

## Kansas Corporation Commission Oil & Gas Conservation Division

1327620

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. 1	5			
Name:		If pre 196	If pre 1967, supply original completion date:			
Address 1:		Spot Des	scription:			
Address 2: State: Zip: +			Sec Twp S. R East West Feet from North / South Line of Section			
Phone: ( )		Footages	Calculated from Neares		ner:	
Filone. ( )			NE NW	SE SW		
		,	ame:			
		Lease 146	arrie.	vven #		
Check One: Oil Well Gas Well OG	D&A Ca	thodic Wate	r Supply Well Of	ther:		
SWD Permit #:	ENHR Permit #:		Gas Storage	Permit #:		
Conductor Casing Size:	_ Set at:		Cemented with:		Sacks	
Surface Casing Size:	_ Set at:		Cemented with:		Sacks	
Production Casing Size: Set at:			Cemented with: Sack			
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  Is Well Log attached to this application? Yes No	Casing Leak at:			tone Corral Formation)		
Plugging of this Well will be done in accordance with K.  Company Representative authorized to supervise plugging						
Address:	(	City:	State:	Zip:	_+	
Phone: ( )						
Plugging Contractor License #:		Name:				
Address 1:	<i>F</i>	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



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Form KSONA-1
January 2014
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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	Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License #	Well Location:			
Name:	SecTwpS. R East West			
Address 1:	County:			
Address 2:	Lease Name: Well #:			
City:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
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:+				
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 of lease roads, tank are preliminary non-binding estimates. The locations may be entered or select one of the following:	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.  act (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 being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.			
KCC 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 vner(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 KCC, which is enclosed with this form.  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-  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

January 17, 2017

MARILYN DAVIS L. D. Drilling, Inc. 7 SW 26TH AVE GREAT BEND, KS 67530-6525

Re: Plugging Application API 15-155-00007-00-01 SWANSON OWWO SWD 2 NW/4 Sec.23-23S-05W Reno County, Kansas

Dear MARILYN DAVIS:

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 July 17, 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 July 17, 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