

STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

API NUMBER 15-001-19213-00-00

LEASE NAME Wiggins B

WELL NUMBER 118E

4120 Ft. from S Section Line

75 Ft. from E Section Line

SEC. 10 TWP. 24S RGE. 18 (E) of ~~XXX~~

COUNTY Allen

Date Well Completed 10-12-64

Plugging Commenced 02-04-97

Plugging Completed 02-04-97

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

LEASE OPERATOR EQUINOX OIL COMPANY

ADDRESS P.O. Drawer 468, Independence, KS 67301

PHONE: (316) 331.1151 OPERATORS LICENSE NO. 9312

Character of Well Input

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 2-3-97 (date)

by Clayton Titel (KCC District Agent's Name).

Is ACO-1 filed? No If not, is well log attached? Yes

Producing Formation Bartlesville Depth to Top 868 Bottom 890 T.D. 890

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
				10"	66.97	-0-
				7"	890.00	-0-

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from feet to feet each section.
Ran 1" pipe inside of 2-3/8" tubing to 875 ft. Cement 2-3/8" to surface with 20 sacks cement. Trip out 1" pipe; ran to 500 ft. inside 7" casing; pumped 78 sacks cement to surface.
Job complete.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Equinox Oil Company License No. 9312

Address P.O. Drawer 468, Independence, KS 67301

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Equinox Oil Company

STATE OF KANSAS COUNTY OF MONTGOMERY, ss.

DONALD E. SMITH

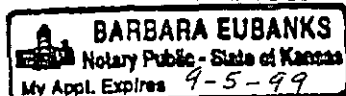
(Employee of Operator) ~~xxxxxx~~

above-described well, being first duly sworn on oath, says: That I have knowledge of the fact statements, and matters herein contained and the log of the above-described well as filled in the same are true and correct, so help me God.

(Signature) Don Smith

(Address) P.O. Drawer 468, Independence, KS 67301

SUBSCRIBED AND SWORN TO before me this 14th day of February, 19 97



Barbara Eubanks Notary Public

My Commission Expires: 9-5-99

15



CONSOLIDATED INDUSTRIAL SERVICES

AN INFINITY COMPANY

211 W. 14th, P.O. Box 804 Chanute, KS 66720 • 316/431-9210 • 1-800/467-8676

Page 1

INVOICE DATE	INVOICE NO.
02/07/97	00154174

S
O
L
D
T
O

2550
EQUINOX OIL COMPANY
3 W. LAUREL BOY 468
INDEPENDENCE KS 67301

TERMS: Net 30 Days

A Finance Charge computed
at 1% per month (annual per-
centage rate of 12%) will be
added to balances over 30
days.

PLEASE REFER TO THIS ACCOUNT NUMBER WHEN MAKING INQUIRIES

COUNT NO	P.O. NO.	LOCATION	LEASE AND WELL NO	DATE OF JOB	JOB TICKET NO.			
2650		10	HIGSONS B # 118E	02/01/1997	6715			
ITEM NUMBER			DESCRIPTION	UNITS	UNIT PRICE	UNIT MEAS		EXTENDED PRICE
5405A			PEA OLD WELLS	1.0000	375.0000	EA		375.00
5502			80 BBL VACUUM TRUCK	3.0000	50.0000	HR		150.00
1104			PORTLAND CEMENT	38.0000	8.2000	SK		303.60
1118			PREMIUM GEL	4.0000	10.0000	SK		40.00
5407			BULK CEMENT DELIVERY/HIN BULK DEL	1.0000	75.0000	EA		75.00

LOSS INVOICE	TAX	REMITTANCE COPY		PLEASE PAY
1443.60	53.99	Thank You!		1497.59

CONSOLIDATED INDUSTRIAL SERVICES, INC.
211 W. 14TH STREET, CHANUTE, KS 66720
316-431-9210 or 800-467-8676

TICKET NUMBER 07004
LOCATION Chanute, KS
FOREMAN Randy Etkin

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
2-4-77	2650	Wiggins B#118E		10	24 S	18 E	Allen	
CHARGE TO <u>Equinox Oil Company</u>				OWNER				
MAILING ADDRESS <u>5 W Laurel Box 468</u>				OPERATOR				
CITY <u>Independence, KS 67301</u>				CONTRACTOR				
STATE				ZIP CODE				
TIME ARRIVED ON LOCATION <u>11.30</u>				TIME LEFT LOCATION <u>1.30</u>				

