

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1320835

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: Liconie #: Name:		MUST be submitt	ted with this form.		,	
Catchess 1:	OPERATOR: License #:		API No. 1	5		
Address 1	Name:		If pre 196	7, supply original comp	letion date:	
Address 2.	Address 1:		Spot Des	cription:		
City:	Address 2:			Sec Tw	/p S. R	East West
Contact Person:	City: State:	Zip: +		Feet from	North /	South Line of Section
Phone: () Pootages Calculated from Neares: Outside Section Corner: Phone: () NW SE Phone: () NW SE County: Loase Name: Well #: Loase Name: Well #:				Feet from	East / V	Vest Line of Section
County:			U U			Corner:
Lease Name: Well #: Check One: OI Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:	Phone: ()					
Check One: OII Well Gas Vell Set at Genented with: Sacks Surface Casing Size: Set at Genented with: Sacks Vell Casing Size: Set at Genented with: Sacks Vell Casing Size: Corrected with: Sacks Vell Casing Vell Gas Vell Gas Vell Sacks Vell Conductor Casing Vell Gas Vell Gas Vell Sacks Vell Gas Vell Gas Vell Sacks Vell Commented with: Sacks Vell Commented with:			,			
SWD Permit #:			Lease Na	ame:	vveii #:	
SWD Permit #:	Check One: Oil Well Gas Well OG	D&A (Cathodic Wate	r Supply Well	Other:	
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]] T.D: PBTD: Anhydrite Depth: (Store Coral 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): (Interval) (Store Coral 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:				_		
Surface Casing Size:						
Production Casing Size:	-					
List (<i>ALL</i>) Perforations and Bridge Plug Sets: Elevation:(GL/_KB) T.D:PBTD:Anhydrite Depth:(Stone Corral Formation) Condition of Well:GoodPoorJunk in HoleCasing Leak at:(Internal) Proposed Method of Plugging (attach a separate page if additional space is needed): Is Well Log attached to this application?YesNoIs ACO-1 filed?YesNo If ACO-1 not filed, explain why: Plugging of this Well will be done in accordance with K.S.A. 55-101 <u>et</u> , <u>seg.</u> and the Rules and Regulations of the State Corporation Commission Company Representative authorized to supervise plugging operations: Address:City:State:Zip:+ +P Plugging Contractor License #:Address 1:Address 2:State:Zip:+ +P Phone: ()						
Elevation: (<u> </u>				
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:	Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging <i>(attach a separate page if additio</i>	Casing Leak at:	(Interval)		Stone Corral Formation)
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:	•					
Phone: () Name:	Plugging of this Well will be done in accordance with K.S		· ·			
Plugging Contractor License #: Name: Address 1: Address 2: City:	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

	Form must be Signed All blanks must be Filled OWNER NOTIFICATION ACT
T-1 (Request for Change of Operator Transfer of Inject	ce of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); ion or Surface Pit Permit); and CP-1 (Well Plugging Application). accompanying Form KSONA-1 will be returned.
Select the corresponding form being filed: C-1 (Intent) CB	B-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #	Well Location:
Name:	
Address 1:	County:
Address 2:	Lease Name: Well #:
City: State: Zip:+	
Contact Person:	the lease below:
Phone: () Fax: ()	_
Email Address:	

KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

1320835

Form KSONA-1

Form Must Be Typed

January 2014

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.

