

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION** 

1093136 This Form must be Typed

Form CP-1 March 2010

Form must be Signed

## WELL PLUGGING APPLICATION

Form KSONA-1, Certifi			-	ion Act,	blanks must be Filled	
OPERATOR: License #: Name:			API No. 15			
Address 2:			Sec Tw	/p S. R	East West	
City: State:	Zip: +		Feet from		South Line of Section	
Contact Person:			Feet from		West Line of Section	
Phone: ( )		, i i i i i i i i i i i i i i i i i i i	Footages Calculated from Nearest Outside Section Corner:			
					·	
Check One: Oil Well Gas Well OG		Cathodic Water S		0ther: Permit #:		
Conductor Casing Size:	Set at:	C	emented with:		Sacks	
Surface Casing Size:	Set at:	C	emented with:		Sacks	
Production Casing Size:	Set at:	C	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 add         Is Well Log attached to this application?       Yes       Net	e Casing Leak at:			Stone Corral Formatio	n)	
If ACO-1 not filed, explain why: <b>Plugging of this Well will be done in accordance with K</b> Company Representative authorized to supervise plugging					ssion	
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



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 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 1:				
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

I

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

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

September 10, 2012

Ronald N. Sinclai Grand Mesa Operating Company 1700 N WATERFRONT PKWY BLDG 600 WICHITA, KS 67206-5514

Re: Plugging Application API 15-171-20900-00-00 GRIFFITH 1-26 NW/4 Sec.26-16S-33W Scott County, Kansas

Dear Ronald N. Sinclai:

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 09, 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