

## Kansas Corporation Commission Oil & Gas Conservation Division

1188935

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: State: Zip: +   |   |             | Sec Twp S. R East West Feet from North / South Line of Section |                        |       |  |
|   |   |             |  |                        |       |  |
| Phone: ( )  |   | Footages    | Calculated from Neares   |                        | er:   |  |
| Filone. ( )   |   | 0           |  | SE SW                  |       |  |
|   |   |             | me:  |                        |       |  |
|   |   | Lease Na    |  | vveπ π                 |       |  |
| Check One: Oil Well Gas Well OG   | D&A Cat                                 | hodic Water | Supply Well Ot   | her:                   |       |  |
| 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: Sack  |                        |       |  |
| Elevation: ( G.L. / K.B.) T.D.:  Condition of Well: Good Poor Junk in Hole  Proposed Method of Plugging (attach a separate page if adding  Is Well Log attached to this application? Yes No. 1f ACO-1 not filed, explain why: | Casing Leak at:tional space is needed): |             |  | tone Corral Formation) |       |  |
| Plugging of this Well will be done in accordance with K. Company Representative authorized to supervise plugging  |   |             |  |                        |       |  |
| Address:  | (                                       | Dity:       | State:   | Zip:                   | -+    |  |
| Phone: ( )  |   |             |  |                        |       |  |
| Plugging Contractor License #:  | 1                                       | Name:       |  |                        |       |  |
| 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

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Form KSONA-1
January 2014
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## 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 #  |  |  |  |  |
|--|--|--|--|--|
| Name:  | · — —  |  |  |  |
| Address 1:   | •  |  |  |  |
| Address 2:   | Lease Name: Well #:  |  |  |  |
| City:         State:   | 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 additiona  |  |  |  |
| 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:+   | _  |  |  |  |
| are preliminary non-binding estimates. The locations may be entered  | ank batteries, pipelines, and electrical lines. The locations shown on the plat<br>If on 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   | e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.                           |  |  |  |
| KCC will be required to send this information to the surface   | I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ess of the surface owner by filling out the top section of this form and e KCC, which is enclosed with this form. |  |  |  |
| 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 C | ng fee with this form. If the fee is not received with this form, the KSONA-1<br>P-1 will be returned.   |  |  |  |
| Submitted Electronically   |  |  |  |  |
| I  |  |  |  |  |

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

Shari Feist Albrecht, Chair Thomas E. Wright, Commissioner Jay Scott Emler, Commissioner

February 12, 2014

Michael J. Reilly Grand Mesa Operating Company 1700 N WATERFRONT PKWY BLDG 600 WICHITA, KS 67206-5514

Re: Plugging Application API 15-171-21019-00-00 EPLEY 1-10 SE/4 Sec.10-16S-33W Scott County, Kansas

Dear Michael J. Reilly:

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 August 11, 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 1

(620) 225-8888