

Save and Exit

Kansas Corporation Commission
Oil & Gas Conservation Division
WELL PLUGGING APPLICATION

CP1

Location Info

(Water Wells,
Aerial Photo, Fields)

Operator: [Blank]
License #: 102
Name: JOE WORKS (Landowner)
Address: 570 HAWAII RD
City: HAWAII
State: KS
Zip + 4: 67408
Contact person: MIKE KEPLER
Contact phone: (785) 433-7194

API No: 15-01-28228-00-00
If pre 1967, supply original completion date: [Blank]
Section: 23 Township: 25 S. Range: 17 E
feet from [2050] N+ [S Line of Section]
feet from [3180] E+ [W Line of Section]
Quarter Call: NW- NE- SW- [Blank]
Spot: [Blank]
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: WORKS Well #: 10-B

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Other:
 SWD Permit #: [Blank] ENMR Permit #: [Blank] Gas Storage Permit #: [Blank]

Conductor Casing Size: [Blank] Set At: [Blank] Cemented with: [Blank] Sacks
Surface Casing Size: 10" Set At: 20F Cemented with: 10 Sacks
Production Casing Size: 2 1/8 Set At: 780 Cemented with: 08 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: [Blank] GL KB TD: 715 PBTD: [Blank] Anhydrite Depth: [Blank]
Condition of Well: Good Poor Junk in Hole Casing Leak at: [Blank] (Stone Corral Formation)
(interval)

Proposed Method of Plugging:
HOOK ONTO 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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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: 1745 Ford Rd City: Wichita State: KS Zip + 4: 67201
 Phone: (316) 433-7194
 Plugging Contractor:
 License #: 35749 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 KUPEN
 Contact phone: (316) 433-7194
 Contact fax: () _____
 Contact email: _____

Surface Owner Information:

Name: JOE WOLFS
 Address: 8710 Hawaii Rd
 Address: _____
 City: Wichita
 State: KS
 Zip + 4: 67201

If this form is being submitted with a Form C-1 (Invent) or CB-1 (Cathodic Protection Breakhole Invent), 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 2012), 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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