

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 HAWKILL Rd
City: HAWKILL
State: KS
Zip + 4: 66148
Contact person: MIKE KOPLEY
Contact phone: (320) 433-7144

API No: 5-001-24211-00-00
If pre 1967, supply original completion date:
Section: 23 Township: 25 S. Range: 17 E
1530 feet from N Line of Section
1815 feet from E Line of Section
Quarter Calls: SW - EG - NW - SE
Spot:
Footages Calculated from Nearest Outside Section Corner:
NE NW SE SW
County: ALLEN
Lease Name: WORKS Well #: YA

Check One: Oil Well Gas Well DG D&A Cathodic Water Supply Other:
 SWD Permit #: ENGR Permit #: Gas Storage Permit #:

Conductor Casing Size: Set At: Cemented with: Sacks
Surface Casing Size: 10" Set At: 20ft Cemented with: 10 Sacks
Production Casing Size: 2 7/8 Set At: 130 Cemented with: 18 Sacks

Decimal Conversion Chart

List (ALL) Perforations and Bridge Plug Sets:

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
		SANDSTONE	

Elevation: GL KB TL PBYD Anhydrite Depth
Condition of Well: Good Poor Junk in Hole Casing Leak at: (interval) (Stout Corral Formation)

Proposed Method of Plugging:
HDDF onto 2 7/8, 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. 55-161 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations:

Name: MIKE KOPLEY

Address: 1745 Ford Rd City: Chanute State: KS Zip + 4: 66720
 Phone: (920) 433-7190
 Plugging Contractor:
 License #: 33749 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: (920) 433-7190
 Contact fax: () _____
 Contact email: _____

Surface Owner Information:

Name: JOE WORKS
 Address: 810 HAWAII RD
 Address: _____
 City: HUMBOLDT
 State: KS
 Zip + 4: 66748

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 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 XSONA-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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