

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1314607

March 2010 This Form must be Typed Form must be Signed All blanks must be Filled

Form CP-1

WELL PLUGGING APPLICATION	
Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Ad	ct.

OPERATOR: Listing and the set of the set o		MUST be submit	ted with this form				
Control Soft Description:	OPERATOR: License #:		API No.	15			
Address I	Name:			If pre 1967, supply original completion date:			
Address 2:	Address 1:		Spot De	scription:			
City:	Address 2:			Sec '	Twp S. R	East West	
Contact Person:	City: State:		Feet from North / South Line of Section				
County:	Contact Person:) Corner:	
Lease Name: Well #: Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:	Phone: ()		NE NW SE SW				
Check One:			County:				
Conductor Casing Size:			Lease N	lame:	Well #:		
Conductor Casing Size: Set at: Cemented with: Sacks Surface Casing Size: Set at: Cemented with: Sacks Production Casing Size: Set at: Cemented with: Sacks Production Casing Size: Set at: Cemented with: Sacks Production Casing Size: Set at: Cemented with: Sacks Elevation: ([GL/[KB]]TD; PBTD; Anhydrite Depth: (Stone Comal Formation) Condition of Well: Good Poor Junk in Hole Casing Leak at: (Imenal) Proposed Method of Plugging (attach a separate page if additional space is needed): (Imenal) (Stone Comal Formation) Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No If ACO-1 not filed, explain why: 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:	Check One: Oil Well Gas Well OG	D&A	Cathodic Wat	er Supply Well	Other:		
Surface Casing Size:	SWD Permit #:	ENHR Permit #:		Gas Storage	e Permit #:		
Production Casing Size:	Conductor Casing Size:	Set at:		Cemented with:		Sacks	
List (<i>ALL</i>) Perforations and Bridge Plug Sets: Elevation:(Surface Casing Size:	Set at:		Cemented with:		Sacks	
Elevation: (Production Casing Size:	Set at:		Cemented with:		Sacks	
Condition of Well: Good Poor Junk in Hole Casing Leak at:	List (ALL) Perforations and Bridge Plug Sets:						
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:	Proposed Method of Plugging (attach a separate page if addition	onal space is needed):	(Interval)				
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:	If ACO-1 not filed, explain why:	_					
Phone: ()			· ·				
Plugging Contractor License #:	Address:		City:	State:	Zip:		
Address 1:	Phone: ()		-				
City: State: Zip: Phone: ()	Plugging Contractor License #:		_ Name:				
Phone: ()	Address 1:		_ Address 2:				
	City:			State:	Zip:	+	
Proposed Date of Plugging (if known):	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 CO	OMPLIANCE WITH THE NER NOTIFICATION ACT	Form Must Be Typed Form must be Signed All blanks must be Filled
This form must be submitted with all Forms C-1 (Notice of T-1 (Request for Change of Operator Transfer of Injection o Any such form submitted without an accor corresponding form being filed: C-1 (Intent) CB-1 (C	r Surface Pit Permit); and CP-1 (Well Plugg mpanying Form KSONA-1 will be returned.	ing Application).
R: License #	Well Location: 	

1314607

Form KSONA-1

January 2014

Select the

KANSAS CORPORATION COMMISSION

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				
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 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.				
Address 1:					
Address 2:					
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.

I Submitted Electronically

I

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

August 17, 2016

Brady Sharp The Buckeye Corporation dba Aztec Oil Co. Division PO BOX 1020 EL DORADO, KS 67042-1020

Re: Plugging Application API 15-073-21287-00-00 PIXLEE 23 SE/4 Sec.05-22S-10E Greenwood County, Kansas

Dear Brady Sharp:

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 February 17, 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 February 17, 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