

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

All blanks must be Filled

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 - 099-23598.00.00  
If pre 1967, supply original completion date: \_\_\_\_\_  
Spot Description: \_\_\_\_\_  
NW-NW-SW Sec. 27 Twp. 34 S. R. 19  East  West  
2310 Feet from  North /  South Line of Section  
4950 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: LB  
Lease Name: Nebrass 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: 8 1/2 Set at: 20' Cemented with: 5 Sacks  
Production Casing Size: 4" Set at: 700' Cemented with: 110 Sacks

List (ALL) Perforations and Bridge Plug Sets:

**KCC WICHITA**

**FEB 18 2014**

**RECEIVED**

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: 1-24-14 Authorized Operator / Agent: Bruce Schulz (Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas, 67202