

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: 1870 HAWKINS RD
City: HURONIA
State: KS
Zip + 4: 67548
Contact person: MIKE KEPLER
Contact phone: (785) 433-7110

API No. 15-001-21151-00.00
If pre 1957, supply original completion date:
Section: 25 Township: 25 R. Range: 17 E
2110 feet from 140 W of Section
3500 feet from 10 E of Section
Quarter Cols: SE - NW - NE - SW
Spot:
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: ZIEGLER
Lease Name: WORKS Well #: 115

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: 11" Set At: 20A Cemented with: 10 Sacks
Production Casing Size: 2 1/8" Set At: 760 Cemented with: 108 Sacks

Decimal Conversion Chart

List (ALL) Perforations and Bridge Plug Sets:

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
		SANDSTONE	

UP DOWN DELETE ROW

Elevation: GL KB TD: 800 PSTD: Anhydrite Depth:
Condition of Well: Good Poor Junk in Hole Casing Leak at: (Interval) (Stone Corral Formation)

Proposed Method of Plugging:

HOOK ON TO 2 1/8, 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:

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: 1245 Fida Rd City: Chanute State: Ks Zip + 4: 66020
 Phone: (785) 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 KELLEY
 Contact phone: (785) 433-1190
 Contact fax: () _____
 Contact email: _____

Surface Owner Information:

Name: JOE WONES
 Address: 810 HAWAII RD
 Address: _____
 City: Chanute
 State: Ks
 Zip + 4: 66020

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