



KANSAS CORPORATION COMMISSION 1033799
OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2009

This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

OPERATOR: License #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____

API No. 15 - _____
If pre 1967, supply original completion date: _____
Spot Description: _____
____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
____ Feet from North / South Line of Section
____ Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: _____
Lease Name: _____ Well #: _____

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: _____ Set at: _____ Cemented with: _____ Sacks
Production Casing Size: _____ Set at: _____ 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):

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: _____
Address: _____ City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____
Plugging Contractor License #: _____ Name: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____

Proposed Date of Plugging (if known): _____

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

Submitted Electronically

Form	CP1 - Well Plugging Application
Operator	Cimarex Energy Co.
Well Name	GOVERNMENT A-1
Doc ID	1033799

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
			2734
2786	2877	Council Grove A,B,C	

Sharon

KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
September 1999
Form Must Be Typed

COPY

Operator: License # 5293
 Name: Helmerich & Payne, Inc.
 Address: 1579 E. 21st Street
 City/State/Zip: Tulsa, OK 74114
 Purchaser: _____
 Operator Contact Person: Sharon LaValley
 Phone: (918) 742-5531
 Contractor: Name: KEY ENERGY SERVICES
 License: 32393
 Wellsite Geologist: NONE

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:

Operator: Helmerich & Payne, Inc.
 Well Name: Government "A" #1
 Original Comp. Date: 11/30/77 Original Total Depth: 2995'
 Deepening Re-perf. Conv. To Enhr./SWD
 Plug Back 2734' Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
6/13/02 6/14/02
 Date of START Date Reached TD Completion Date of
 OF WORKOVER WORKOVER

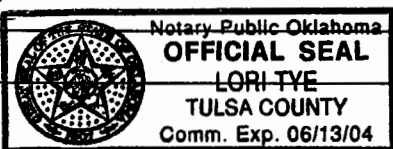
API No. 15 - 055-20272-001
 County: Finney
 - - SE - NW Sec. 3 Twp. 26 S. R. 34 East West
4539 feet from S (N) (circle one) Line of Section
1420 feet from E (W) (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Government "A" Well #: 1
 Field Name: Panoma-Council Grove
 Producing Formation: Council Grove
 Elevation: Ground: 2948' Kelly Bushing: 2953'
 Total Depth: 2995' Plug Back Total Depth: 2734'
 Amount of Surface Pipe Set and Cemented at 804 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.

REWORK 9/11 RECEIVED 10/23/03
Drilling Fluid Management Plan KANSAS CORPORATION COMMISSION
 (Data must be collected from the reserve pit)
 Chloride content _____ ppm Fluid Volume 18 2002 bbls
 Dewatering method used _____
 Location of fluid disposal if hauled offsite: _____
 OPERATOR NAME: _____
 LEASE NAME: _____ LICENSE NO.: _____
 QUARTER _____ SEC. _____ TWP. _____ S. R. _____ East West
 COUNTY: _____ DOCKET NO.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are completed and correct to the best of my knowledge.

Signature: Sharon LaValley
 Title: Engineer Tech Date: 6/17/02
 Subscribed and sworn to before me this 17 day of June
2002
 Notary Public: Lori Tye
 Date Commission Expires: 6/13/04



KCC Office Use Only

____ Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 ____ Wireline Log Received
 ____ Geologist Report Received
 ____ UIC Distribution

Operator Name: Helmerich & Payne, Inc. Lease Name: Government "A" Well #: 1

Sec. 3 Twp. 26 S. R. 34 East West County: Finney

Instructions: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Takes Yes No
 Electric Log Run Yes No
 (Submit Copy)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

List All E. Logs Run:

Gamma Ray Neutron Log

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (IN O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives.
Surface	12 1/4"	8 5/8"	28	804	Lite Wt	350	
					Class H	150	
Production	7 7/8"	5 1/2"	14	2989	Lite Wt	575	
					50/50 Poz mix	100	

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shot Per Foot	PERFORATIONS RECORD – Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	CIBP at 2734' to plug off Council Grove perms		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls	Gas Mcf	Water Bbls	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease (If Vented, Submit ACO-18)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify)



*Mark Parkinson, Governor
Thomas E. Wright, Chairman
Michael C. Moffet, Commissioner
Joseph F. Harkins, Commissioner*

December 15, 2009

Melissa Imler
Cimarex Energy Co.
348 Rd. DD
Satanta, KS 67870

Re: Plugging Application
API 15-055-20272-00-01
GOVERNMENT A-1
SW/4 Sec.03-26S-34W
Finney County, Kansas

Dear Melissa Imler:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. **Please contact the district office for approval of your proposed plugging method at least 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 in accordance with K.A.R. 82-3-600.**

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 well by persons not having legal rights of ownership or interest in the well.

This notice is void after June 13, 2010. The CP-1 filing does not bring the above well into compliance with K.A.R 82-3-111 with regard to the Commission's temporary abandonment requirements.

Sincerely,
Production Department Supervisor

cc: District 1

(620) 225-8888