

### Kansas Corporation Commission Oil & Gas Conservation Division

1200492

Form CP-1
March 2010
This Form must be Typed
Form must be Signed
All blanks must be Filled

### WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

OPERATOR: License #:		API No. 1	5			
Name:			If pre 1967, supply original completion date:			
Address 1:		Spot Des	cription:			
Address 2:			Sec Twp S. R East West			
City: State: Zip: +  Contact Person:			Feet from North / South Line of Section Feet from East / West Line of Section			
Filone. ( )				SE SW		
			ame:			
		Loade No		vvoii ir.		
Check One: Oil Well Gas Well OG	D&A Cat	thodic Wate	r Supply Well Ot	ther:		
SWD Permit #:	ENHR Permit #:		Gas Storage	Permit #:		
Conductor Casing Size:	Set at:		Cemented with:		Sacks	
Surface Casing Size:	_ Set at:		Cemented with:		Sacks	
Production Casing Size:	_ Set at:		Cemented with:		Sacks	
Elevation: ( G.L. / K.B.) T.D.:  Condition of Well: Good Poor Junk in Hole  Proposed Method of Plugging (attach a separate page if addit  Is Well Log attached to this application? Yes No	Casing Leak at:tional space is needed):			tone Corral Formation)		
Plugging of this Well will be done in accordance with K.  Company Representative authorized to supervise plugging						
Address:	(	City:	State:	Zip:	_+	
Phone: ( )						
Plugging Contractor License #:		Name:				
Address 1:	A	Address 2:				
City:			State:	Zip:	_+	
Phone: ( )						
Proposed Date of Plugging (if known):						

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

Submitted Electronically



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Form KSONA-1
January 2014
Form Must Be Typed
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# CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

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				
Contact Person:	the lease below:				
Phone: ( ) Fax: ( )	-				
Email Address:	-				
Surface Owner Information:					
Name:					
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:	and the second in the construction of the cons				
City: State: Zip:+	-				
	ank batteries, pipelines, and electrical lines. The locations shown on the plat I on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.				
owner(s) of the land upon which the subject well is or will be	e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this , and email address.				
	Lacknowledge that because I have not provided this information, the				
	owner(s). To mitigate the additional cost of the KCC performing this ss of the surface owner by filling out the top section of this form and				
KCC will be required to send this information to the surface task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the	owner(s). To mitigate the additional cost of the KCC performing this so of the surface owner by filling out the top section of this form and e KCC, which is enclosed with this form.  If the fee is not received with this form, the KSONA-1				
KCC will be required to send this information to the surface task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the If choosing the second option, submit payment of the \$30.00 handling fee.	owner(s). To mitigate the additional cost of the KCC performing this so of the surface owner by filling out the top section of this form and e KCC, which is enclosed with this form.  If the fee is not received with this form, the KSONA-1				

Form	CP1 - Well Plugging Application	
Operator	Petroleum Technologies, Inc.	
Well Name	HARDING 1	
Doc ID	1200492	

## Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
2724	2727	Indian Cave	

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



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

Sam Brownback, Governor

Shari Feist Albrecht, Chair Jay Scott Emler, Commissioner Pat Apple, Commissioner

May 21, 2014

Alan J. Seaton Petroleum Technologies, Inc. 801 W 47TH ST STE 412 KANSAS CITY, MO 64112-1253

Re: Plugging Application API 15-007-21241-00-00 HARDING 1 NW/4 Sec.02-30S-11W Barber County, Kansas

#### Dear Alan J. Seaton:

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 November 17, 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