

# Kansas Corporation Commission Oil & Gas Conservation Division

1178016

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 1967,                           | If pre 1967, supply original completion date: |                       |                        |                       |
| Address 1:                                                                                                                                                                                                                                                             |                                        | Spot Descr                                    | iption:               |                        |                       |
| Address 2:                                                                                                                                                                                                                                                             |                                        | SecTwp S. R East West                         |                       |                        |                       |
| City: State:                                                                                                                                                                                                                                                           | . Zip: +                               |                                               | Feet from             | North /                | South Line of Section |
| Contact Person:                                                                                                                                                                                                                                                        |                                        |                                               | Feet from             | East /                 | West Line of Section  |
| Phone: ( )                                                                                                                                                                                                                                                             |                                        | Footages C                                    | alculated from Neares | st Outside Section     | n Corner:             |
| , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                  |                                        | County                                        | INE INV               |                        |                       |
|                                                                                                                                                                                                                                                                        |                                        |                                               |                       |                        |                       |
|                                                                                                                                                                                                                                                                        |                                        |                                               |                       |                        |                       |
| Check One: Oil Well Gas Well OG                                                                                                                                                                                                                                        | D&A Ca                                 | athodic Water S                               | Supply Well O         | ther:                  |                       |
| SWD Permit #:                                                                                                                                                                                                                                                          | ENHR Permit #: _                       |                                               | Gas Storage           | Permit #:              |                       |
| Conductor Casing Size:                                                                                                                                                                                                                                                 | Set at:                                | Ce                                            | emented with:         |                        | Sacks                 |
| Surface Casing Size:                                                                                                                                                                                                                                                   | Set at:                                | Ce                                            | emented with:         |                        | Sacks                 |
| Production Casing Size:                                                                                                                                                                                                                                                | Set at:                                | Ce                                            | 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 additional additional actions of the separate page)  Is Well Log attached to this application? Yes No If ACO-1 not filed, explain why: | Casing Leak at:ional space is needed): |                                               |                       | Stone Corral Formation | n)                    |
| Plugging of this Well will be done in accordance with K.S. Company Representative authorized to supervise plugging of                                                                                                                                                  |                                        |                                               |                       |                        |                       |
| 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

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                                                                                                                                                               |  |  |  |
| 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:+                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |  |  |  |
| 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<br>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

January 13, 2014

Greg Lair Piqua Petro, Inc. 1331 XYLAN RD PIQUA, KS 66761-1667

Re: Plugging Application API 15-001-30749-00-00 Willie Lake 4-13 NE/4 Sec.14-24S-17E Allen County, Kansas

#### Dear Greg Lair:

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 July 12, 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