

#### Kansas Corporation Commission Oil & Gas Conservation Division

1234536

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 196	If pre 1967, supply original completion date:  Spot Description:  Sec. Twp. S. R. East West Feet from North / South Line of Section			
		Spot Desc				
		_				
		_				
Contact Person:			Feet from East / West Line of Section			
Phone: ( )	Footages	Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW				
		County:				
		1 1	me:			
Check One: Oil Well Gas Well OG	B D&A Catt	nodic Water	Supply Well C	Other:		
SWD Permit #:			,	Permit #:		
Conductor Casing Size:	Set at:	(				
Surface Casing Size:	Set at:		Cemented with:		Sacks	
Production Casing Size:	Set at:	(	Cemented with:		Sacks	
List (ALL) Perforations and Bridge Plug Sets:						
Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if add)	e Casing Leak at:itional space is needed):	(Interval)	- -	Stone Corral Formatio	"	
Is Well Log attached to this application? Yes No	o Is ACO-1 filed?	∕es No				
If ACO-1 not filed, explain why:	) 13 AOO-1 IIIGU: 1	163 140				
ii Aoo-i not iieu, explain why.						
Plugging of this Well will be done in accordance with K	S.A. 55-101 et. seg. and the	Rules and Regula	tions of the State Corr	ooration Commis	ssion	
Company Representative authorized to supervise plugging						
Address:	C	ity:	State:	Zip:	+	
Phone: ( )						
Plugging Contractor License #:	N	lame:				
Address 1:	A	ddress 2:				
City:			State:	Zip:	++	
Phone: ( )				-		
Proposed Date of Plugging (if known):						

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

Submitted Electronically



#### Kansas Corporation Commission Oil & Gas Conservation Division

1234536

Form KSONA-1
January 2014
Form Must Be Typed
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All blanks must be Filled

### CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

OPERATOR: License #	Well Location:		
Name:			
Address 1:	County:		
Address 2:	Lease Name: Well #:		
City: State: Zip:+	the lease helow:		
Contact Person:			
Phone: ( ) Fax: ( )	-		
Email Address:	-		
Surface Owner Information:			
Name:	sheet listing all of the information to the left for each surface owner. Surface		
Address 1:			
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.		
KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ss of the surface owner by filling out the top section of this form and e KCC, which is enclosed with this form.		
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		
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Form	CP1 - Well Plugging Application
Operator	Chieftain Oil Co., Inc.
Well Name	Mott 1
Doc ID	1234536

### Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4800	4820		
4824	4838		

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1 July 2014 Form Must Be Typed Form must be Signed All blanks must be Filled

# CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Address 1: PO Box 124  Address 2:		
Name: Chieftain Oil Co., Inc.  Address 1: PO Box 124  Address 2: City: Kiowa State: KS Zip: 67070 + Lease Name: Mott Well #: Lease Name: Name	OPERATOR: License # 33235	Well Location:
Address 2:  City: Kiowa  State: KS  Zip: 67070  Minerice (20)  Surface Owner Information:  Name:  Dartene & Buford W. Cloyd  Address 1:  Sith Sissing Size State Rd. 2  Address 2:  City: Kiowa  State: KS  Zip: 67070  Minerice Size Size Size Size Size Rd. 2  Address 2:  City: Kiowa  State: KS  Zip: 67070  Minerice Size Size Size Rd. 2  Minerice Size Size Rd. 2  Minerice Size Size Rd. 2  Minerice Size Size Rd. 2  Minerice Size Size Rd. 2  Minerice Size Size Size Rd. 2  Minerice Size Size Rd. 2  Mi	Name: Chieftain Oil Co., Inc.	SW NE NE Sec. 8 Twp. 35 S. R. 11 East West
Address 2:  City: Kiowa  State: KS  Zip: 67070  Minerice (20)  Surface Owner Information:  Name:  Dartene & Buford W. Cloyd  Address 1:  Sith Sissing Size State Rd. 2  Address 2:  City: Kiowa  State: KS  Zip: 67070  Minerice Size Size Size Size Size Rd. 2  Address 2:  City: Kiowa  State: KS  Zip: 67070  Minerice Size Size Size Rd. 2  Minerice Size Size Rd. 2  Minerice Size Size Rd. 2  Minerice Size Size Rd. 2  Minerice Size Size Rd. 2  Minerice Size Size Size Rd. 2  Minerice Size Size Rd. 2  Mi	Address 1: PO Box 124	County: Barber
Contact Person: Ron Molz  Phone: ( 620		Lease Name: Mott Well #: 1
Surface Owner Information:  Name: Darlene & Buford W. Cloyd  Address 1: 3539 SE State Rd. 2  Address 2:	City: Kiowa State: KS Zip: 67070 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Surface Owner Information:  Name: Darlene & Buford W. Cloyd  Address 1: 3539 SE State Rd. 2  Address 2:	Phone: ( 620 ) 825-4030 Fax: ( 620 ) 825-4029	
Name: Darlene & Buford W. Cloyd  Address 1: 3539 SE State Rd. 2  Address 2:	Email Address: kristimolz@gmail.com	
Address 2:	Surface Owner Information: Darlene & Buford W. Cloyd	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 2:	Address 1, 3539 SE State Rd. 2	sheet listing all of the information to the left for each surface owner. Surface
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 at 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:	Address 1:	
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<ul> <li>✓ 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.</li> <li>☐ 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.</li> <li>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 KSON/form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.</li> <li>I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.</li> </ul>	the KCC with a plot chowing the predicted locations of lease roads, to	the unit of the line of all all atriagal linear. The legations shown on the high
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12/12/2014 Title:	Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form, and 3) my operator name, address, phone number, fax.  I have not provided this information to the surface owner(s). 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 surface owner(s).	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 to being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ess of the surface owner by filling out the top section of this form and the KCC, which is enclosed with this form.
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#### Kansas Corporation Commission Oil & Gas Conservation Division

