

Save and Exit

Kansas Corporation Commission
Oil & Gas Conservation Division
WELL PLUGGING APPLICATION

GPI

Location info

(Water Wells,
Aerial Photo, Fields)

Operator
License #: 102
Name: JOE WORKS (Landowner)
Address: 870 HAWAII RD
City: HUMBOLDT
State: KS
Zip + 4: 67144
Contact person: MIKE KEPLER
Contact phone: (316) 433-7114

API No: 15-001-210819-0001
If pre 1967, supply original completion date:
Section: 23 Township: 25 S. Range: 17 E
2040 feet from ~~NE~~ ~~SE~~ S Line of Section
3010 feet from ~~NE~~ ~~SE~~ W Line of Section
Quarter Cells: NW NE SW SE
Spot:
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: ALLEN
Lease Name: WORKS Well #: EB

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Other:
 SWD Permit #: ENHR Permit #: E26185 Gas Storage Permit #:

Conductor Casing Size: Set At: Cemented with: Sacks
Surface Casing Size: 10" Set At: 20F Cemented with: 10 Sacks
Production Casing Size: 2 7/8" Set At: 7SD Cemented with: 10S Sacks

Decimal Conversion Chart

List (ALL) Perforations and Bridge Plug Sets:

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
		SANDY	

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

Proposed Method of Plugging:

HOOK ONTO 2 7/8, SQUEEZE CEMENT INTO FORMATION AND
FILL TUBING WITH CEMENT

RECEIVED

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

JAN 03 2012

If ACO-1 not filed, explain why:

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: 19246 Ford Rd City: MANHATTAN State: Ks Zip + 4: 66520
 Phone: (913) 433-7140
 Plugging Contractor:
 License #: 33149 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 KEJLEY
 Contact phone: (913) 433-7140
 Contact fax: () _____
 Contact email: _____

Surface Owner Information:

Name: JOE WOLVES
 Address: 5510 HAWKILL RD
 Address: _____
 City: HUMBOLDT
 State: KS
 Zip + 4: 66748

If this form is being submitted with a Form C-1 (Intest) or CB-1 (Cathodic Protection Borabols Intest), 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.

RECEIVED
JAN 03 2012
KCC WICHITA