

Save and Exit

Kansas Corporation Commission
Oil & Gas Conservation Division
WELL PLUGGING APPLICATION

CPI
Location Info
(Water Wells,
Aerial Photo, Fields)

Operator
License #: 102
Name: JOE WORKS (Landowner)
Address: 870 HAWKII BL
City: Humboldt
State: KS
Zip + 4: 67148
Contact person: Mike Kepley
Contact phone: (316) 433-7194

API No.: 15-DD-2585-00-01
If pre 1967, supply original completion date:
Section: 23 Township: 25 S. Range: 7 E
1400 feet from S Line of Section
2140 feet from E1/4 of Section
Quarter Cuts: SE, SW, NW, NE
Spot:
Footages Calculated from Nearest Outside Section Corner:
NE NW SE SW
Country: Alien
Lease Name: WORKS Well #: 10A

Check One: SWD 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: 6" Set At: 20ft Cemented with: 10 Sacks
Production Casing Size: 2 1/8" Set At: 780 Cemented with: 08 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
		SANDY	

UP DOWN DELETE ROW
Elevation: GL KB TD: 112 PBT: 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

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 Kepley

RECEIVED
JAN 03 2012

KCC WICHITA

Address: KZAS FDDA KA City: CHANDLER State: KS Zip + 4: 670120
 Phone: (202) 433-7114
 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 KEVLEN
 Contact phone: (202) 433-7114
 Contact fax: (____) _____
 Contact email: _____

Surface Owner Information:

Name: JOE WOKS
 Address: 870 HAWAII RD
 Address: _____
 City: HUMBOLDT
 State: KS
 Zip + 4: 67048

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