & Gas Conservation Division WELL PLUGGING APPLICATION

CP1

Location info

(Water Wells,  
Aerial Photo, Fields)

Operator: \_\_\_\_\_  
 License #: 102  
 Name: JOE WORKS (Landowner)  
 Address: 870 Hawaii Pl  
 Address: \_\_\_\_\_  
 City: HAMBORF  
 State: KS  
 Zip + 4: 66408  
 Contact person: MIKE KEPLER  
 Contact phone: (785) 433-1190

API No: 15-00-21A09.00.00  
 If pre 1967, supply original completion date: \_\_\_\_\_  
 Section: 23 Township: 25 S. Range: 17 E  
1200 feet from 1/4 N. 1/4 S Line of Section  
140 feet from 1/4 E. 1/4 W Line of Section  
 Quarter Cuts: NW-NE-SW-SE  
 Spot: \_\_\_\_\_  
 Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
 County: Allen  
 Lease Name: WORKS Well #: 8A

Check One:  Oil Well  Gas Well  OG  D&A  Cathodic  Water Supply  Other: \_\_\_\_\_  
 SWD Permit #: \_\_\_\_\_  ENR Permit #: \_\_\_\_\_  Gas Storage Permit #: \_\_\_\_\_  
 Conductive Casing Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks  
 Surface Casing Size: 6" Set At: 70A Cemented with: 10 Sacks  
 Production Casing Size: 2 1/8 Set At: 780 Cemented with: 108 Sacks  
 Decimal Conversion Chart

List (ALL) Perforations and Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
		<u>SQUIRREL</u>	

UP DOWN DELETE ROW

Elevation: \_\_\_\_\_  GL  KB TD: \_\_\_\_\_ PBD: \_\_\_\_\_ Anhydrite Depth: \_\_\_\_\_  
 Condition of Well:  Good  Poor  Junk in Hole  Casing Leak at: \_\_\_\_\_ (Stone Corral Formation)  
 (Interval)

Proposed Method of Plugging:

Hook over 2 1/8, Squeeze Cement into formation and fill tubing with cement.

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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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: 14245 Ford Rd City: Chanute State: Ks Zip + 4: 67020  
 Phone: (720) 433-1190  
 Plugging Contractor:  
 License #: 33149 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 KEPLEY  
 Contact phone: (720) 433-1190  
 Contact fax: ( ) \_\_\_\_\_  
 Contact email: \_\_\_\_\_

**Surface Owner Information:**

Name: JOE WYKES  
 Address: 870 HANWELL Rd  
 Address: \_\_\_\_\_  
 City: HANWELL  
 State: Ks  
 Zip + 4: 67048

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

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