

Kansas Corporation Commission Oil & Gas Conservation Division

1041098

Form CP-1
March 2010
This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

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

| OPERATOR: License #: | | API No. 15 | | | |
|--|--|---|-----------------------|------------------------|-----------------------|
| Name: | If pre 1967, | If pre 1967, supply original completion date: | | | |
| Address 1: | | Spot Descr | iption: | | |
| Address 2: | | Sec Twp S. R East West | | | |
| City: State: | . Zip: + | | Feet from | North / | South Line of Section |
| Contact Person: | | | Feet from | East / | West Line of Section |
| Phone: () | | Footages C | alculated from Neares | st Outside Section | n Corner: |
| , , , , , , , , , , , , , , , , , , , | | County | INE INV | | |
| | | | | | |
| | | | | | |
| Check One: Oil Well Gas Well OG | D&A Ca | athodic Water S | Supply Well O | ther: | |
| SWD Permit #: | ENHR Permit #: _ | | Gas Storage | Permit #: | |
| Conductor Casing Size: | Set at: | Ce | emented with: | | Sacks |
| Surface Casing Size: | Set at: | Ce | emented with: | | Sacks |
| Production Casing Size: | Set at: | Ce | emented with: | | Sacks |
| Elevation: (G.L./K.B.) T.D.: Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if additional additional actions of the separate page if additional acti | Casing Leak at:ional space is needed): | | | Stone Corral Formation | n) |
| Plugging of this Well will be done in accordance with K.S. Company Representative authorized to supervise plugging of | | | | | |
| 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



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CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

| Select the corresponding form being filed: C-1 (Intent) CB-1 (C | Cathodic Protection Borehole Intent) | | | |
|---|--|--|--|--|
| OPERATOR: License # | Well Location: | | | |
| Name: | SecTwpS. R | | | |
| Address 1: | County: | | | |
| Address 2: | Lease Name: Well #: | | | |
| City: State: Zip:+ | If filing a Form T-1 for multiple wells on a lease, enter the legal description of | | | |
| Contact Person: | the lease below: | | | |
| Phone: () Fax: () | | | | |
| Email Address: | | | | |
| Surface Owner Information: | | | | |
| Name: When filing a Form T-1 involving multiple surface owners, at | | | | |
| Address 1: | sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer. | | | |
| Address 2: | | | | |
| City: State: Zip:+ | | | | |
| the KCC with a plat showing the predicted locations of lease roads, tank | dic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat at the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. | | | |
| ☐ I certify that, pursuant to the Kansas Surface Owner Notice Adowner(s) of the land upon which the subject well is or will be lo CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, are | ct (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form deing filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. | | | |
| KCC will be required to send this information to the surface ow | ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form. | | | |
| If choosing the second option, submit payment of the \$30.00 handling to form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 | fee with this form. If the fee is not received with this form, the KSONA-1 will be returned. | | | |
| Submitted Electronically | | | | |



July 23, 2010

Thomas L. Norris N & W Enterprises, Inc. 1111 S MARGRAVE FORT SCOTT, KS 66701-2834

Re: Plugging Application API 15-037-19359-00-01 MEYER INJ 9 SE/4 Sec.33-28S-22E Crawford County, Kansas

Dear Thomas L. Norris:

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 January 19, 2011. 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 3

(620) 432-2300