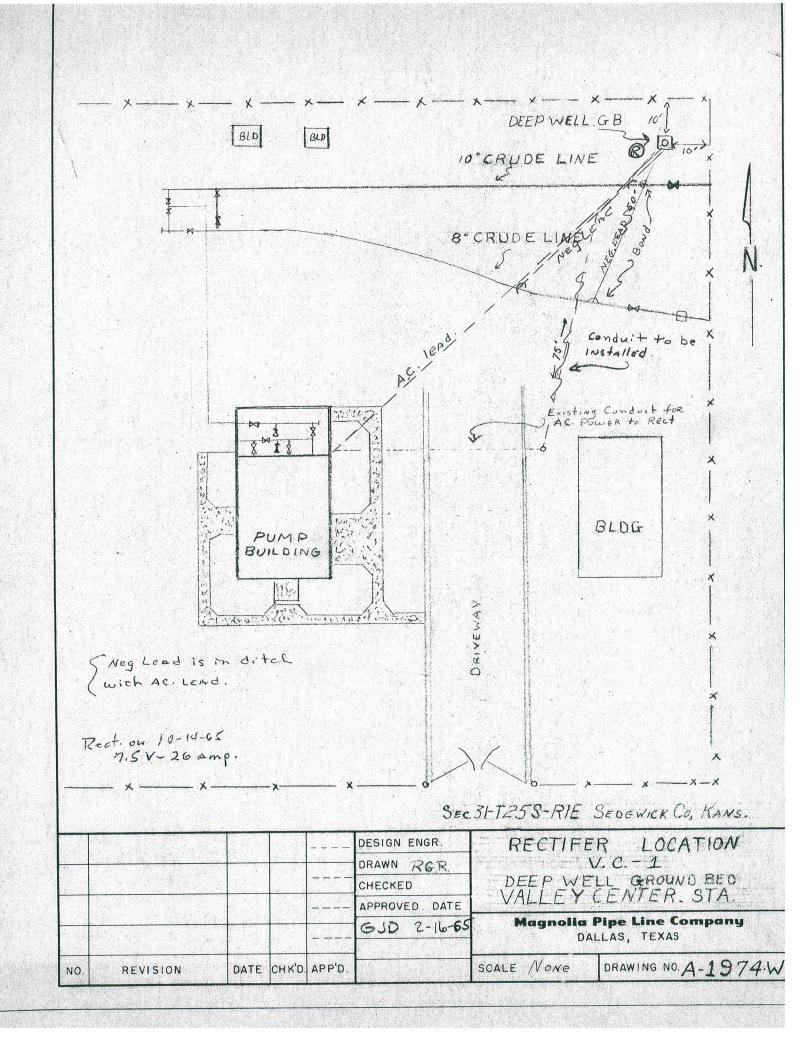
Select one of the following:

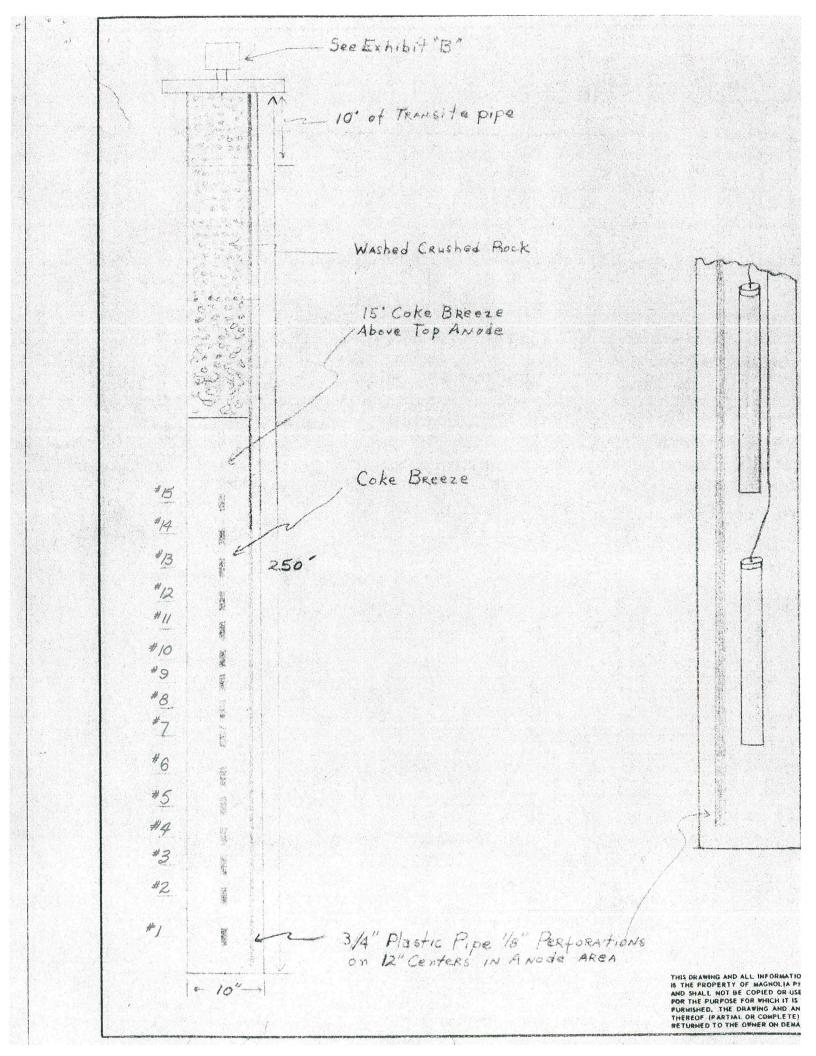
- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this 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.

Submitted Electronically

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ENGINEERS CALCULATION SHEET

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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 28, 2016

Don Schepmann Jayhawk Pipeline LLC 2000 S. MAIN McPHERSON, KS 67460

Re: Plugging Application API 15-173-19115-00-00 Valley Center 2 1 SW/4 Sec.31-25S-01E Sedgwick County, Kansas

Dear Don Schepmann:

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 April 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 April 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