

KANSAS CORPORATION COMMISSION

1320124

March 2010 ist be Typed at be Signed ist be Filled

Form CP-1

	OIL & GAS CONSI ELL PLUGGIN faction of Compliance w MUST be submit	IG APPLICATI	ON	Fc All bl	March 2010 Form must be Typed orm must be Signed anks must be Filled	
OPERATOR: License #:		API No. 15 -				
Name:			If pre 1967, supply original completion date:			
Address 1:						
Address 2:			Sec Tw		East West	
City: State: Zip: +			Feet from North / South Line of Section			
Contact Person:			Feet from		lest Line of Section	
Phone: ( )			Iculated from Neares		Jorner:	
		County:				
		Lease Name	:	Well #: .		
Check One: Oil Well Gas Well OC	_ ENHR Permit #:		Gas Storage	Permit #:		
Conductor Casing Size:						
Surface Casing Size:						
Production Casing Size: List (ALL) Perforations and Bridge Plug Sets:	Set at:	Cer	mented with:		Sacks	
Condition of Well: Good Poor Junk in Hold Proposed Method of Plugging <i>(attach a separate page if add</i> Is Well Log attached to this application? Yes N If ACO-1 not filed, explain why:	litional space is needed):	(Interval)				
Plugging of this Well will be done in accordance with P Company Representative authorized to supervise plugging Address:	g operations:	_ City:				
Phone: ( ) Plugging Contractor License #:						
Address 1:						
City: )			State:	∠ıµ	+	
Proposed Date of Plugging (if known):						
Payment of the Plugging Fee (K.A.R. 82-3-118) will be g	guaranteed by Operator o Submitted Elect	-				

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION A	All blattks thust be t theu
This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Pro T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (M Any such form submitted without an accompanying Form KSONA-1 will be r	Vell Plugging Application).
Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1	(Transfer) CP-1 (Plugging Application)
OPERATOR: License # Well Location:	

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Form KSONA-1

January 2014

OPERAIOR: License #	well Location:			
Name:				
Address 1:	County:			
Address 2:	Lease Name: Well #:			
City: State: Zip:+	<b>3 . . . . . . . . . .</b>			
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:+				

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

October 20, 2016

Mark Haas Haas Petroleum, LLC 10551 BARKLEY ST. #307 OVERLAND PARK, KS 66212-1812

Re: Plugging Application API 15-059-19588-00-00 EAST LIDIKAY 14F SE/4 Sec.04-16S-21E Franklin County, Kansas

Dear Mark Haas:

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 April 20, 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 April 20, 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