

Travis
copy

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 #: 32756
Name: Double 7 Oil and Gas LLC.
Address 1: 21003 Wallace Rd
Address 2: _____
City: Parsons State: Ks Zip: 67357 + _____
Contact Person: Bruce Schulz
Phone: (620) 423-0951

API No. 15 - 099-23254-00-00
If pre 1967, supply original completion date: _____
Spot Description: _____
SW-N/E SE SW Sec. 20 Twp. 31 S. R. 21 East West
842 880 Feet from North / South Line of Section
31263150 Feet from East / West Line of Section
GPS'd KCC
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Labeite
Lease Name: Clemons Well #: 1

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: 20' Cemented with: _____ Sacks
Production Casing Size: 2' Set at: 0-500' Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: _____ (G.L. / K.B.) T.D.: _____ 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):

Cement bottom to top

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: Travis Gideon

Address: _____ City: McCune State: Ks Zip: 66753 + _____

Phone: (620) 212-0586

Plugging Contractor License #: Company tools Name: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Phone: (_____) _____

Proposed Date of Plugging (if known): 1-14-14

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 1-13-14 Authorized Operator / Agent: Bruce Schulz
(Signature)

KCC WICHITA

FEB 18 2014

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