

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1190371

March 2010 This Form must be Typed Form must be Signed

Form CP-1

|  | UGGING |      | ICATION |
|--|--------|------|---------|
|  |        | APPI |         |

| OPERATOR: License #:                                                                                                                                                                                                                                                                                                            |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |                        |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------|-----------------------|
| Name:                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | supply original comp                   |                        |                       |
| Address 1:                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | iption:<br>Sec Tw                      |                        |                       |
| Address 2:                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sec M                                  |                        | South Line of Section |
| City: State: _                                                                                                                                                                                                                                                                                                                  | Zip: + _                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Feet from                              |                        | Vest Line of Section  |
| Contact Person:                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | alculated from Neare                   |                        |                       |
| Phone: ( )                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                           | , v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NE NW                                  | SE SW                  |                       |
|                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           | County:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                        |                       |
|                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           | Lease Nam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e:                                     | Well #:                |                       |
| Check One: Oil Well Gas Well                                                                                                                                                                                                                                                                                                    | OG D&A                                                                                                                                                    | Cathodic Water S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Supply Well                            | Other:                 |                       |
| SWD Permit #:                                                                                                                                                                                                                                                                                                                   | ENHR Perm                                                                                                                                                 | nit #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 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                 |
| List (ALL) Perforations and Bridge Plug Sets:                                                                                                                                                                                                                                                                                   |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |                        |                       |
| Elevation: (G.L. /K.B.) T.D.:                                                                                                                                                                                                                                                                                                   | PBTD:                                                                                                                                                     | Anhydrite Depth: _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        | Stone Corral Formation | )                     |
|                                                                                                                                                                                                                                                                                                                                 | n Hole Casing Leak at:                                                                                                                                    | (Interval)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | Stone Corral Formation | )                     |
| Condition of Well: Good Poor Junk i                                                                                                                                                                                                                                                                                             | n Hole Casing Leak at:                                                                                                                                    | (Interval)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | Stone Corral Formation | )                     |
| Condition of Well: Good Poor Junk i<br>Proposed Method of Plugging <i>(attach a separate page</i>                                                                                                                                                                                                                               | n Hole Casing Leak at:                                                                                                                                    | (Interval)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | Stone Corral Formation | )                     |
| Condition of Well: Good Poor Junk i<br>Proposed Method of Plugging <i>(attach a separate page</i><br>Is Well Log attached to this application? Yes                                                                                                                                                                              | in Hole Casing Leak at:<br><i>e if additional space is needed</i> ):<br>No Is ACO-1 filed?                                                                | (Interval)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (5                                     |                        |                       |
| Condition of Well: Good Poor Junk i<br>Proposed Method of Plugging <i>(attach a separate page</i><br>Is Well Log attached to this application? Yes<br>If ACO-1 not filed, explain why:                                                                                                                                          | in Hole Casing Leak at:<br><i>a if additional space is needed</i> ):<br>No Is ACO-1 filed?<br>with K.S.A. 55-101 <u>et. seq</u> . a                       | (Interval)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (5                                     | poration Commiss       |                       |
| Condition of Well: Good Door Junk i<br>Proposed Method of Plugging <i>(attach a separate page</i><br>Is Well Log attached to this application? Yes<br>If ACO-1 not filed, explain why:<br>Plugging of this Well will be done in accordance of                                                                                   | in Hole Casing Leak at:<br><i>e if additional space is needed</i> ):<br>No Is ACO-1 filed?<br>with K.S.A. 55-101 <u>et. seq</u> . a                       | (Interval)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (۵<br>ons of the State Cor             | poration Commiss       | sion                  |
| Condition of Well: Good Door Junk i<br>Proposed Method of Plugging <i>(attach a separate page</i><br>Is Well Log attached to this application? Yes<br>If ACO-1 not filed, explain why:<br>Plugging of this Well will be done in accordance of<br>Company Representative authorized to supervise plu                             | in Hole Casing Leak at:<br><i>a if additional space is needed</i> ):<br>No Is ACO-1 filed?<br>with K.S.A. 55-101 et. seq. a                               | (Interval) (Interval) Yes No No City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (۵<br>ons of the State Cor             | poration Commiss       | sion                  |
| Condition of Well: Good Door Junk i<br>Proposed Method of Plugging <i>(attach a separate page</i><br>Is Well Log attached to this application? Yes<br>If ACO-1 not filed, explain why:<br>Plugging of this Well will be done in accordance of<br>Company Representative authorized to supervise plu<br>Address:                 | In Hole Casing Leak at:<br><i>a if additional space is needed</i> ):<br>No Is ACO-1 filed?<br>with K.S.A. 55-101 <u>et. seq</u> . a                       | (Interval)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (3<br>ons of the State Corp<br>State:  | poration Commiss       | sion<br>+             |
| Condition of Well: Good Door Junk i Proposed Method of Plugging <i>(attach a separate page</i> Is Well Log attached to this application? Yes If ACO-1 not filed, explain why: Plugging of this Well will be done in accordance of Company Representative authorized to supervise plu Address: Phone: ()                         | In Hole Casing Leak at:<br><i>a if additional space is needed</i> ):<br>No Is ACO-1 filed?<br>with K.S.A. 55-101 <u>et. seq</u> . a<br>ugging operations: | (Interval) | (\$<br>ons of the State Corp<br>State: | poration Commiss       | sion<br>+             |
| Condition of Well: Good Door Junk i Proposed Method of Plugging (attach a separate page Is Well Log attached to this application? Yes If ACO-1 not filed, explain why: Plugging of this Well will be done in accordance of Company Representative authorized to supervise plu Address: Phone: () Plugging Contractor License #: | in Hole Casing Leak at:<br><i>a if additional space is needed</i> ):<br>No Is ACO-1 filed?<br>with K.S.A. 55-101 et. seq. a<br>ugging operations:         | (Interval) | (Sons of the State Corp                | poration Commiss       | sion<br>+             |

