

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 WOLFE (Landowner)  
Address: 870 HANWILL RD  
Address: \_\_\_\_\_  
City: Humboldt  
State: KS  
Zip + 4: 66438  
Contact person: MIKE KEPLER  
Contact phone: (785) 433-7410

API No: 15-001-2480A.00.00  
If pre 1967, supply original completion date: \_\_\_\_\_  
Section: 23 Township: 25 S. Range: 17 E  
1860 feet from N Line of Section  
2145 feet from E Line of Section  
Quarter Calls: NE SN NW SE  
Spot: \_\_\_\_\_  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Allen  
Lease Name: WOLFE Well #: 4A

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: 750 Cemented with: 105 Sacks

Decimal 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: \_\_\_\_\_ PSTD: \_\_\_\_\_ Anhydrite Depth: \_\_\_\_\_  
Condition of Well:  Good  Poor  Junk in Hole  Casing Leak at: \_\_\_\_\_ (Stone Corral Formation)  
(interval)

Proposed Method of Plugging:

Hook onto 2 1/8" Squeeze Cement into formation and fill tubing with cement

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KCC WICHITA

Is Well Log attached to this application?  Yes  No Is ACO-1 filed?  Yes  No

If ACO-1 not filed, explain why:

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: 11245 Ford Rd City: Wichita State: KS Zip + 4: 67220  
 Phone: (920) 433-1110  
 Plugging Contractor:  
 License #: 25749 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 Kehen  
 Contact phone: (920) 433-1110  
 Contact fax: ( ) \_\_\_\_\_  
 Contact email: \_\_\_\_\_

**Surface Owner Information:**

Name: Joe Wyrks  
 Address: 870 Hawaii Rd  
 Address: \_\_\_\_\_  
 City: Humboldt  
 State: KS  
 Zip + 4: 67042

*If this form is being submitted with a Form C-1 (Intert) or CB-1 (Cathodic Protection Borehole Intert), 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, this ESONL-1 form and its associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.*

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