

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 - 099-23452-00.00  
If pre 1967, supply original completion date: \_\_\_\_\_  
Spot Description: \_\_\_\_\_  
AP-C 54 Sec 24 Twp 34 S. R 19 ☒ East ☐ West  
1340 Feet from ☐ North / ☒ South Line of Section  
1340 3994 Feet from ☒ East / ☐ West Line of Section  
GPSTd KCC  
Footages Calculated from Nearest Outside Section Corner:  
☐ NE ☐ NW ☒ SE ☐ SW  
County: LB  
Lease Name: Owens 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" Set at: 20 Cemented with: 5 Sacks  
Production Casing Size: 4 1/2 Set at: 700 Cemented with: 55 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: \_\_\_\_\_ ( ☐ G.L. / ☐ K.B. ) T.D.: \_\_\_\_\_ P.B.T.D.: \_\_\_\_\_ 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