

## Kansas Corporation Commission Oil & Gas Conservation Division

1323269

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 19  | 67, supply original comp | letion date:           |                       |
| Address 1:   |                 | Spot Des   | scription:               |                        |                       |
| Address 2:   |                 |            | Sec Tw                   | /р S. R                | East West             |
| City: State:   |                 |            | Feet from                | North /                | South Line of Section |
| Contact Person:  |                 |            | Feet from                | East /                 | West Line of Section  |
| Phone: ( )   |                 | Footages   | s Calculated from Neare: |                        | Corner:               |
| / Hone. ( /  |                 | County     | INE INVV                 |                        |                       |
|  |                 |            | ame:                     |                        |                       |
| Check One: Oil Well Gas Well OG  |                 |            |                          |                        |                       |
| SWD Permit #:  |                 |            |                          | Permit #:              |                       |
| Conductor Casing Size:   |                 |            |                          |                        |                       |
| Surface Casing Size:   |                 |            | Cemented with:           |                        |                       |
| Production Casing Size:  List (ALL) Perforations and Bridge Plug Sets:   | _ Set at:       |            | Cemented with:           |                        | Sacks                 |
| Elevation: (G.L./K.B.) T.D.:  Condition of Well: Good Poor Junk in Hole  Proposed Method of Plugging (attach a separate page if addit                  | Casing Leak at: |            |                          | Stone Corral Formation | ))                    |
|  |                 | ].,        |                          |                        |                       |
| 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.  Company Representative authorized to supervise plugging of | -               | -          |                          |                        | sion                  |
| 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



## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1323269

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 (C  | athodic Protection Borehole Intent)   |
|--|---|
| OPERATOR: License #  | Well Location:  |
| Surface Owner Information:         Name:   | 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.   |
| the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered or Select one of the following:   □ I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be locations.       | dic Protection Borehole Intent), you must supply the surface owners and a batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  ct (House Bill 2032), I have provided the following to the surface pocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form |
| form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). I ackCC will be required to send this information to the surface ow task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the K | cknowledge that, because I have not provided this information, the rner(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   |
| form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1  Submitted Electronically  |   |

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

November 29, 2016

Forrest Sutherland Wilson County Holdings LLC 1135 N. 15TH ST. FREDONIA, KS 66736

Re: Plugging Application API 15-205-21099-00-00 LOETHER 7 SE/4 Sec.02-29S-14E Wilson County, Kansas

Dear Forrest Sutherland:

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 May 29, 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 May 29, 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