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

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT Form KSONA-1 January 2014 Form Must Be Typed Form must be Signed All blanks must be Filled

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: 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:+         |                                                                                                                                                                 |  |  |

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 must provide the name and address of the surface owner by filling out the top section of this form and 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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| Form      | CP1 - Well Plugging Application |
|-----------|---------------------------------|
| Operator  | North Plains Corp.              |
| Well Name | GROSSNICKLE 5                   |
| Doc ID    | 1190371                         |

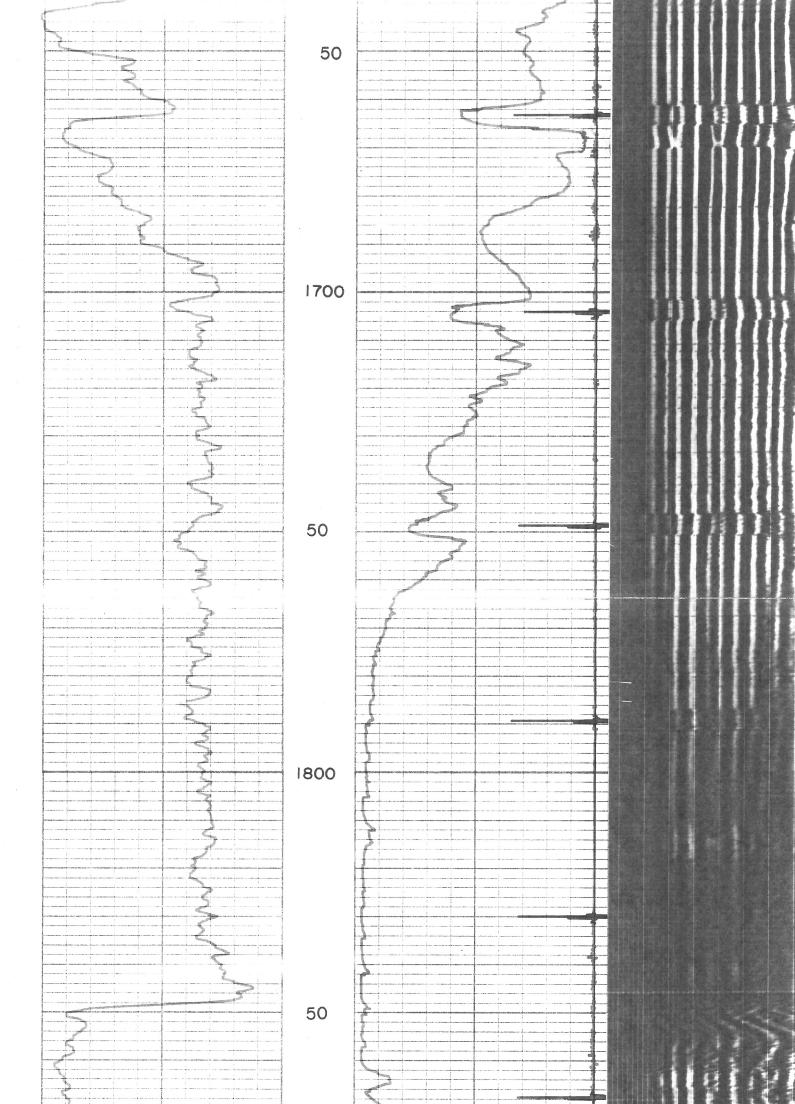
Perforations And Bridge Plug Sets

| Perforation Top | Perforation Base | Formation | Bridge Plug Depth |
|-----------------|------------------|-----------|-------------------|
| 2480            | 2490             | Viola     |                   |
| 2498            | 2504             | Viola     |                   |