WELL DATA	
HOLE SIZE	
TOTAL DEPTH	
CASING SIZE	<u>6-1/8</u>
CASING DEPTH	<u>904'</u>
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	<u>2" on Packer</u>
TUBING DEPTH	<u>886'</u>
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input checked="" type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB P+A 1-Well Pump through 1" pipe

DESCRIPTION OF JOB EVENTS Run 1" pipe inside 2" to 875'
Cement 2" to top Pump 20 sacks
Run 1" pipe out run down 500' on outside of 2"
Pump cement from 500' to surface Used 78 sacks

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi <u>500</u>
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi <u>1000</u>
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	
HYD HHP = RATE x PRESSURE x 40.8	

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE 2-4-77

ALL THE TERMS AND CONDITIONS STATED ON THE REVERSE SIDE ARE INCORPORATED AS PART OF THIS SALE.

Less 5% cash discount
if pd. within 10 days
of Invoice

RECEIVED

MAR 11 1996

Independence Office



Kansas Corporation Commission

Bill Graves, Governor Susan M. Seltsam, Chair F.S. Jack Alexander, Commissioner Timothy E. McKee, Commissioner
Judith McConnell, Executive Director David J. Heinemann, General Counsel

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

March 8, 1996

Equinox Oil Company
P O Drawer 468
Independence KS 67301

Wiggins "B" #118E
API 15-N/A
4120 FSL 75 FEL
Sec. 10-24S-18E
Allen County

Dear Equinox Oil Company,

This letter is to notify you that the Conservation Division is in receipt of your plugging proposal, form CP-1, for the above-captioned well.

Your CP-1 has been reviewed by the Conservation Division central office for completeness and to verify license numbers. The plugging proposal will now be forwarded to the district office listed below for review of your proposed method of plugging.

Please contact the district office for approval of your proposed plugging method at least at 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.

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.

This notice in no way constitutes authorization to plug the above-captioned well by persons not having legal rights of ownership or interest in the well. This notice is void after ninety (90) days from the above date.

Sincerely,

KCC WICHITA
APR 27 2016
RECEIVED

David P. Williams
Production Supervisor

District: #3
1500 W. 7th
Chanute KS 67220
(316) 431-6946

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 Colorado Derby Building
Wichita, Kansas 67202

FORM CP-1
Rev. 03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # NA (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR EQUINOX OIL COMPANY KCC LICENSE # 9312
(owner/company name) (operator's)

ADDRESS P.O. Drawer 468 CITY Independence

STATE KS ZIP CODE 67301 CONTACT PHONE # (316) 331-1151

LEASE Wiggins "B" WELL# 118E SEC. 10 T. 24 R. 18 (East/West) ~~XXXX~~

- SE - NE - NE SPOT LOCATION/XXXX COUNTY Allen

4120 FEET (in exact footage) FROM S/X (circle one) LINE OF SECTION (NOT Lease Line)

75 FEET (in exact footage) FROM E/X (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL ☐ GAS WELL ☐ D&A ☐ SWD/ENHR WELL ☒ DOCKET# E-09017

CONDUCTOR CASING SIZE SET AT CEMENTED WITH SACKS

SURFACE CASING SIZE 10" SET AT 66.97' CEMENTED WITH 50 SACKS

PRODUCTION CASING SIZE 7" SET AT 890.00' CEMENTED WITH 215 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 868-886

ELEVATION 972 (est) T.D. 890.1' PSTD 888 ANHYDRITE DEPTH
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD ☐ POOR ☒ CASING LEAK ☐ JUNK IN HOLE ☐

PROPOSED METHOD OF PLUGGING 7" casing is cemented to surface. 7" has a hole
at surface. Squeeze well and load casing to surface.

