

**KANSAS CORPORATION COMMISSION** 

1318027

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

Form CP-1

East West

South Line of Section

West Line of Section

\_ Sacks

\_\_\_\_ Sacks

\_\_\_\_\_ Sacks

	OIL & GAS CONSERVAT	FION DIVISION		This Form must
	ELL PLUGGING A cation of Compliance with the MUST be submitted with	e Kansas Surface		Form must All blanks mus
OPERATOR: License #:		API No. 15		
Name:		lf pre 1967, su	pply original completion da	.te:
Address 1:		Spot Descripti	on:	
Address 2:			Sec Twp	S. R Eas
City: State:	_ Zip: +			rth / South Line
Contact Person:			culated from Nearest Outsid	
Phone: ( )		°		
		County:		
		Lease Name:		_ Well #:
Check One: Oil Well Gas Well OG				#:
Conductor Casing Size:	Set at:	Cem	ented with:	
Surface Casing Size:	Set at:	Cem	ented with:	
Production Casing Size:	_ Set at:	Cem	ented with:	
List (ALL) Perforations and Bridge Plug Sets:				
Elevation: (G.L. /K.B.) T.D.:	PBID: A	Innydrite Depth:		al Formation)
Condition of Well: Good Poor Junk in Hole		Interval)		
Proposed Method of Plugging (attach a separate page if additional additi				

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

	SERVATION DIVISIO		January 2014 Form Must Be Typed Form must be Signed
CERTIFICATION OF ( KANSAS SURFACE OV			All blanks must be Filled
This form must be submitted with all Forms C-1 (Notice T-1 (Request for Change of Operator Transfer of Injection Any such form submitted without an acc	n or Surface Pit Permi	it); and CP-1 (Well F	Plugging Application).
Select the corresponding form being filed: C-1 (Intent) CB-1	(Cathodic Protection Boreho	ole Intent) <b>T-1</b> (Trans	sfer) CP-1 (Plugging Application)
OPERATOR: License #	Well Location:		
Name:		Sec Twp	S. R East West

County:

Lease Name: \_\_\_\_

the lease below:

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

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.

Form KSONA-1

\_ Well #: \_\_\_\_

## 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

Phone: ( \_\_\_\_\_ ) \_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_

State: Zip: +

State: Zip: +

Select one of the following:

Name: \_\_\_\_\_ Address 1: \_

Address 2: \_\_\_\_

Contact Person:

Email Address:

Surface Owner Information:

Address 2: \_\_\_\_

City:

Name:

Address 1: \_\_\_\_

Citv:

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.

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.

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.

## Submitted Electronically

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Form	CP1 - Well Plugging Application
Operator	Chisholm Partners II, LLC
Well Name	EVANS 9-1
Doc ID	1318027

## Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3469	3472	simpson	
3446	3450	simpson	3440
3398	3429	Viola	
3320	3343	Maquoketa	

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

September 28, 2016

Claire Keneally Chisholm Partners II, LLC 1010 10TH ST

**GOLDEN, CO 80401** 

Re: Plugging Application API 15-113-21376-00-00 EVANS 9-1 SE/4 Sec.09-17S-03W McPherson County, Kansas

Dear Claire Keneally:

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

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 2 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 2's phone number is (316) 630-4000. Failure to notify DISTRICT 2, 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 March 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 March 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 2