

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1284680 Form CP-1 March 2010 This Form must be Typed Form must be Signed

All blanks must be Filled

# WELL PLUGGING APPLICATION

| OPERATOR: License #:       APT No. 15   |  |  | omitted with this form. |                          |                        |                       |
|---|--|--|-------------------------|--------------------------|------------------------|-----------------------|
| Address 1:  | OPERATOR: License #:                         |  |                         |                          |                        |                       |
| Address 1   | Name:  |  |                         |                          |                        |                       |
| Address 2;  | Address 1:                                   |  | I '                     | •                        |                        |                       |
| City:   | Address 2:                                   |  |                         | Sec Tw                   | /p S. R                | East Wes              |
| Contact Person:   | City:  | State: Zip: +                            | ——                      | Feet from                | North /                | South Line of Sectior |
| Phone: ()       Potages Calculated from Nearest Outside Section Corner:         Phone: ()       NE       NW       SE       SW         County:   |  |  |                         | Feet from                | East /                 | West Line of Section  |
| Circle (Init)       County:   |  |  | Footage                 |                          |                        | Corner:               |
| Lease Name:       Well #:         Check One:       Oil Well       Gas Well       OG       D&A       Cathodic       Water Supply Well       Other:         SWD       Permit #:        ENHR       Permit #:        Sack         Conductor Casing Size:        Set at:        Cemented with:       Sack         Production Casing Size:        Set at:       Cemented with:       Sack         Production Casing Size:   | F HOHE. ( /                                  |  |                         |                          |                        |                       |
| Check One: Oil Well Gas Storage Permit #: Gas Storage Gas Storage Fermit #: Gas |  |  | -                       |                          |                        |                       |
| SWD       Permit #:   |  |  | Lease N                 | ame:                     | Vvell #:               |                       |
|   | Check One: Oil Well Gas W                    | ell OG D&A                               |                         | er Supply Well           | )ther:                 |                       |
| Conductor Casing Size:       Set at:       Cemented with:       Sack         Surface Casing Size:       Set at:       Cemented with:       Sack         Production Casing Size:       Set at:       Cemented with:       Sack         List (ALL) Perforations and Bridge Plug Sets:       Set at:       Cemented with:       Sack         Elevation:       (  |  |  |                         |                          |                        |                       |
| Surface Casing Size:  |  | _  |                         |                          |                        |                       |
| Production Casing Size: Set at: Cemented with: Sack   List (ALL) Perforations and Bridge Plug Sets:     Elevation: (  |  |  |                         |                          |                        |                       |
| List ( <i>ALL</i> ) Perforations and Bridge Plug Sets:  Elevation:(GL/KBT.D.:PBTD:Anhydrite Depth:(Stone Carel Formation) Condition of Well:GoodPoorJunk in HoleCasing Leak at:(Interval) Proposed Method of Plugging (attach a separate page II additional space is needed):  Is Well Log attached to this application?YesNoIs ACO-1 filed?YesNo 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:City:State:Zip:+ + Plugging Contractor License #:Address 1:Address 2:State:Zip:+ + Phone: ()   |  |  |                         |                          |                        |                       |
| Elevation:       (  |  |  |                         | Cemented with:           |                        | Sacks                 |
| Condition of Well: Good Poor Junk in Hole Casing Leak at:   |  |  |                         |                          |                        |                       |
| Condition of Well: Good Poor Junk in Hole Casing Leak at:   |  |  |                         |                          |                        |                       |
| Condition of Well: Good Poor Junk in Hole Casing Leak at:   (Interval)   Proposed Method of Plugging (attach a separate page if additional space is needed):   Is Well Log attached to this application? Yes No   Is ACO-1 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:   (   | Elevation: (G.L. /K.B.)                      | T.D.: PBTD:                              | Anhydrite Dept          | h:                       |                        |                       |
| Proposed Method of Plugging (attach a separate page if additional space is needed):         Is Well Log attached to this application?       Yes       No       Is ACO-1 filed?       Yes       No         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:       City:       State:       Zip:       +         Plugging Contractor License #:       Name:       Address 2:  |  |  |                         | (3                       | Stone Corral Formation | 1)                    |
| Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No 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:  |  |  | (Interval)              |                          |                        |                       |
| 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:  | Proposed Method of Plugging (attach a separ  | ate page if additional space is needed): |                         |                          |                        |                       |
| 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:  |  |  |                         |                          |                        |                       |
| 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:  |  |  |                         |                          |                        |                       |
| 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:   | Is Well Log attached to this application?    | Yes No Is ACO-1 filed?                   | Yes No                  |                          |                        |                       |
| Company Representative authorized to supervise plugging operations:   | If ACO-1 not filed, explain why:             |  |                         |                          |                        |                       |
| Company Representative authorized to supervise plugging operations:   |  |  |                         |                          |                        |                       |
| Company Representative authorized to supervise plugging operations:   |  |  |                         |                          |                        |                       |
| Address:  | Plugging of this Well will be done in accord | rdance with K.S.A. 55-101 et. seq. a     | and the Rules and Regu  | lations of the State Cor | poration Commis        | sion                  |
| Phone: ( )  | Company Representative authorized to supe    | virvise plugging operations:             |                         |                          |                        |                       |
| Plugging Contractor License #:       Name:  | Address:                                     |  | City:                   | State:                   | Zip:                   | +                     |
| Address 1:       Address 2:         City:       State: Zip: +         Phone: ( )  | Phone: ( )                                   |  |                         |                          |                        |                       |
| City:        State:       Zip:          Phone:       ( )  | Plugging Contractor License #:               |  | Name:                   |                          |                        |                       |
| Phone: ( )  | Address 1:                                   |  | Address 2:              |                          |                        |                       |
|   | City:  |  |                         | State:                   | Zip:                   | +                     |
| Proposed Date of Plugging (if known):   | Phone: ( )                                   |  |                         |                          |                        |                       |
|   | Proposed Date of Plugging (if known):        |  |                         |                          |                        |                       |
|   | Payment of the Plugging Fee (K.A.R. 82-3-    | -118) will be guaranteed by Operate      | or or Agent             |                          |                        |                       |

Submitted Electronically

| Mail to: | KCC - Co | onservation | Division. | 130 S. | Market - | Room | 2078. | Wichita. | Kansas | 67202 |
|----------|----------|-------------|-----------|--------|----------|------|-------|----------|--------|-------|
|          |          |             |           |        |          |      |       |          |        |       |

## 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   |
| 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   |
| Address 1:                 | sheet listing all of the information to the left for each surface owner. Surface<br>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: 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

SSION 1284680

| Form      | CP1 - Well Plugging Application |  |  |
|-----------|---------------------------------|--|--|
| Operator  | Kansas Energy Company, L.L.C.   |  |  |
| Well Name | Patterson CHK 6                 |  |  |
| Doc ID    | 1284680                         |  |  |

Perforations And Bridge Plug Sets

| Perforation Top | Perforation Base | Formation | Bridge Plug Depth |
|-----------------|------------------|-----------|-------------------|
| 1206            | 1210             | Cattleman |                   |

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



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Jay Scott Emler, Chairman Shari Feist Albrecht, Commissioner Pat Apple, Commissioner Sam Brownback, Governor

February 11, 2016

P.J. Buck Kansas Energy Company, L.L.C. BOX 68 SEDAN, KS 67361-0068

Re: Plugging Application API 15-125-32167-00-00 Patterson CHK 6 SW/4 Sec.09-33S-14E Montgomery County, Kansas

Dear P.J. Buck:

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 August 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 August 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 3