

Kansas Corporation Commission Oil & Gas Conservation Division

1315833

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, su	If pre 1967, supply original completion date: Spot Description:			
Address 1:	Spot Description					
Address 2:	_					
City: State:						
Contact Person:			Feet from	East /	West Line of Section	
Phone: ()		Footages Calc	ulated from Neares		Corner:	
/ / / / / / / / / / / / / / / / / / /			NE NW	SE SW		
		1 1				
		20000 110				
Check One: Oil Well Gas Well OG	D&A Catl	hodic Water Sup	oly Well O	other:		
SWD Permit #:	ENHR Permit #:		Gas Storage	Permit #:		
Conductor Casing Size:	_ Set at:	Ceme	ented with:		Sacks	
Surface Casing Size:	Set at:	Cem	ented with:		Sacks	
Production Casing Size:	Set at:	Cem	ented with:		Sacks	
List (ALL) Perforations and Bridge Plug Sets:						
Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if additional a		(Interval)	(C	Stone Corral Formation	,	
Is Well Log attached to this application?	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. Company Representative authorized to supervise plugging of						
Address:						
Phone: ()		,.				
Plugging Contractor License #:		Jame:				
Address 1:						
City:						
Phone: ()			3.0.0.		·	
Proposed Date 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

1315833

Form KSONA-1
January 2014
Form Must Be Typed
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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) CB-1 (Ca	athodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License #	Well Location:			
Name:	SecTwpS. R			
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			
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			
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:+				
owner(s) of the land upon which the subject well is or will be loc CP-1 that I am filing in connection with this form; 2) if the form be	batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. It (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing 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	d email address.			
KCC will be required to send this information to the surface own	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and CC, which is enclosed with this form.			
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1				
Submitted Electronically				

Form	CP1 - Well Plugging Application	
Operator	Parwest Land Exploration, Inc.	
Well Name	BIG BASIN 3	
Doc ID	1315833	

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3670	3790	Stotler LS	

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

August 31, 2016

Richard Donofrio Parwest Land Exploration, Inc. 2601 NW Expressway SUITE 707 WEST OKLAHOMA CITY, OK 73112-7240

Re: Plugging Application API 15-025-21248-00-00 BIG BASIN 3 NE/4 Sec.26-32S-25W Clark County, Kansas

Dear Richard Donofrio:

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 February 28, 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 28, 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 1