

Kansas Corporation Commission Oil & Gas Conservation Division

1088133

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, supply original completion date:				
			Spot Description:				
			Sec Twp S. R East West				
Contact Person:		Feet from East / West Line of Section					
Phone: ()	Footage	Footages Calculated from Nearest Outside Section Corner: NE NW SE SW					
		County	:				
		Lease N	Name:	Well #	:		
Check One: Oil Well Gas Well OG	D&A Ca	athodic Wat	ter Supply Well	Other:			
SWD Permit #:				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		
Elevation: (G.L./ K.B.) T.D.: Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if additions)	Casing Leak at:			Stone Corral Formatio	on)		
Is Well Log attached to this application? Yes No If ACO-1 not filed, explain why:) Is ACO-1 filed?	Yes No					
Plugging of this Well will be done in accordance with K.	S.A. 55-101 <u>et.</u> <u>seq</u> . and th	e Rules and Regi	ulations of the State Corp	ooration Commi	ssion		
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



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Form KSONA-1
July 2010
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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) T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License #	Well Location:			
Name:				
Address 1:	County:			
Address 2:	Lease Name: Well #:			
City:	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, attach an additional 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			
Address 1:				
Address 2:	county, and in the real estate property tax records of the county treasurer.			
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 a batteries, pipelines, and electrical lines. The locations shown on the plat in 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 A owner(s) of the land upon which the subject well is or will be loced. CP-1 that I am filing in connection with this form; 2) if the form to form; and 3) my operator name, address, phone number, fax, and ☐ I have not provided this information to the surface owner(s). I as KCC will be required to send this information to the surface owner(s).	cknowledge that, because I have not provided this information, the vner(s). To mitigate the additional cost of the KCC performing this			
task, I acknowledge that I am being charged a \$30.00 handling If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	fee with this form. If the fee is not received with this form, the KSONA-1			
Submitted Electronically				

Form	CP1 - Well Plugging Application		
Operator	OXY USA Inc.		
Well Name	SULLIVAN B 1		
Doc ID	1088133		

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
5520	5524	MORROW	
5505	5510	MORROW	
		CIBP (NO CEMENT)	5518

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner

July 23, 2012

KENNY ANDREWS OXY USA Inc. P.O. BOX 2528 LIBERAL, KS 67905

Re: Plugging Application API 15-129-21013-00-00 SULLIVAN B 1 SW/4 Sec.33-31S-39W Morton County, Kansas

Dear KENNY ANDREWS:

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, 2013. 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