

OIL & GAS CONSERVATION DIVISION  
**WELL PLUGGING APPLICATION**

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

This Form must be Typed  
Form must be Signed  
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 - 099-23451-00.00  
If pre 1967, supply original completion date: \_\_\_\_\_  
Spot Description: \_\_\_\_\_  
SW SW NE Sec. 19 Twp. 33 S. R. 19  East  West  
3320 Feet from  North /  South Line of Section  
2268 Feet from  East /  West Line of Section  
GPS'd KCC  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: LB  
Lease Name: O'Brien 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 1/2 Set at: 20' Cemented with: 5 Sacks  
Production Casing Size: 2 1/2 Set at: 700' Cemented with: 55 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

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

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

**KCC WICHITA**

**FEB 18 2014**

**RECEIVED**

*JS*