

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 Hawaii Rd  
City: HUMBOLDT  
State: KS  
Zip + 4: 67148  
Contact person: Mike Kepley  
Contact phone: (785) 433-7196

API No. 16-001-29807 . 00 . 00  
If pre 1967, supply original completion date:  
Section: 23 Township: 25 S. Range: 17 E. 2  
2200 feet from NE of Section  
2150 feet from E of Section  
Quarter Call: SE NW NW SE  
Spot:  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Allen  
Lease Name: WWORKS Well #: 11-08

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: 10" Set At: 20ft Cemented with: 10 Sacks  
Production Casing Size: 2 1/8" Set At: 760 Cemented with: 08 Sacks

Decimal Conversion Chart

List (ALL) Perforations and Bridge Plug Sets:

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
		SANDSTONE	

Elevation:   GL  KB ID: 182 PBITD:  Anhydrite Depth:   
Condition of Well:  Good  Poor  Junk in Hole  Casing Leak at (interval) (Stone Corral Formation)

Proposed Method of Plugging:

HOOD-ONTO 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:

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 Kepley

Address: 19245 Ford Rd City: CHANDLER State: KS Zip + 4: 67240  
 Phone: (920) 433-7196  
 Flugging Contractor:  
 License #: 33749 Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_  
 Phone: ( ):

Proposed Date of Flugging (if known): \_\_\_\_\_

**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

**Operator Information:**

Contact person: MIKE REPEL  
 Contact phone: (920) 433-7196  
 Contact fax: ( ) \_\_\_\_\_  
 Contact email: \_\_\_\_\_

**Surface Owner Information:**

Name: JOE WORKS  
 Address: 8310 HEWELL RD  
 Address: \_\_\_\_\_  
 City: HUMBOLDT  
 State: KS  
 Zip + 4: 67848

*If this form is being submitted with a Form C-1 (Drum) 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 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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