

## Kansas Corporation Commission Oil & Gas Conservation Division

1310995

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                | 15                      |                    |                       |
|---|---|--------------------------|-------------------------|--------------------|-----------------------|
| Name:   |   | If pre 196               | 67, supply original com | pletion date:      |                       |
| Address 1:  |   | Spot Des                 | scription:              |                    |                       |
| Address 2:  |   |                          | Sec T                   | wp S. R            | East Wes              |
| City: State:  |   |                          | Feet from               | North /            | South Line of Section |
|   |   |                          | Feet from               | East /             | West Line of Section  |
| Contact Person:   |   | Footages                 | s Calculated from Near  | est Outside Sectio | n Corner:             |
| Phone: ( )  |   |                          | NE NW                   | SE SW              |                       |
|   |   |                          |                         |                    |                       |
|   |   | Lease Na                 | ame:                    | Well #             | d                     |
| Check One: Oil Well Gas Well OG                               | D&A                                     | Cathodic Wate            | er Supply Well          | Other:             |                       |
| SWD Permit #:   | ENHR Permit #:                          | :                        | Gas Storage             | e 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                 |
| List (ALL) Perforations and Bridge Plug Sets:                 |   |                          |                         |                    |                       |
| Elevation:         (  |   | (Stone Corral Formation) |                         |                    |                       |
| Proposed Method of Plugging (attach a separate page if additi | onal space is needed):                  | (Interval)               |                         |                    |                       |
|   |   |                          |                         |                    |                       |
| Is Well Log attached to this application? Yes No              | Is ACO-1 filed?                         | Yes No                   |                         |                    |                       |
| If ACO-1 not filed, explain why:                              |   |                          |                         |                    |                       |
| ,   |   |                          |                         |                    |                       |
|   |   |                          |                         |                    |                       |
| Plugging of this Well will be done in accordance with K.S     | 3.A. 55-101 <u>et.</u> <u>seq</u> . and | the Rules and Regul      | ations of the State Co  | rporation Commi    | ssion                 |
| Company Representative authorized to supervise plugging of    | perations:                              |                          |                         |                    |                       |
| Address:  |   | _ City:                  | State:                  | Zip:               | +                     |
| Phone: ( )  |   | _                        |                         |                    |                       |
| Plugging Contractor License #:                                |   | _ Name:                  |                         |                    |                       |
| Address 1:  |   | _ Address 2:             |                         |                    |                       |
| City:   |   |                          | State:                  | Zip:               | +                     |
| Phone: ( )  |   | -                        |                         |                    |                       |
| Proposed Data of Plugging (if known):                         |   |                          |                         |                    |                       |

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent



## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1310995

Form KSONA-1
January 2014
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## 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) C   | CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)   |  |  |  |
|---|---|--|--|--|
| OPERATOR: License #   | Well Location:  |  |  |  |
| Name:   |   |  |  |  |
| Address 1:  | •   |  |  |  |
| Address 2:  |   |  |  |  |
| City:   | the lease helpw:  |  |  |  |
| Contact Person:   | <del>_</del>  |  |  |  |
| 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:  | county, and in the real estate property tax records of the county treasurer.  |  |  |  |
| City: State: Zip:+  |   |  |  |  |
| the KCC with a plat showing the predicted locations of lease roads  | Cathodic Protection Borehole Intent), you must supply the surface owners and s, tank batteries, pipelines, and electrical lines. The locations shown on the plat red 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   | tice Act (House Bill 2032), I have provided the following to the surface I be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address.                        |  |  |  |
| KCC will be required to send this information to the surface  | s). I acknowledge that, because I have not provided this information, the ce owner(s). To mitigate the additional cost of the KCC performing this dress of the surface owner by filling out the top section of this form and the KCC, which is enclosed with this form. |  |  |  |
| If choosing the second option, submit payment of the \$30.00 han form and the associated Form C-1, Form CB-1, Form T-1, or Form | ndling fee with this form. If the fee is not received with this form, the KSONA-1 or CP-1 will be returned.   |  |  |  |
| Submitted Electronically  |   |  |  |  |

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

July 07, 2016

Joe Taglieri Running Foxes Petroleum Inc. 4B INVERNESS CT E. SUITE 120 ENGLEWOOD, CO 80112-5328

Re: Plugging Application API 15-011-23532-00-00 Graham 5-36A-3 NW/4 Sec.36-24S-23E Bourbon County, Kansas

Dear Joe Taglieri:

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 January 07, 2017. 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 January 07, 2017 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