

Save and Exit

Kansas Corporation Commission  
Oil & Gas Conservation Division  
WELL PLUGGING APPLICATION

CPI

Location Info

(Water Wells,  
Aerial Photo, Fields)

Operator  
License #: 102  
Name: JOE WORKS (Landowner)  
Address: 870 HARVEY RD  
City: HUMBOLDT  
State: KS  
Zip + 4: 66448  
Contact person: MIKE KEPLER  
Contact phone: (785) 433-7114

API No: 15-DD-29240-00-00  
If pre 1967, supply original completion date:  
Section: 23 Township: 25 S. Range: 17  
2030 feet from NW S Line of Section  
3660 feet from E1 W Line of Section  
Quarter Calls: NW NE SW  
Spot:  
Footages Calculated from Nearest Outside Section Corner:  
NE NW SE SW  
County: ALLEN  
Lease Name: WORKS Well #: 1185

Check One:  Oil Well  Gas Well  OG  D&A  Cathodic  Water Supply  Other:  
 SWD Permit #:  ENHR Permit #:  Gas Storage Permit #:  
Conductor Casing Size: Set At: Cemented with: Sacks  
Surface Casing Size: 8" Set At: 20ft Cemented with: 10 Sacks  
Production Casing Size: 2 1/8 Set At: 750 Cemented with: 08 Sacks  
Decimal Conversion Chart

List (ALL) Perforations and Bridge Plug Sets:

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
		SANDY CL	

UP DOWN DELETE ROW  
Elevation:   GL  KB TD: 550 PBTD:  Anhydrite Depth:   
Condition of Well:  Good  Poor  Junk in Hole  Casing Leak at: (Specify Casing Formation)  
(Interval)

Proposed Method of Plugging:  
HOOK DRILL 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: 1745 Ford Rd City: Chanute State: KS Zip + 4: 67020  
 Phone: (920) 433-7114  
 Plugging Contractor:  
 License #: 331491 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 Kepien  
 Contact phone: (920) 433-7114  
 Contact fax: ( ) \_\_\_\_\_  
 Contact email: \_\_\_\_\_

Surface Owner Information:

Name: JOE WORKS  
 Address: 870 Hawaii Rd  
 Address: \_\_\_\_\_  
 City: Humboldt  
 State: KS  
 Zip + 4: 67048

If this form is being submitted with a Form C-1 (Intest) or CB-1 (Cathodic Protection Barehole Intest), 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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