

### Kansas Corporation Commission Oil & Gas Conservation Division

1263649

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. 15                                                                    |                        |       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------|-------------------------------------------------------------------------------|------------------------|-------|--|
| Name:                                                                                                                                                                                                                         |                                         | If pre 196  | If pre 1967, supply original completion date:                                 |                        |       |  |
| Address 1:                                                                                                                                                                                                                    |                                         | Spot Desc   | cription:                                                                     |                        |       |  |
| Address 2:                                                                                                                                                                                                                    |                                         | _           | Sec Twp S. R East West                                                        |                        |       |  |
| City: State: Zip: +                                                                                                                                                                                                           |                                         |             | Feet from North / South Line of Section Feet from East / West Line of Section |                        |       |  |
|                                                                                                                                                                                                                               |                                         |             |                                                                               |                        |       |  |
| Filone. ( )                                                                                                                                                                                                                   |                                         | 0           |                                                                               | SE SW                  |       |  |
|                                                                                                                                                                                                                               |                                         |             | me:                                                                           |                        |       |  |
|                                                                                                                                                                                                                               |                                         | Lease Na    |                                                                               | vveπ π                 |       |  |
| Check One: Oil Well Gas Well OG                                                                                                                                                                                               | D&A Cat                                 | hodic Water | Supply Well Ot                                                                | her:                   |       |  |
| 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 adding  Is Well Log attached to this application? Yes No. 1f ACO-1 not filed, explain why: | 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:                                                                                                                                                                                                                      | (                                       | Dity:       | State:                                                                        | Zip:                   | -+    |  |
| Phone: ( )                                                                                                                                                                                                                    |                                         |             |                                                                               |                        |       |  |
| Plugging Contractor License #:                                                                                                                                                                                                | 1                                       | Name:       |                                                                               |                        |       |  |
| 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

1263649

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.

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:                                                                                                                                  | If filing a Form T-1 for multiple wells on a lease, enter the legal description o 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 additiona                                                                                                                                                                             |  |  |  |
| 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:                                                                                                                             | county, and in the real estate property tax records of the county treasurer.                                                                                                                                                                              |  |  |  |
| City:                                                                                                                                  |                                                                                                                                                                                                                                                           |  |  |  |
| are preliminary non-binding estimates. The locations may be entered                                                                    | nk 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.                                                                                                 |  |  |  |
| Select one of the following:                                                                                                           |                                                                                                                                                                                                                                                           |  |  |  |
| owner(s) of the land upon which the subject well is or will be                                                                         | Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form n 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 of                                                                        | acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this as of the surface owner by filling out the top section of this form and e KCC, which is enclosed with this form. |  |  |  |
| If choosing the second option, submit payment of the \$30.00 handlin form and the associated Form C-1, Form CB-1, Form T-1, or Form CF | ng fee with this form. If the fee is not received with this form, the KSONA-1<br>P-1 will be returned.                                                                                                                                                    |  |  |  |
| Submitted Electronically                                                                                                               |                                                                                                                                                                                                                                                           |  |  |  |
| I                                                                                                                                      |                                                                                                                                                                                                                                                           |  |  |  |

| Form      | CP1 - Well Plugging Application |  |  |
|-----------|---------------------------------|--|--|
| Operator  | MTM Petroleum, Inc.             |  |  |
| Well Name | CALKIN 3                        |  |  |
| Doc ID    | 1263649                         |  |  |

## Perforations And Bridge Plug Sets

| Perforation Top | Perforation Base | Formation     | Bridge Plug Depth |
|-----------------|------------------|---------------|-------------------|
| 4180            | 4186             | mississippian |                   |
| 4194            | 4207             | mississippian |                   |
| 4226            | 4231             | mississippian |                   |

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

September 08, 2015

Nick Miller MTM Petroleum, Inc. 2370 SOUTH STATE ROAD 14 PO BOX 391 KINGMAN, KS 67068-0391

Re: Plugging Application API 15-095-21575-00-00 CALKIN 3 NW/4 Sec.31-29S-07W Kingman County, Kansas

Dear Nick Miller:

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

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 2 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 2's phone number is (316) 630-4000. Failure to notify DISTRICT 2, 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 March 08, 2016. 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 March 08, 2016 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 2