|                          |                                  | STEVE OWEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | Witnessed by             |
|--------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
|                          |                                  | G.SCHMEIDLER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           | Hecorded by              |
|                          | IUPEKA                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                          |
|                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d         | Spacing Recorded         |
|                          |                                  | 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ·         | Tool No.                 |
| ٦T                       | יד                               | 105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | erature   | Max. Hole Temperature    |
|                          |                                  | 1800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nt Top    | Calculated Cement Top    |
|                          |                                  | 1750                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Cem. Top  | Approx. Logged Cem. Top  |
|                          |                                  | And the second s | lis.      | Weight Ib/gal-Vis.       |
|                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Salinity PPM CI          |
|                          |                                  | FUL .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | Fluid Level              |
|                          |                                  | WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e         | Type Fluid in Hole       |
|                          |                                  | terrer B. Man. Hannin Kanada                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Admix     | Amount & Type Admix      |
|                          |                                  | 10 (c) first and a second metric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Cement    | Amount & Type Cement     |
|                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Squeeze Depth            |
|                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tool      | Float Collar-D.V.        |
| ®                        | TD                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Casing Driller           |
| to                       | 1550                             | to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | Logged Interval          |
|                          |                                  | 2737                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           | Depth Logger             |
|                          | -                                | 2750                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           | Depth Driller            |
|                          |                                  | PRIMARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Operation | Type Cementing Operation |
|                          |                                  | 11-25-1985                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | enting    | Date & Time Cementing    |
|                          |                                  | 12-17-1985                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | еү        | Date & Time Survey       |
|                          |                                  | ONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           | Run No.                  |
|                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                          |
| G.L. <u>1329</u>         |                                  | (ELLY BUSHING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1         | Drilling Measured From   |
| D.F.                     | Ft. Above Perm. Datum            | KELLY BUSHING 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Log Measured From        |
| Elev.: K.B. 1334         | Elev. 1329                       | GROUND LEVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           | Permanent Datum          |
|                          | 5s Rge. 12e                      | 3 Twp.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Sec. 23   |                          |
| Other Services:<br>PERF. |                                  | SW-SE-NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Location  |                          |
| KANSAS                   | STATE                            | NEMAHA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | COUNTY    |                          |
|                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FIELD     |                          |
|                          | CKLE #5                          | GROSSNICKLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WELL      |                          |
|                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                          |
| DRATION                  | MID-CONTINENT LAND @ EXPLORATION |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COMPANY   | FILING NO.               |
|                          |                                  | Topeka, Ks.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                          |
| Log                      | Bond Log                         | C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                          |
|                          |                                  | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                          |
| Sement                   | Sonic Cement                     | P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                          |

| BORE HOLE RECORD |      | CASING RECORD |           |         |      |    |                      |   |
|------------------|------|---------------|-----------|---------|------|----|----------------------|---|
| Bit Size         | From | То            | Csg. Size | Wt.     | From | То | Centralized Interval |   |
|                  |      |               | 51/2      |         |      |    |                      |   |
|                  |      |               |           | <i></i> |      |    | Scratched Interval   |   |
|                  |      |               |           |         | 10 M |    |                      |   |
|                  |      |               |           |         |      | 1  | Open Perforations    |   |
|                  |      |               |           |         |      | I  |                      | 2 |

| GAMMA RAY | DEPTHS | CASING<br>COLLARS VIL |
|-----------|--------|-----------------------|
| 0         | 150    | PIPE CURVE            |
| 150       | 300    | FORMATION CURVE       |
|           |        |                       |
|           |        |                       |
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3 26 86

Grossnickle No.5 SW SENE SEC. 23, 55-12E Namsha County, KS to tank battery -> 85/8" @ 290' w/ 200 ex. Reg., 370 C2CI 82 jts. 27/8" EUE Brd. they. @ 2495', Cement top @ 1765' Violo perfs.@ 2480-90' 2 2498-2504 51/2"@ 2746 w/ 175 5x. 50/50 Poz

Conservation Division 266 N. Main St., Ste. 220 Wichita, KS 67202-1513



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Shari Feist Albrecht, Chair Jay Scott Emler, Commissioner Pat Apple, Commissioner Sam Brownback, Governor

November 20, 2014

John P. Garrett North Plains Corp. 8801 S YALE STE 240 TULSA, OK 74137-3535

Re: Plugging Application API 15-131-20105-00-00 GROSSNICKLE 5 NE/4 Sec.23-05S-12E Nemaha County, Kansas

Dear John P. Garrett:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 3 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 3's phone number is (620) 432-2300. Failure to notify DISTRICT 3, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after May 20, 2015. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The May 20, 2015 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely, Production Department Supervisor

cc: DISTRICT 3