

KANSAS CORPORATION COMMISSION

1320932

March 2010 d d d

Form CP-1

	ELL PLUGGIN	ERVATION DIVISION IG APPLICATION vith the Kansas Surface Owner No ted with this form.	Fo All bl	Form must be Typed form must be Signed anks must be Filled
OPERATOR: License #:	API No. 15	API No. 15		
Name:	If pre 1967, supply origina	l completion date:		
Address 1:	Spot Description:	Sec Twp S. R East West		
Address 2:	Sec			
City: State:	Feet			
Contact Person:	Feet			
Phone: ()		Footages Calculated from		Corner:
FIGHE. (/			IW SE SW	
		County: Lease Name:		
Check One: Oil Well Gas Well OG SWD Permit #: Gas Well OG SWD Permit #: Gas Well OG SWD Permit #: Gas Well OG Surface Casing Size:	_ ENHR Permit #: _ Set at: Set at: Set at: Set at: PBTD: PBTD: Casing Leak at: itional space is needed):	Cemented with: . Cemented with: . Cemented with: . Cemented with: .	orage Permit #:	Sacks Sacks Sacks
Plugging of this Well will be done in accordance with K Company Representative authorized to supervise plugging	operations:	-		
Address:			e: Zip:	
Phone: ()				
Plugging Contractor License #:				
Address 1:				
City:			e: Zip:	+
Phone: ()				
Proposed Date of Plugging (if known):				
Payment of the Plugging Fee (K.A.R. 82-3-118) will be g	juaranteed by Operator o	r Agent		

Submitted Electronically

CERTIFICATION OF CO KANSAS SURFACE OWI	All blanks must be Filled				
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: Address 1:					
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 the lease below:				
Contact Person: Phone: () Fax: ()					
Email Address:					
Surface Owner Information:					

KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

1320932

Form KSONA-1 January 2014

Form Must Be Typed

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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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 31, 2016

Mitch Driscoll H & D Exploration LLC 165 WEST 1ST PO BOX 387 HOISINGTON, KS 67544

Re: Plugging Application API 15-185-23834-00-00 NICHOLS 'A' 1 NE/4 Sec.22-25S-12W Stafford County, Kansas

Dear Mitch Driscoll:

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 April 30, 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 30, 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