

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1150060

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 19	967, supply original compl	etion date:		
Address 1:		Spot De	scription:			
Address 2:			Sec Twp S. R East West			
City: State:	Zip: +		Feet from	North / S	South Line of Section	
Contact Person:			Feet from	East / W	Vest Line of Section	
Phone: ()		Footage	es Calculated from Neares		Corner:	
Filone. ()		Causatiu	NE NW	SE SW		
			lame:			
		Ecase iv	idilic.	Woll #.		
Check One: Oil Well Gas Well OG	D&A C	Cathodic Wate	er Supply Well O	ther:		
SWD Permit #:	ENHR Permit #:		Gas Storage	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			
List (ALL) Perforations and Bridge Plug Sets:						
Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if addit	Casing Leak at:tional space is needed):	(Interval)		Stone Corral Formation)	'	
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.						
Company Representative authorized to supervise plugging	•					
Address:			State:	Zip:	+	
Phone: ()						
Plugging Contractor License #:						
Address 1:						
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

CORRECTION #1

Kansas Corporation Commission Oil & Gas Conservation Division 1150060

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		
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 county, and in the real estate property tax records of the county treasurer.		
Address 1:			
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 a the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
owner(s) of the land upon which the subject well is or will be lo	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.		
	cknowledge that, because I have not provided this information, the 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			

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

June 28, 2013

Je Landmark Resources, Inc. 1616 S VOSS RD STE 600 HOUSTON, TX 77057-2641

Re: Plugging Application API 15-171-20954-00-00 Decker 1-8 SE/4 Sec.08-17S-34W Scott County, Kansas

Dear Je:

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 December 25, 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

Summary of Changes

Lease Name and Number: Decker 1-8

API/Permit #: 15-171-20954-00-00

Doc ID: 1150060

Correction Number: 1

Field Name Previous Value New Value

Summary of Attachments

Lease Name and Number: Decker 1-8

API: 15-171-20954-00-00

Doc ID: 1150060

Correction Number: 1

Attachment Name

Plugging Approval Letter