

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 Rd
 Address: _____
 City: HAWKILL
 State: KS
 Zip + 4: 67448
 Contact person: MIKE KEPLER
 Contact phone: (785) 433-7110

API No. 15-001-21458-00-01
 If pre 1967, supply original completion date: _____
 Section: 23 Township: 25 S. Range: 17 E
 1840 feet from ~~10~~ N Line of Section
 2805 feet from ~~10~~ W Line of Section
 Quarter Cuts: SE - NE - SW - _____
 Spot: _____
 Footages Calculated from Nearest Outside Section Corner
 NE NW SE SW
 County: Allen
 Lease Name: WORKS Well #: 2-B

Check One: Oil Well Gas Well DG 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: 1" Set At: 20ff Cemented with: 10 Sacks
 Production Casing Size: 2 7/8 Set At: 780 Cemented with: 108 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: _____ GL KB TD: 600 PBTD: _____ Anhydrite Depth: _____
 Condition of Well: Good Poor Junk in Hole Casing Leak at: _____ (Stone Corral Formation)
 (interval)

Proposed Method of Plugging:

HOOK-OHIO 2 7/8. 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: 1745 Ford Rd City: Wichita State: Ks Zip + 4: 67220
 Phone: (316) 433-7110
 Plugging Contractor:
 License #: 33191 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 KOPPEL
 Contact phone: (316) 433-7110
 Contact fax: () _____
 Contact email: _____

Surface Owner Information:

Name: DE WORKS
 Address: 810 HARVARD Rd
 Address: _____
 City: WICHITA
 State: Ks
 Zip + 4: 67214

If this form is being submitted with a Form C-1 (Insert) or CB-1 (Cathodic Protection Breakhole Insert), you must supply the surface owners and the KCC with a plat showing the predicted locations of loose rocks, 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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