

### Kansas Corporation Commission Oil & Gas Conservation Division

1303706

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:  Spot Description: Sec Twp S. R East West |                        |           |  |
| Address 1:   | Spot Descr                             |   |   |                        |           |  |
| Address 2:   |  |   |   |                        |           |  |
| City: State:   |  | Feet from North / South Line of Section Feet from East / West Line of Section |   |                        |           |  |
| Contact Person:  |  |   |   |                        |           |  |
| 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 if additional acti | 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

1303706

Form KSONA-1
January 2014
Form Must Be Typed
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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:   | SecTwpS. R East West  |  |  |  |  |
| 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   |  |  |  |  |
| 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 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:   |   |  |  |  |  |
| the KCC with a plat showing the predicted locations of lease roads, tar are preliminary non-binding estimates. The locations may be entered a Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax,  I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the | acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this is of the surface owner by filling out the top section of this form and KCC, which is enclosed 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 CF  Submitted Electronically   | - I wiii be returnea.   |  |  |  |  |
| T.  |   |  |  |  |  |

| Form      | CP1 - Well Plugging Application |  |
|-----------|---------------------------------|--|
| Operator  | Daystar Petroleum, Inc.         |  |
| Well Name | KESTER A 14                     |  |
| Doc ID    | 1303706                         |  |

## Perforations And Bridge Plug Sets

| Perforation Top | Perforation Base | Formation | Bridge Plug Depth |
|-----------------|------------------|-----------|-------------------|
| 1190            | 1200             | Squirrel  |                   |

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

Jay Scott Emler, Chairman Shari Feist Albrecht, Commissioner Pat Apple, Commissioner

April 13, 2016

Matt Osborn Daystar Petroleum, Inc. 522 N. MAIN ST PO BOX 560 EUREKA, KS 67045-0560

Re: Plugging Application API 15-073-22723-00-00 KESTER A 14 SW/4 Sec.10-27S-13E Greenwood County, Kansas

Dear Matt Osborn:

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

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 3 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 3's phone number is (620) 432-2300. Failure to notify DISTRICT 3, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after October 13, 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 October 13, 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