

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 #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____

API No. 15 - _____
If pre 1967, supply original completion date: _____
Spot Description: _____
____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
_____ Feet from North / South Line of Section
_____ Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: _____
Lease Name: _____ Well #: _____

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 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: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: _____ (G.L. / K.B.) T.D.: _____ PBTD: _____ Anhydrite Depth: _____
(Stone Corral 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):

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.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: _____
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

Submitted Electronically

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 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____

Well Location:
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
County: _____
Lease Name: _____ Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____

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.

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

Form	CP1 - Well Plugging Application
Operator	Charter Energy, Inc.
Well Name	GARVIN TRUST 1
Doc ID	1332845

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3824	3854	Viola	
3620	3662	Kansas City	

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 906

Date	1-15-15	Sec.	27	Twp.	22	Range	14	County	Stafford	State	KS	On Location		Finish	10:30 PM
								Location	Radium 4S 2 E 1/4 S E into						

Lease	Garvin Trust	Well No. #1	Owner	To Quality Oilwell Cementing, Inc.
Contractor	Royal		You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
Type Job	Surface		Charge To	Charter Energy
Hole Size	12 1/4	T.D.	523'	
Csg.	8 5/8	Depth	523'	
Tbg. Size		Depth		
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg.	23'	Shoe Joint		Cement Amount Ordered 300 60/40 3% cc 2% Cel
Meas Line		Displace	31 1/2	1/2 floeal used 235

EQUIPMENT				Common	180	141
Pumptrk	5	No.	Cementer	Poz. Mix	110	94
			Helper	Gel.	6	5
Bulktrk	21	No.	Driver	Calcium	4	8
			Driver			
Bulktrk	Pu	No.	Driver			
			Driver			

JOB SERVICES & REMARKS		Hulls
Remarks:		Salt
Rat Hole		Flowseal 150#
Mouse Hole		Kol-Seal
Centralizers		Mud CLR 48
Baskets		CFL-117 or CD110 CAF 38
D/V or Port Collar		Sand
		Handling 300 300
		Mileage

Cement

Circulated!

		FLOAT EQUIPMENT
		Guide Shoe
		Centralizer
		Baskets
		AFU Inserts
		Float Shoe
		Latch Down
		Wood Plug - 1
		Pumptrk Charge Long Surface
		Mileage 30

		Tax
		Discount
X Signature	Alay Budig	Total Charge



CHARGE TO: **CHARTER ENERGY**
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET **28198**
 PAGE 1 OF 2

SEVICE LOCATION: **NESS CITY, KS** WELL PROJECT NO. **GARVIN TRUST #1** LEASE **STAFFORD** COUNTY/PARISH **STAFFORD** STATE **KS** CITY **Radium, KS.** DATE **2/25/15** OWNER
 1. **NESS CITY, KS**
 2. **ROYAL DRILLING RIG 1** CONTRACTOR **ROYAL DRILLING RIG 1** RIG NAME/NO.
 3. **OIL** WELL TYPE **DEVELOPMENT** WELL CATEGORY **SAKONESTRING** JOB PURPOSE
 4. **INVOICE INSTRUCTIONS** WELL PERMIT NO. **3E,35,1W,45, E INTO**

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
575			MILEAGE #115	75	mi			6.00	450.00
578			PUMP ASSEMBLY	1	EA			1500.00	1500.00
402			CENTRALIZERS	6	EA			70.00	420.00
403			CEMENT BASKET	1	EA			300.00	300.00
406			LATCH DOWN PLUG & BARREL	1	EA			275.00	275.00
407			LUSTER FLOAT SHOE W/FILL	1	EA			375.00	375.00
281			MUD FLUSH	500	gal			1.25	625.00
221			LIQUID KCL	2	gal			25.00	50.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY**, and **LIMITED WARRANTY** provisions.
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED **2/15/15** TIME SIGNED **2:34 PM** A.M. P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO
 WE UNDERSTOOD AND MET YOUR NEEDS? YES NO
 OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO
 ARE YOU SATISFIED WITH OUR SERVICE? YES NO

PAGE TOTAL **2** TOTAL **9535.26**

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR **[Signature]** APPROVAL **[Signature]**
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 21 JAN 15 PAGE NO.

CUSTOMER CHARTER ENERGY WELL NO. LEASE GARVIN TRUST # 1 JOB TYPE 52 LONGSTRING TICKET NO. 28198

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1800							ON LOCATION
	2040							START PIPE 5 1/2" - 15.5 # RIDE @ 3975 SET @ 3953 SHAFT - 20' CENTRALIZERS 2, 4, 6, 8, 10, 12 BASKET 3
	2155							DROP BALL - CIRCULATE
	2221	6	12		✓		500	Pump 500 gal MUD FLUSH
		6	20		✓		300	Pump 20 BBL KCL SPACER
	2230		7					PLUG RH - 30sx
	2235	4	35		✓			MIX 145 sx EA-2
	2247							WASH OUT Pump & LINES.
	2252	6			✓			START DISPLACING PLUG.
	2308	Ø	94				1500	PLUG DOWN LATCH PLUG IN
	2310							RELEASE PSI - DRY
	2313							WASH TRUCK
	2345							JOB COMPLETE
								THANKS # 115
								JASON DAVE COLE TYLER

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Pat Apple, Chairman
Shari Feist Albrecht, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

February 06, 2017

Steve Baize
Charter Energy, Inc.
PO BOX 252
GREAT BEND, KS 67530-0252

Re: Plugging Application
API 15-185-23921-00-00
GARVIN TRUST 1
NW/4 Sec.27-22S-14W
Stafford County, Kansas

Dear Steve Baize:

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) 682-7933. 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 August 06, 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 August 06, 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