



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 #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____

API No. 15 - _____
If pre 1967, supply original completion date: _____
Spot Description: _____
____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
____ Feet from North / South Line of Section
____ Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: _____
Lease Name: _____ Well #: _____

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 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

List (ALL) Perforations and Bridge Plug Sets:

Elevation: _____ (G.L. / K.B.) T.D.: _____ PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: _____
Address: _____ City: _____ State: _____ Zip: _____ + _____
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

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 # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____

Well Location:
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
County: _____
Lease Name: _____ Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____

When filing a Form T-1 involving multiple surface owners, attach an additional 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 county, and in the real estate property tax records of the county treasurer.

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.

I Submitted Electronically

License # 99977

QUALITY OILWELL CEMENTING, INC.

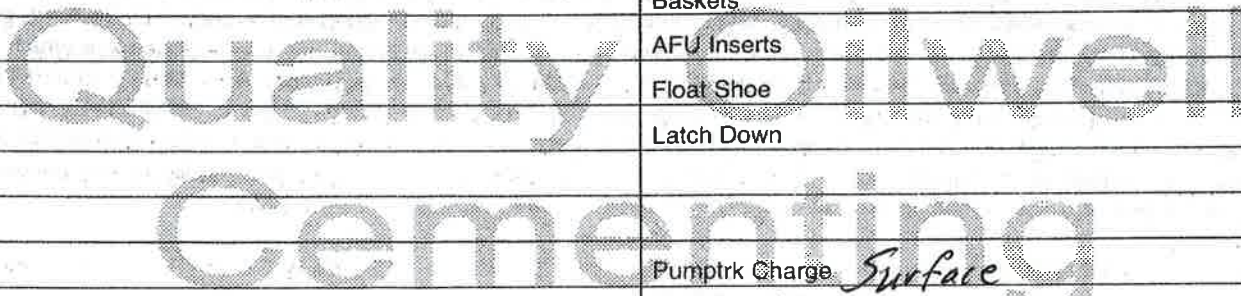
Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1720

Date	6-22-16	Sec.	10	Twp.	14	Range	28	County	Gove	State	Ks	On Location		Finish	4:00 PM	
Lease	Zie							Well No.	1-10	Owner 25 E/S						
Location								Gove S to R Rd, E to 52 Rd								
Contractor	W W 10							To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.								
Type Job	Surface							Charge To Triple Crown operation LLC								
Hole Size	12 1/4"		T.D.		217'		Street									
Csg.	8 5/8"		Depth		217'		City									
Tbg. Size			Depth				State									
Tool			Depth				The above was done to satisfaction and supervision of owner agent or contractor.									
Cement Left in Csg.	15'		Shoe Joint		15'		Cement Amount Ordered 150 70/30 3+2									
Meas Line			Displace		12 3/4 BLS											
EQUIPMENT																
Pumptrk	18	No.	Cementer	Craig		Common		105								
			Helper			Poz. Mix		45								
Bulktrk	21	No.	Driver	Billy		Gel.		3								
			Driver			Calcium		7								
Bulktrk	pu	No.	Driver	Rick		Hulls										
			Driver			Salt										
JOB SERVICES & REMARKS																
Remarks:	Cement did Circulate															
Rat Hole	Flowseal															
Mouse Hole	Kol-Seal															
Centralizers	Mud CLR 48															
Baskets	CFL-117 or CD110 CAF 38															
D/V or Port Collar	Sand															
	Handling 160															
	Mileage															
FLOAT EQUIPMENT																
	Guide Shoe															
	Centralizer															
	Baskets															
	AFU Inserts															
	Float Shoe															
	Latch Down															
	Pumptrk Charge Surface															
	Mileage 40															
	Tax															
	Discount															
	Total Charge															
X Signature	Rick [Signature]															



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1722

Date	6-28-16	Sec.	10	Twp.	14	Range	28	County	Grove	State	Ks	On Location		Finish	8:00 PM								
Lease								Zie		Well No.		1-10		Owner		25, ELS							
Contractor								WW #10		To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.													
Type Job								Plug		Charge To								Triple Crown					
Hole Size								7 7/8"		T.D.		4480'		Street									
Csg.								Depth		Street													
Tbg. Size								4 1/2" D.P.		Depth		2060'		City								State	
Tool								Depth		The above was done to satisfaction and supervision of owner agent or contractor.													
Cement Left in Csg.								Shoe Joint		Cement Amount Ordered								240 60/40 4% Gel 1/4"					
Meas Line								Displace		H2O/mud		Flo seal											
EQUIPMENT																							
Pumptrk		20		No.		Cement		Helper		Craig		Common		144									
Bulktrk		21		No.		Driver		Doug		Gel.		9		Poz. Mix		96							
Bulktrk		p.u.		No.		Driver		Rick		Calcium													
JOB SERVICES & REMARKS																							
Remarks:								2060 - 50 SX								Salt							
Rat Hole																Flowseal		60#					
Mouse Hole								1050' - 100 SX								Kol-Seal							
Centralizers																Mud CLR 48							
Baskets								270' - 50 SX								CFL-117 or CD110 CAF 38							
D/V or Port Collar								40' - 10 SX w/plug								Sand							
Rathole								- 30 SX								Handling		249					
FLOAT EQUIPMENT																							
Cement D ² l								Circulate								Guide Shoe							
																Centralizer							
																Baskets							
																AFU Inserts							
																Float Shoe							
																Latch Down							
																Pumptrk Charge		plug					
																Mileage		40 ✓					
<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;">Tax</td> </tr> <tr> <td></td> <td style="text-align: right;">Discount</td> </tr> <tr> <td></td> <td style="text-align: right;">Total Charge</td> </tr> </table>																	Tax		Discount		Total Charge		
	Tax																						
	Discount																						
	Total Charge																						
Signature								[Signature]															

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

July 07, 2016

Doyle Williams
Triple Crown Operating LLC
2201 S. UTICA PL STE 100
TULSA, OK 74114-7099

Re: Plugging Application
API 15-063-22288-00-00
Zie 1-10
SW/4 Sec.10-14S-28W
Gove County, Kansas

Dear Doyle Williams:

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

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 4 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 4's phone number is (785) 625-0550. Failure to notify DISTRICT 4, 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 4