(if additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? Yes IS ACO-1 FILED? No

If not explain why? none available

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.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

Equinox Oil Company PHONE# (316) 331-1151

ADDRESS P.O. Drawer 468 City/State Independence, KS 67301

PLUGGING CONTRACTOR Equinox Oil Company KCC LICENSE # 9312
(company name) (contractor's)

ADDRESS Independence, KS 67301 PHONE # (316) 331-1151

PROPOSED DATE AND HOUR OF PLUGGING (if known?)

PAYMENT OF THE PLUGGING FEE (K.A.R. 32-3-113) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: 3-4-96 AUTHORIZED OPERATOR/AGENT: Don Smith
(signature)



Kansas Corporation Commission

Bill Graves, Governor Susan M. Seltsam, Chair F.S. Jack Alexander, Commissioner Timothy E. McKee, Commissioner
Judith McConnell, Executive Director David J. Heinemann, General Counsel

December 29, 1995

RECEIVED

JAN 02 1996

Equinox Oil Company 9312
Drawer 468
Independence, Kansas 67301

Independence Office

Re: Docket E-9017, Wiggins 118 E, NE/4, Sec. 10, Twp. 24, Rge. 18E, Allen
County, Kansas

Dear: Smith

A Mechanical Integrity Test (MIT) was conducted on the above captioned
well December 21, 1995. Well # 118 E. failed the test.

Rule 82-3-405 states that all injection wells successfully pass a MIT. If a well
fails the test, as this well has, it must be repaired in such a way as to pass this
test or be plugged. This well is not to be used until repaired and the test
passed.

If this well is not repaired and re-tested before February 2, 1996, it will have
to be plugged.

Sincerely,

A handwritten signature in cursive script that reads "Andy Reed".

Andy Reed
District UIC Coordinator

cc: Beverly Steinmeyer
Tina Woods
District Office

KCC WICHITA

APR 27 2016

RECEIVED

CASING MECHANICAL INTEGRITY TEST

DOCKET # E09017Disposal ☐ Enhanced Recovery:Repressuring ☒Flood ☐Tertiary ☐

Date injection started _____

API #15 _____

SE NE NE, Sec 10, T 24 S, R 18 E4120 Feet from South Section Line75 Feet from East Section LineLease Wiggins Well # 118 ECounty AllenOperator: Equinox Oil Company

Name &

Address Drawer 468Operator License # 9312Contact Person Max GreerIndependence, KS 67301Phone 316-331-1151Max. Auth. Injection Press. _____ psi; Max. Inj. Rate _____ bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____

Conductor	Surface	Production	Liner	Size	Tubing
Size	<u>10"</u>	<u>7"</u>		Size	<u>2"</u>
Set at	<u>66.97'</u>	<u>890'</u>		Set at	<u>852.60</u>
Cement Top	<u>Surface</u>	<u>Surface</u>		Type	<u>Upset</u>
" Bottom	<u>66.97'</u>	<u>890'</u>			

DV/Perf. _____ TD (and plug back) _____ ft. depth

Packer type J-Packer Size 7" Set at 852.60Zone of injection 868 ft. to ft. 886 Perf. or open hole PerforationsType Mit: Pressure ☒ Radioactive Tracer Survey ☐ Temperature Survey ☐F Time: Start 20 Min. 40 Min. 60 Min.

	Pressures:	Set up 1	Set up 2	Set up 3	Fluid loss during test
I	<u>0</u>	<u>0</u>	<u>0</u>		
E					
L					
D					
D					
A					
T					
A					

Tested: Casing ☐ or Casing - Tubing Annulus ☒

Chanute, KS

The bottom of the tested zone is shut in with PackerTest Date 12-21-95 Using Equinox Oil Company's EquipmentThe operator hereby certifies that the zone between 0 feet and 852.60 feetwas the zone tested Max Greer SignatureUTC Technician TitleThe results were Satisfactory _____, Marginal _____, Not Satisfactory ☒State Agent _____ Title _____ Witness: Yes _____ No ☒REMARKS: Hole in 7" casing☐ Origin. Conservation Div.; ☐ KDHE/T; ☐ Dist. Office;☐ Computer Update

KCC Form U-7 6/84