

### Kansas Corporation Commission Oil & Gas Conservation Division

1306584

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. 1   | 5                                                                                                                      |                        |       |  |             |  |          |                        |       |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------|------------------------|-------|--|-------------|--|----------|------------------------|-------|------|
| Name:                                                                                                                                                                                      |                                         | If pre 196  | If pre 1967, supply original completion date:                                                                          |                        |       |  |             |  |          |                        |       |      |
| Address 1:  Address 2:  City: State: Zip: +  Contact Person:                                                                                                                               |                                         |             | Spot Description: Sec Twp S. R East West Feet from North / South Line of Section Feet from East / West Line of Section |                        |       |  |             |  |          |                        |       |      |
|                                                                                                                                                                                            |                                         |             |                                                                                                                        |                        |       |  | Phone: ( )  |  | Footages | Calculated from Neares |       | ier: |
|                                                                                                                                                                                            |                                         |             |                                                                                                                        |                        |       |  | Filone. ( ) |  |          |                        | SE SW |      |
|                                                                                                                                                                                            |                                         |             |                                                                                                                        |                        |       |  |             |  |          | ame:                   |       |      |
|                                                                                                                                                                                            |                                         | Loade No    |                                                                                                                        | von m.                 |       |  |             |  |          |                        |       |      |
| Check One: Oil Well Gas Well OG                                                                                                                                                            | D&A Cat                                 | thodic Wate | r Supply Well Ot                                                                                                       | ther:                  |       |  |             |  |          |                        |       |      |
| SWD Permit #:                                                                                                                                                                              | ENHR Permit #:                          |             | Gas Storage                                                                                                            | Permit #:              |       |  |             |  |          |                        |       |      |
| Conductor Casing Size:                                                                                                                                                                     | Set at:                                 |             | Cemented with:                                                                                                         |                        | Sacks |  |             |  |          |                        |       |      |
| Surface Casing Size:                                                                                                                                                                       | _ Set at:                               |             | Cemented with:                                                                                                         |                        | Sacks |  |             |  |          |                        |       |      |
| Production Casing Size:                                                                                                                                                                    | _ Set at:                               |             | Cemented with:                                                                                                         |                        | Sacks |  |             |  |          |                        |       |      |
| Elevation: ( G.L. / K.B.) T.D.:  Condition of Well: Good Poor Junk in Hole  Proposed Method of Plugging (attach a separate page if addit  Is Well Log attached to this application? Yes No | Casing Leak at:tional space is needed): |             |                                                                                                                        | tone Corral Formation) |       |  |             |  |          |                        |       |      |
| Plugging of this Well will be done in accordance with K.  Company Representative authorized to supervise plugging                                                                          |                                         |             |                                                                                                                        |                        |       |  |             |  |          |                        |       |      |
| Address:                                                                                                                                                                                   | (                                       | City:       | State:                                                                                                                 | Zip:                   | _+    |  |             |  |          |                        |       |      |
| Phone: ( )                                                                                                                                                                                 |                                         |             |                                                                                                                        |                        |       |  |             |  |          |                        |       |      |
| Plugging Contractor License #:                                                                                                                                                             |                                         | Name:       |                                                                                                                        |                        |       |  |             |  |          |                        |       |      |
| Address 1:                                                                                                                                                                                 | A                                       | 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

306584

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 the lease below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| Contact Person:                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Phone: ( ) Fax: ( )                                                                                                                                                                                                                                                 | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| Email Address:                                                                                                                                                                                                                                                      | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| Surface Owner Information:                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Name:                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 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:                                                                                                                                                                                                                                                          | and the second in the construction of the cons |  |  |  |
| City: State: Zip:+                                                                                                                                                                                                                                                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|                                                                                                                                                                                                                                                                     | ank batteries, pipelines, and electrical lines. The locations shown on the plat<br>I on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| owner(s) of the land upon which the subject well is or will be                                                                                                                                                                                                      | e Act (House Bill 2032), I have provided the following to the surface e 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 , and email address.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|                                                                                                                                                                                                                                                                     | Lacknowledge that because I have not provided this information, the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|                                                                                                                                                                                                                                                                     | owner(s). To mitigate the additional cost of the KCC performing this ss of the surface owner by filling out the top section of this form and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
| KCC will be required to send this information to the surface task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the                                                                            | owner(s). To mitigate the additional cost of the KCC performing this so of the surface owner by filling out the top section of this form and e KCC, which is enclosed with this form.  If the fee is not received with this form, the KSONA-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| KCC will be required to send this information to the surface task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the If choosing the second option, submit payment of the \$30.00 handling fee. | owner(s). To mitigate the additional cost of the KCC performing this so of the surface owner by filling out the top section of this form and e KCC, which is enclosed with this form.  If the fee is not received with this form, the KSONA-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |

| Form      | CP1 - Well Plugging Application          |  |  |
|-----------|------------------------------------------|--|--|
| Operator  | SandRidge Exploration and Production LLC |  |  |
| Well Name | ZIELKE 5-8                               |  |  |
| Doc ID    | 1306584                                  |  |  |

## Perforations And Bridge Plug Sets

| Perforation Top | Perforation Base | Formation   | Bridge Plug Depth |
|-----------------|------------------|-------------|-------------------|
| 5144            | 5198             | Mississippi |                   |

Shop Phone: 580-251-9618 ORR ENTERPRISES, INC. P.O. Box 1706 Fax: 580-252-4573 Duncan, Oklahoma 73534 Alan Tiedeman JOB OR AUTH. NO. 3630 (1) \$ 950 fe Soud Ridge Energy 15-033-20442-00-00 SUBJECT Zielke #5-8 Comanche Cy, K NW ISE/NE PER Procedure w/ carl Useable Unsect pump a AOH wolved. Unflange to NU BOP 1) MIRUSU ADH w/ tha. 2) PU 51/2" IOK The set CIBP. GIH a set @ 5094, release from 465. Circ hale whould a cap who is convent. 3) NO BOP. Unpack & wold on pull sub. Pull slipe of NU BOP wil strums. Cut & pullfree pipe. 4) TIH wil 46 gd spot tollowing coment plays: a) 700' - 80 JKJ Class "C" Cemail Rody 6) 330'- surface 90 JK 5) ROMOSU cut & cap well. Disup rig anchoo 23/8 0 5110 Q 5144 05198 51/2 5308 200 )(

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

May 13, 2016

Wanda Ledbetter SandRidge Exploration and Production LLC 123 ROBERT S. KERR AVE OKLAHOMA CITY, OK 73102-6406

Re: Plugging Application API 15-033-20442-00-00 ZIELKE 5-8 NE/4 Sec.08-33S-19W Comanche County, Kansas

Dear Wanda Ledbetter:

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 November 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 November 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 1