

Save and Exit

Kansas Corporation Commission
Oil & Gas Conservation Division
WELL PLUGGING APPLICATION

CP1

Location Info

(Water Wells,
Aerial Photo, Fields)

Operator

License #:

102

Name:

JOE WORKS (Landowner)

Address:

870 HAWKILL BL

Address:

City:

HAMBURG

State:

KS

Zip + 4:

66048

Contact person:

Mike Kopy

Contact phone:

(620) 433-7140

API No. 15-001-21054-00-00

If pre 1967, supply original completion date:

Section 1340 Township 25 S. Range 17 E

feet from 1340 feet from 4040

feet from 4040 feet from 1340

Quarter Call: SE - NW - SW -

Spot:

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☒ NW ☐ SE ☐ SW

County: Allen

Lease Name: WORKS Well #: 7-B

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:

20ff

Cemented with:

10

Sacks

Production Casing Size:

2 7/8

Set At:

780

Cemented with:

V8

Sacks

Depth Conversion Chart

List (ALL) Perforations and Bridge Plug Sets:

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
		SQUIRREL	

UP DOWN DELETE ROW

Elevation:

☒ GL ☐ KB

ID

PBTD

Anhydrite Depth:

Condition of Well:

☒ Good☐ Poor☐ Junk in Hole☐ Casing Leak at:

(Interval)

(Stone Corral Formation)

Proposed Method of Plugging:

Hook onto 2 7/8, squeeze cement into formation and fill tubing with cement

Is Well Log attached to this application? ☐ Yes ☐ NoIs 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 Kopy

Address: 1245 Ford Rd City: Chanute State: Ks Zip + 4: 670120
 Phone: (920) 433-7140
 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 KUPEN
 Contact phone: (920) 433-7140
 Contact fax: _____
 Contact email: _____

Surface Owner Information:

Name: JDC WDRKS
 Address: 870 Hawaii Rd
 Address: _____
 City: Humboldt
 State: Ks
 Zip + 4: 67048

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 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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