

## Kansas Corporation Commission Oil & Gas Conservation Division

1099558

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. 1	5			
Name:			If pre 1967, supply original completion date:			
Address 1:		Spot Desc	cription:			
Address 2:  City:			SecTwp S. R East West Feet from North / South Line of Section			
Phone: ( )		Footages	Calculated from Neares		n Corner:	
		County:				
		1 1	me:			
Check One: Oil Well Gas Well OG	B D&A Catt	nodic Water	Supply Well C	Other:		
SWD Permit #:			,	Permit #:		
Conductor Casing Size:	Set at:	(				
Surface Casing Size:	Set at:		Cemented with:		Sacks	
Production Casing Size:	Set at:	(	Cemented with:		Sacks	
List (ALL) Perforations and Bridge Plug Sets:						
Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if add)	e Casing Leak at:itional space is needed):	(Interval)	- -	Stone Corral Formatio	"	
Is Well Log attached to this application? Yes No	o Is ACO-1 filed?	∕es No				
If ACO-1 not filed, explain why:	) 13 AOO-1 IIIGU: 1	163 140				
ii Aoo-i not iieu, explain why.						
Plugging of this Well will be done in accordance with K	S.A. 55-101 et. seg. and the	Rules and Regula	tions of the State Corr	ooration Commis	ssion	
Company Representative authorized to supervise plugging						
Address:	C	ity:	State:	Zip:	+	
Phone: ( )						
Plugging Contractor License #:	N	lame:				
Address 1:	A	ddress 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

1099558

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

# 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:	SecTwpS. R 🔲 East 🗌 West			
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 the lease below:			
Contact Person:				
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			
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.			
Select one of the following:				
owner(s) of the land upon which the subject well is or will be loc CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, at I have not provided this information to the surface owner(s). I ac KCC will be required to send this information to the surface owner(s).	cknowledge that, because I have not provided this information, the ner(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				

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 Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

November 01, 2012

Glenna Lowe Trans Pacific Oil Corporation 100 S MAIN STE 200 WICHITA, KS 67202-3735

Re: Plugging Application API 15-051-21083-00-00 SUNLEY-MOSER 1 SE/4 Sec.28-14S-19W Ellis County, Kansas

#### Dear Glenna Lowe:

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 April 30, 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 4

(785) 625-0550