

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CP-1  
March 2010  
This Form must be Typed  
Form must be Signed  
All blanks must be Filled

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,  
MUST be submitted with this form.

OPERATOR: License # \_\_\_\_\_  
Name: JOE WORKS (LANDOWNER)  
Address 1: 870 HAWAII RD  
Address 2: \_\_\_\_\_  
City: Humboldt State: KS Zip: 67048  
Contact Person: Mike Kepley  
Phone: 620, 433-7190

API No. 15: D01-21438-8000  
If pre 1967, supply original completion date: \_\_\_\_\_  
Spot Description:  
NW NE SE SW Sec. 23 Twp. 25 S R. 17 E East West  
1095 Feet from North South Line of Section  
345 Feet from East West Line of Section  
Footages Calculated from Nearest Outside Section Corner  
NE NW SE SW  
County: Allen  
Lease Name: Willis Well #: 5

Check One:  Oil Well  Gas Well  OG  D&A  Cathodic  Water Supply Well  Other:  
 SWD Permit # \_\_\_\_\_  ENHR Permit # \_\_\_\_\_  Gas Storage Permit # \_\_\_\_\_  
Conductor Casing Size: \_\_\_\_\_ Set at: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks  
Surface Casing Size: 6" Set at: 20ft Cemented with: ID Sacks  
Production Casing Size: 2 7/8 Set at: 780 Cemented with: 108 Sacks  
List (ALL) Perforations and Bridge Plug Sets: \_\_\_\_\_

Elevation: 994.0 (X) G.L. / K.B. T.D.: 792 PBTD: \_\_\_\_\_ Anhydrite Depth: \_\_\_\_\_  
(Stone Corral Formation)  
Condition of Well:  Good  Poor  Junk in Hole  Casing Leak at: \_\_\_\_\_  
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):  
HOOK ONTO 2 7/8, 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: Mike Kepley  
Address: 19245 FORD RD City: CHARLOTTE State: KS Zip: 66720  
Phone: 620, 433-7190  
Plugging Contractor License #: 33149 Name: KEPLEY WELL SVC., LLC  
Address 1: 19245 FORD RD. Address 2: \_\_\_\_\_  
City: CHARLOTTE State: KS Zip: 66720  
Phone: 620, 431-9212

Proposed Date of Plugging (if known): ~~WELL ACR. PLUGGED EARLY JULY PER APT. D.3.~~  
THIS WELL TO BE PLUGGED ASAP PER UPDT. FROM PLUGGING CONTR. 7/31/12.  
Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: \_\_\_\_\_ \* Authorized Operator / Agent: \_\_\_\_\_ (Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202  
#RG'D OK FROM LEGAL (LP) TO ACCEPT W/OUT KSONA-1 OR SIGNATURE AS LANDOWNER PLUGGING WITH ASSISTNC. FROM D.3.  
RECEIVED JUL 13 2012 KCC WICHITA

**NOTICE OF RECEIPT OF WELL PLUGGING APPLICATION (CP-1)**

•LANDOWNER

July 31, 2012

, KS

Re: WILLIS #5  
API 15-001-21638-00-00  
23-25S-17E, 1095 FSL 345 FEL  
ALLEN COUNTY, KANSAS

Dear Operator:

The purpose of this letter is twofold. First, this letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method.

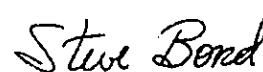
**Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.**

This letter is also to notify you that during the central office's review of your CP-1 for license number verification, staff has discovered that you are not the current operator of record of the above well on file with the Conservation Division. Central office staff is therefore requesting that you verify that you are the operator of record of the above well. The proper procedure for verifying operator authority is by filing a Conservation Division form T-1 (Request for Change of Operator; Transfer of Injection or Surface Pit Permit). If a T-1 has already been filed with the Conservation Division reflecting the transfer of operator authority, please disregard this paragraph. If a T-1 has not been filed reflecting the transfer, please see the attached letter, which explains the T-1 filing process.

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. Furthermore, this notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

**This notice is void after January 27, 2013. The CP-1 filing does not bring the above well into compliance with K.A.R. 82-3-111 with regard to the Commission's temporary abandonment requirements.**

Sincerely,



Steve Bond

Production Department Supervisor

District: #3  
1500 W. 7th  
Chanute, KS 67220  
(316) 432-2300