

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1286617

Form CP-1 March 2010 This Form must be Typed Form must be Signed All blanks must be Filled

| WELL PLUGGING | APPLICATION |
|---------------|-------------|
|---------------|-------------|

|                                                                                                                                                                                                                                                                                                                               | MUST be sub                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|--|--|--|--|
| OPERATOR: License #:                                                                                                                                                                                                                                                                                                          |                                                                                                                                                 | API No. 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | API No. 15                                               |  |  |  |  |  |
| Name:                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                 | If pre 1967, supply original completion of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | date:                                                    |  |  |  |  |  |
| Address 1:                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                 | Spot Description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          |  |  |  |  |  |
| Address 2:                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                 | Sec Twp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _ S. R East West                                         |  |  |  |  |  |
| City: State:                                                                                                                                                                                                                                                                                                                  | Zip: +                                                                                                                                          | Feet from N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | orth / South Line of Section                             |  |  |  |  |  |
| Contact Person:                                                                                                                                                                                                                                                                                                               |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ast / West Line of Section                               |  |  |  |  |  |
| Phone: ( )                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Footages Calculated from Nearest Outside Section Corner: |  |  |  |  |  |
| Fille. ()                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                 | County:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Well #                                                   |  |  |  |  |  |
| Check One: Oil Well Gas Well                                                                                                                                                                                                                                                                                                  | OG D&A                                                                                                                                          | Cathodic Water Supply Well Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                               | ENHR Perm                                                                                                                                       | #: Gas Storage Perm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | it #:                                                    |  |  |  |  |  |
| Conductor Casing Size:                                                                                                                                                                                                                                                                                                        | Set at:                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |  |  |  |  |  |
| Surface Casing Size:                                                                                                                                                                                                                                                                                                          |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |  |  |  |  |  |
| Production Casing Size:                                                                                                                                                                                                                                                                                                       |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |  |  |  |  |  |
| List (ALL) Perforations and Bridge Plug Sets:                                                                                                                                                                                                                                                                                 |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |  |  |  |  |  |
| Elevation: (G.L. /K.B.) T.D.:                                                                                                                                                                                                                                                                                                 | PBTD:                                                                                                                                           | Anhydrite Depth:(Stone Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | orral Formation)                                         |  |  |  |  |  |
| Condition of Well: Good Poor Junk in He<br>Proposed Method of Plugging <i>(attach a separate page if a</i>                                                                                                                                                                                                                    | ole Casing Leak at:                                                                                                                             | (Stone Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | orral Formation)                                         |  |  |  |  |  |
| Condition of Well: Good Poor Junk in He<br>Proposed Method of Plugging <i>(attach a separate page if a</i><br>Is Well Log attached to this application? Yes If<br>If ACO-1 not filed, explain why:                                                                                                                            | ole Casing Leak at:<br><i>dditional space is needed</i> ):<br>No Is ACO-1 filed?<br><b>K.S.A. 55-101 <u>et. seq</u>. a</b>                      | (Stone Control)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | on Commission                                            |  |  |  |  |  |
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Submitted Electronically

| Mail to: | KCC - | Conservation    | Division. | 130 S. | Market · | - Room | 2078. | Wichita. | Kansas | 67202 |
|----------|-------|-----------------|-----------|--------|----------|--------|-------|----------|--------|-------|
| man tor  |       | 0011001 1441011 |           |        | mannor   |        |       | ,        | nunouo | 0.202 |

### 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.

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

Commission 128661

| Form      | CP1 - Well Plugging Application |  |  |  |
|-----------|---------------------------------|--|--|--|
| Operator  | Palomino Petroleum, Inc.        |  |  |  |
| Well Name | Eugene Witman 1                 |  |  |  |
| Doc ID    | 1286617                         |  |  |  |

# Perforations And Bridge Plug Sets

| Perforation Top | Perforation Base | Formation | Bridge Plug Depth |
|-----------------|------------------|-----------|-------------------|
| 4465            | 4478             |           |                   |
| 4486            | 4489             |           |                   |
| 4465            | 4478             |           |                   |

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 17, 2016

K. Robert Watchous Palomino Petroleum, Inc. 4924 SE 84TH ST NEWTON, KS 67114-8827

Re: Plugging Application API 15-083-21741-00-00 Eugene Witman 1 NE/4 Sec.24-21S-25W Hodgeman County, Kansas

Dear K. Robert Watchous:

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 August 17, 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 17, 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 1