Form KSONA-1 July 2014 Form Must Be Typed Form must be Signed All blanks must be Filled

## CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Select the corresponding form being filed: C-1 (Intent) CB-1	I (Cathodic Protection Borehole Intent) T-1 (Transfer) X CP-1 (Plugging Application)		
OPERATOR: License # 33235			
Name: Chieftain Oil Co., Inc.	SW NE NE Sec. 8 Twp. 35 S. R. 11 ☐ East West		
Address 1: PO Box 124	County: Barber		
Address 2:	Lease Name: Mott Well #: 1		
City: Kiowa State: KS Zip: 67070 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Ron Molz	the lease below:		
Phone: ( 620 ) 825-4030 Fax: ( 620 ) 825-4029			
Contact Person: Ron Molz  Phone: ( 620 ) 825-4030 Fax: ( 620 ) 825-4029  Email Address: kristimolz@gmail.com			
Surface Owner Information: Name: Roger & Trice Mott Address 1: 604 E. 71st St.	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 county, and in the real estate property tax records of the county treasurer.		
Address 2:	• · · · · · · · · · · · · · · · · · · ·		
Oity.			
the KCC with a plat showing the predicted locations of lease roads, ta	nodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
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I hereby certify that the statements made herein are true and correct 12/12/2014	to the best of my knowledge and belief.		
Date: Signature of Operator or Agent:	Timo.		

#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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33235			
OPERATOR: License # 33235	Well Location:  SW NE NE Sec. 8 Twp. 35 S. R. 11 East West		
Name: Chieftain Oil Co., Inc.  Address 1: PO Box 124	County: Barber		
	5.4 11		
Address 2:	Lease Name: Well #:		
City: Nowa State: No Zip: 01010 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: Ron Molz  Phone: ( 620 ) 825-4030 Fax: ( 620 ) 825-4029  Email Address: kristimolz@gmail.com	·		
Phone: ( 020 ) 620-4000 Fax: ( 020 ) 620-1020	-		
Email Address: Kristimoiz@gmail.com			
Surface Owner Information:			
Name: Steven D. & Carolyn Suzanne Mott  Address 1: 3993 SE State Highway K2	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		
Address 1: 3993 SE State Highway K2	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: Kiowa State: KS Zip: 67070 +	•		
<ul> <li>are preliminary non-binding estimates. The locations may be entered</li> <li>Select one of the following:</li> <li>I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be</li> </ul>	e Act (House Bill 2032), I have provided the following to the surface elocated: 1) a copy of the Form C-1, Form CB-1, the plat(s) required by this, and email address.		
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I hereby certify that the statements made herein are true and correct	to the best of my knowledge and belief.		
12/12/2014 Signature of Operator or Agent:	Title:		
Date: Signature of Operator or Agent:	Time.		

#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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	County: Barber		
Address 2:	Lease Name: Mott Well #: 1		
City: Kiowa State: KS zip: 67070 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Ron Molz	the lease below:		
Phone: ( 620 ) 825-4030 Fax: ( 620 ) 825-4029	-		
Contact Person: Ron Molz  Phone: ( 620 ) 825-4030 Fax: ( 620 ) 825-4029  Email Address: kristimolz@gmail.com	-		
Surface Owner Information:  Name: Deanna & Gary Wetzel  Address 1: 3512 E. Elm	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 2:	county, and in the real estate property tax records of the county treasurer.		
City: Wichita State: KS Zip: 67206 +	-		
the KCC with a plat showing the predicted locations of lease roads, ta	hodic Protection Borehole Intent), you must supply the surface owners and 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.		
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I hereby certify that the statements made herein are true and correct 12/12/2014			
Date: Signature of Operator or Agent:	Title:		

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



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

December 16, 2014

Ron Molz Chieftain Oil Co., Inc. 101 S. 5TH ST. PO BOX 124 KIOWA, KS 67070-1912

Re: Plugging Application API 15-007-23333-00-00 Mott 1 NE/4 Sec.08-35S-11W Barber County, Kansas

#### Dear Ron Molz:

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

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 1 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 1's phone number is (620) 225-8888. Failure to notify DISTRICT 1, 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 June 16, 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 June 16, 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 1