

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1213871

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

Form CP-1

WELL	PLUGGING	APPL	ICATION

OPERATOR: License #:		L serve se						
			API No. 15					
Name:		If pre 1967, supply original completion	date:					
Address 1:								
Address 2:			S. R East West					
City: State:	: Zip: +		North / South Line of Section					
Contact Person:		Feet from	East / West Line of Section					
Phone: ()		Footages Calculated from Nearest Ou						
Phone: ()			SW					
		County:						
		Lease Name:	Well #:					
Check One: Oil Well Gas Well	OG D&A	Cathodic Water Supply Well Other:						
SWD Permit #:								
		Cemented with:						
Surface Casing Size:								
Production Casing Size:	Set at:	Cemented with:	Sacks					
Elevation: (G.L. /K.B.) T.D.: Condition of Well: Good Poor Junł Proposed Method of Plugging <i>(attach a separate pag</i>	k in Hole Casing Leak at	(Stone) (Interval)	Corral Formation)					
Is Well Log attached to this application?	s No Is ACO-1 filed?	Yes No						
If ACO-1 not filed, explain why: Plugging of this Well will be done in accordance Company Representative authorized to supervise p	e with K.S.A. 55-101 <u>et. seq</u> . a	and the Rules and Regulations of the State Corporat						
If ACO-1 not filed, explain why: Plugging of this Well will be done in accordance Company Representative authorized to supervise p	e with K.S.A. 55-101 <u>et. seq</u> . a	and the Rules and Regulations of the State Corporat						
If ACO-1 not filed, explain why: Plugging of this Well will be done in accordance Company Representative authorized to supervise p	e with K.S.A. 55-101 <u>et. seq</u> . a	and the Rules and Regulations of the State Corporat						
If ACO-1 not filed, explain why: Plugging of this Well will be done in accordance Company Representative authorized to supervise p Address: Phone: ()	e with K.S.A. 55-101 <u>et. seq</u> . a plugging operations:	and the Rules and Regulations of the State Corporat	Zip: +					
If ACO-1 not filed, explain why: Plugging of this Well will be done in accordance Company Representative authorized to supervise p Address: Phone: () Plugging Contractor License #:	e with K.S.A. 55-101 <u>et. seq</u> . a plugging operations:	and the Rules and Regulations of the State Corporat City: State: 2	Zip: +					
If ACO-1 not filed, explain why: Plugging of this Well will be done in accordance Company Representative authorized to supervise p Address: Phone: () Plugging Contractor License #: Address 1:	e with K.S.A. 55-101 <u>et. seq</u> . a	and the Rules and Regulations of the State Corporat City: State:	Zip: +					
If ACO-1 not filed, explain why: Plugging of this Well will be done in accordance Company Representative authorized to supervise p Address: Phone: () Plugging Contractor License #: Address 1:	e with K.S.A. 55-101 <u>et. seq</u> . a plugging operations:	and the Rules and Regulations of the State Corporat	Zip: +					

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

Submitted Electronically

Mail to:	KCC -	Conservation	Division.	130 S.	Market -	- Room	2078	Wichita.	Kansas	67202
man cor		0011001 1441011			mannor			,	, itanoao	0.202

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).

12138

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				
Contact Person:	the lease below:				
Phone: () Fax: ()					
Email Address:					
Surface Owner Information:					
Name:	When filing a Form T-1 involving multiple surface owners, attach an additional 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 1:					
Address 2:	and the second in the second and the second s				
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

I

Form KSONA-1 January 2014 Form Must Be Typed Form must be Signed

All blanks must be Filled

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

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

July 11, 2014

Glenna Lowe Trans Pacific Oil Corporation 100 S MAIN STE 200 WICHITA, KS 67202-3735

Re: Plugging Application API 15-095-21448-00-00 HOOVER 2 NE/4 Sec.12-29S-10W Kingman County, Kansas

Dear Glenna Lowe:

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 January 07, 2015. 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 2

(316) 630-4000