

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1092946

March 2010 This Form must be Typed Form must be Signed All blanks must be Filled

Form CP-1

Name:	Form KSONA-1,	Certification of Complianc MUST be sub	e with the Kansas S mitted with this forn		ation Act,		
Address 1:	Name:			API No. 15			
Address 1							
Address 2:							
City:	Address 2:			Sec Twp S. R East West			
Contact Person:	City: State:	Zip: +		Feet from	North /	South Line of Section	
Phone: ()       Pootages Calculated from Nearest Outside Section Corner:         Phone: ()       NW       SE         Phone: ()       NW       SE         Control       NW       SE         Control       Oil Well       Gas Well         Check One:       Oil Well       Gas Well         Conductor Casing Size:       Set at:       Cemented with:         Surface Casing Size:       Set at:       Cemented with:       Sacks         Production Casing Size:       Set at:       Cemented with:       Sacks         Lat (ALL) Perforations and Bridge Plug Sets:       Set at:       Cemented with:       Sacks         Elevation:       (				Feet from	East /	West Line of Section	
County:			Footag			Corner:	
Lesse Name:       Well #:         Check One:       Oil Well       Gas Well       OG       D&A       Cathodic       Water Supply Well       Other:         SWD       Permit #:	Phone: ( )						
Check One:       Oli Well       Gas Well       OG       D&A       Cathodic       Water Supply Well       Other:							
SWD       Permit #:			Lease	Name:	Well #:		
SWD       Permit #:	Check One: Oil Well Gas Well	OG D&A	Cathodic Wa	ater Supply Well	Other:		
Surface Casing Size:		ENHR Perm			e Permit #:		
Surface Casing Size:	Conductor Casing Size:	Set at:		_ Cemented with:		Sacks	
Production Casing Size:	Surface Casing Size:	Set at:		_ Cemented with:		Sacks	
List ( <i>ALL</i> ) Perforations and Bridge Plug Sets:  Elevation:(							
Elevation:       ( GL/ KB) 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):       (Interval)       (Interval)         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:	-						
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:	Proposed Method of Plugging (attach a separate pag	ge if additional space is needed):	(Interval)			"	
Address:	Plugging of this Well will be done in accordance					sion	
Phone: ( )						+	
Plugging Contractor License #:       Name:					<b>_</b> .p.		
Address 1:							
City:        State:       Zip:       +         Phone:       ( )							
Phone: ( )							
	•				<b>∠</b> ıp	Ŧ	
	Payment of the Plugging Fee (K.A.R. 82-3-118) v	vill be guaranteed by Operato	or or Agent				

Submitted Electronically



KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT Form KSONA-1 July 2010 Form Must Be Typed Form must be Signed All blanks must be Filled

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 (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:          Zip:            Contact Person:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Phone: ( ) Fax: ( )				
Email Address:				
Surface Owner Information:				
Name:	When filing a Form T-1 involving multiple surface owners, attach an additional			
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:+				

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

## Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- □ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

## Submitted Electronically

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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/

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner Sam Brownback, Governor

September 12, 2012

Donal Missey Wilson County Holdings LLC 111 CONGRESS AVE, STE 400 AUSTIN, TX 78701

Re: Plugging Application API 15-205-28040-00-00 Timmons 1S NW/4 Sec.07-29S-15E Wilson County, Kansas

Dear Donal Missey:

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 March 11, 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 3

(620) 432-2300