

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1172994

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

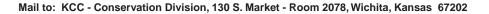
Form CP-1

| SWD Permit #:   | Form KSONA-1, Certific                                   |                                  | with the Kansas Suitted with this form        |   | ion Act,               |         |  |  |
|---|--|----------------------------------|---|---|------------------------|---------|--|--|
| Control       Spot Description:   | OPERATOR: License #:                                     |                                  | API No.                                       | 15                                      |                        |         |  |  |
| Address 1:  | Name:  | If pre 19                        | If pre 1967, supply original completion date: |   |                        |         |  |  |
| Address 2:  | Address 1:   | Spot De                          | escription:                                   |   |                        |         |  |  |
| City:   |  |                                  |   |   |                        |         |  |  |
| Contact Person:   |  |                                  |   | Feet from North / South Line of Section |                        |         |  |  |
| Phone: (  |  |                                  | Feet from East / West Line of Section         |   |                        |         |  |  |
| County:   |  |                                  | Ŭ Ŭ   |   |                        | Corner: |  |  |
| Lease Name:       Well #:         Check One:       OI Well       Gas Well       OG       DBA       Cathodic       Water Supply Well       Other:         SWD       Permit #:  | Phone: ( )   |                                  |   |   |                        |         |  |  |
| Check One:       Oil Weil       Gas Weil       OG       D&A       Cathodic       Water Supply Weil       Other:   |  |                                  |   |   |                        |         |  |  |
| SWD Permit #: ENHR Permit #: Gas Storage Permit #: Conductor Casing Size: Set at: Cernented with: Sacks Surface Casing Size: Set at: Cernented with: Sacks Production Casing Size: Set at: Cernented with: Sacks Production Casing Size: Set at: Cernented with: Sacks List ( <i>ALL</i> ) Perforations and Bridge Plug Sets:  Elevation:( GL./ [ K.B.] T.D.: PBTD: Anhydrite Depth:(Store Coral Formation) Condition of Welt: Good Poor Unk in Hole Casing Leak at:(Interval) Proposed Method of Plugging (attach a separate page if additional space is needed): 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:  |  |                                  | Lease N                                       | Iame:                                   | Vveil #:               |         |  |  |
| Conductor Casing Size:       Set at:       Cemented with:       Sacks         Sufface Casing Size:       Set at:       Cemented with:       Sacks         Production Casing Size:       Set at:       Cemented with:       Sacks         List (ALL) Perforations and Bridge Plug Sets:       Set at:       Cemented with:       Sacks         Elevation:       (@L/(_K&) TD:       PBTD:       Anhydrite Depth:       (Stone Canal Formation)         Condition of Well:       Good       Poor       Junk in Hole       Casing Leak at:       (Intervel)         Proposed Method of Plugging (attach a separate page if additional space is needed):       (Intervel)       (Stone Canal 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.S.A. 55-101 et, seq. and the Rules and Regulations of the State Corporation Commission       Company Representative authorized to supervise plugging operations: | Check One: Oil Well Gas Well OG                          | D&A                              | Cathodic Wat                                  | er Supply Well                          | Other:                 |         |  |  |
| Surface Casing Size:       Set at:       Cemented with:       Sacks         Production Casing Size:       Set at:       Cemented with:       Sacks         List (ALL) Perforations and Bridge Plug Sets:       Elevation:       (Def (Def (Def (Def (Def (Def (Def (Def   | SWD Permit #:  | ENHR Permit #                    | #:  | Gas Storage                             | Permit #:              |         |  |  |
| Production Casing Size:   | Conductor Casing Size:                                   | Set at:                          |   | Cemented with:                          |                        | Sacks   |  |  |
| List ( <i>ALL</i> ) Perforations and Bridge Plug Sets:  Elevation: (K.B.) T.D.: PBTD: Anhydrite Depth:(Stone Caral Formation) Condition of Well: GoodPoor Junk in Hole Casing Leak at:(Interval) Proposed Method of Plugging (attach a separate page if additional space is needed):  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: Address: City: State: Zip: + Plugging Contractor License #: Name: Address 1: Address 2: State: Zip: +  | Surface Casing Size:                                     | _ Set at:                        |   | Cemented with:                          |                        | Sacks   |  |  |
| Elevation:       (  | Production Casing Size:                                  | _ Set at:                        |   | Cemented with:                          |                        | Sacks   |  |  |
| 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:   Address:   Phone:   ()   Plugging Contractor License #:   Address 1:   Address 2:   City:   State:   Zip:   +   | Condition of Well: Good Poor Junk in Hole                | Casing Leak at:                  |   |   | Stone Corral Formation | ı)      |  |  |
| Company Representative authorized to supervise plugging operations:   | Is Well Log attached to this application? Yes No         | Is ACO-1 filed?                  | Yes No  |   |                        |         |  |  |
| Address:  | Plugging of this Well will be done in accordance with K. | S.A. 55-101 <u>et. seq</u> . and | I the Rules and Regu                          | lations of the State Cor                | poration Commis        | sion    |  |  |
| Phone: ()   | Company Representative authorized to supervise plugging  | operations:                      |   |   |                        |         |  |  |
| Plugging Contractor License #:       Name:  | Address:   |                                  | City:   | State:                                  | Zip:                   | +       |  |  |
| Address 1:       Address 2:         City:       State:       Zip: +   | Phone: ( )   |                                  | _   |   |                        |         |  |  |
| City: State: Zip: +   | Plugging Contractor License #:                           |                                  | Name:   |   |                        |         |  |  |
|   | Address 1:   |                                  | Address 2:                                    |   |                        |         |  |  |
| Phone: ( )  | City:  |                                  |   | State:                                  | Zip:                   | +       |  |  |
|   | Phone: ( )   |                                  | _   |   |                        |         |  |  |

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Proposed Date of Plugging (if known): \_\_\_\_

Submitted Electronically



| KANSAS CORPORATION COMMISSION   |  |  |
|---------------------------------|--|--|
| OIL & GAS CONSERVATION DIVISION |  |  |

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 (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<br>sheet listing all of the information to the left for each surface owner. Surface<br>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:+                             |  |  |  |  |

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:

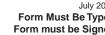
- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this 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

December 16, 2013

Dennis Lisack Black Oak Oil & Gas LLC 110 E FOREST PO BOX 21 GIRARD, KS 66743

Re: Plugging Application API 15-037-01624-00-00 SANDRA DIXON SAM-18 NE/4 Sec.07-31S-22E Crawford County, Kansas

Dear Dennis Lisack:

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 June 14, 2014. 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