

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1194671

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

Form CP-1

WELL	PL	UGGING	APPI	
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	MUST be submitte	a with this form.					
OPERATOR: License #:		API No. 15	API No. 15				
Name:		If pre 1967, supply original completion of	late:				
Address 1:		Spot Description:					
Address 2:			_ S. R East West				
City: State:		Feet from N	orth / South Line of Section				
			ast / West Line of Section				
Contact Person:		Footages Calculated from Nearest Outs	ide Section Corner:				
Phone: ()		NE NW SE	SW				
		County:					
		Lease Name:	Well #:				
SWD Permit #:			it #:				
Conductor Casing Size:							
Surface Casing Size:	Set at:	Cemented with:	Sacks				
Production Casing Size:	Set at:	Cemented with:	Sacks				
Elevation: (G.L./ K.B.) T.D.: Condition of Well: Good Poor Junk in H Proposed Method of Plugging (attach a separate page if a Is Well Log attached to this application? Yes If ACO-1 not filed, explain why:	Hole Casing Leak at:	(Stone Co	rral Formation)				
Plugging of this Well will be done in accordance with			n Commission				
Company Representative authorized to supervise plugg	jing operations:						
Company Representative authorized to supervise plugg Address:							
Address:)		City: State: Zi	p: +				
Address:		City: State: Zi	D: +				
Address:) Phone: () Plugging Contractor License #:		City: State: Zi Name: Address 2:	D: +				
Address:		City: State: Zi Name: Address 2:	D: +				

Submitted Electronically

Mail to:	KCC -	Conservation	Division.	130 S.	Market -	- Room	2078	Wichita.	Kansas	67202
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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License #	Well Location:				
Name:					
Address 1:	County:				
Address 2:	Lease Name: Well #:				
City: State: Zip:+	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:					
Address 2:					
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 KSONA-1 January 2014 Form Must Be Typed Form must be Signed

All blanks must be Filled

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Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



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

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

March 20, 2014

Kelly Ryan, Production Manager Unit Petroleum Company 7130 S LEWIS AVE STE 1000 TULSA, OK 74136-5492

Re: Plugging Application API 15-097-10065-00-00 ROBBINS J 1 SW/4 Sec.27-30S-16W Kiowa County, Kansas

Dear Kelly Ryan, Production Manager:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

This notice is void after September 16, 2014. The CP-1 filing does not bring the above well into compliance with K.A.R 82-3-111 with regard to the Commission's temporary abandonment requirements.

Sincerely, Production Department Supervisor

cc: District 1

(620) 225-8888