

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1250320 Form CP-1 March 2010 This Form must be Typed

## WELL PLUGGING APPLICATION

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

Name:	Form KSONA-1, Certifi	ication of Compliance w MUST be submit	with the Kansas Surfac ted with this form.	e Owner Notificat	ion Act,	Dianks must be Filled
Nations 1:	OPERATOR: License #:	API No. 15	API No. 15			
Address 2:	Name:	If pre 1967, s				
Address 2:	Address 1:	Spot Descrip				
City:						
Contact Person:				Feet from	North /	South Line of Section
Phone: (				Feet from	East /	West Line of Section
County:			Footages Ca			n Corner:
Lease Name:       Well #:         Check One:       OI Well       Gas Well       OG       D&A       Cathodic       Water Supply Well       Other:         SWD       Permit #:	Phone: ( )					
Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: Gas Storage Permit #: Gas Storage Permit #: Gas Storage Permit #: Sacks Surface Casing Size: Set at: Cemented with: Sacks Surface Casing Size: Set at: Cemented with: Sacks Cemented with: Sacks Elevation: Compary Representative authorized to supervise plugging operations: City: Plugging Contractor License #: City:						
SWD Permit #:			Lease Name		vveii #:	
SWD Permit #:	Check One: Oil Well Gas Well Od	G D&A	Cathodic Water Su	pply Well	other:	
Surface Casing Size:		ENHR Permit #:	·			
Production Casing Size:	Conductor Casing Size:	Set at:	Cer	nented with:		Sacks
List ( <i>ALL</i> ) Perforations and Bridge Plug Sets:  Elevation:(	Surface Casing Size:	Set at:	Cer	nented with:		Sacks
Elevation:       (	Production Casing Size:	Set at:	Cer	nented with:		Sacks
Elevation:       (	List (ALL) Perforations and Bridge Plug Sets					
If ACO-1 not filed, explain why:   Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission   Company Representative authorized to supervise plugging operations:   Address:   Phone:   ()   Plugging Contractor License #:   Address 1:   City:   State:   Zip:   +   Phone:   ()   Phone:   ()				14		<i>"</i>
Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission         Company Representative authorized to supervise plugging operations:         Address:	• · · ·	lo Is ACO-1 filed?	Yes No			
Address:		-	-	-		ssion
Phone: ( )						+
Plugging Contractor License #:       Name:						
Address 1:       Address 2:         City:       State: Zip: +         Phone: ( )						
City:          State:       Zip:         Phone:       ()						
Phone: ( )						
	, ,			0.0.0.	<u> </u>	·
rioposed Date of riugging (# known):						
	rioposed bate 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

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 county, and in the real estate property tax records of the county treasurer.			
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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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

April 23, 2015

JENNIFER R BEAL PostRock Midcontinent Production LLC OKLAHOMA TOWER 210 PARK AVE, STE 2750 OKLAHOMA CITY, OK 73102

Re: Plugging Application API 15-205-19568-00-00 KEPLEY 10-12 NW/4 Sec.10-28S-17E Wilson County, Kansas

Dear JENNIFER R BEAL:

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 October 23, 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 October 23, 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