

### Kansas Corporation Commission Oil & Gas Conservation Division

1275999

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 1967,	If pre 1967, supply original completion date:				
Address 1:			Spot Description:				
Address 2:		Sec Twp S. R East West					
City: State:		Feet from North / South Line of Section					
Contact Person:			Feet from East / West Line of Section				
Phone: ( )		Footages C	alculated from Neares	st Outside Section	n Corner:		
, , , , , , , , , , , , , , , , , , ,		County	INE INV				
Check One: Oil Well Gas Well OG	D&A Ca	athodic Water S	Supply Well O	ther:			
SWD Permit #:	ENHR Permit #: _		Gas Storage	Permit #:			
Conductor Casing Size:	Set at:	Ce	emented with:		Sacks		
Surface Casing Size:	Set at:	Ce	emented with:		Sacks		
Production Casing Size:	Set at:	Ce	emented 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 additional additional actions of the separate page)  Is Well Log attached to this application? Yes No If ACO-1 not filed, explain why:	Casing Leak at:ional space is needed):			Stone Corral Formation	n)		
Plugging of this Well will be done in accordance with K.S. Company Representative authorized to supervise plugging of							
Address:		City:	State:	Zip:	+		
Phone: ( )							
Plugging Contractor License #:		Name:					
Address 1:		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** 



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

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

All blanks must be Filled

# 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:	0 1			
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:				
City: State: Zip:+	_			
are preliminary non-binding estimates. The locations may be entered	tank batteries, pipelines, and electrical lines. The locations shown on the plat ed 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	ce Act (House Bill 2032), I have provided the following to the surface be 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 ex, and email address.			
KCC will be required to send this information to the surfac	I acknowledge that, because I have not provided this information, the e owner(s). To mitigate the additional cost of the KCC performing this ress of the surface owner by filling out the top section of this form and he KCC, which is enclosed with this form.			
that rain boing onargod a 400.00 handling 100, payable to				
	lling fee with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.			
If choosing the second option, submit payment of the \$30.00 hand				

Form	CP1 - Well Plugging Application	
Operator	Scott Services LLC	
Well Name	SCOTT 3	
Doc ID	1275999	

## Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3570	3574	arbuckle	

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

January 11, 2016

Josh Scott Scott Services LLC ATTN: RYAN COOK PO BOX 45 NATOMA, KS 67651

Re: Plugging Application API 15-051-21218-00-00 SCOTT 3 SE/4 Sec.20-11S-18W Ellis County, Kansas

Dear Josh Scott:

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

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 4 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 4's phone number is (785) 625-0550. Failure to notify DISTRICT 4, 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 July 11, 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 July 11, 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 4