KA	ANSAS CORPORA	TION COMMISSI	ON 13359	936	Form CP-1	
	OIL & GAS CONSE	RVATION DIVISION	1		March 2010 Form must be Typed	
	ELL PLUGGIN	_	-	All b	Form must be Signed blanks must be Filled	
Form KSONA-1, Certifica	ation of Compliance wi MUST be submitt		e Owner Notificat	ion Act,		
OPERATOR: License #:		API No. 15				
Name:	If pre 1967, s	If pre 1967, supply original completion date: Spot Description:				
Address 1:	Spot Descrip					
Address 2:						
City: State:						
Contact Person:			Feet from East / West Line of Section			
Phone: ()		Footages Ca	culated from Neare		Corner:	
Phone: ()				SE SW		
		Lease Name	·	vveii #:		
Check One: Oil Well Gas Well OG	D&A C	Cathodic 🗌 Water Su	pply Well	Other:		
SWD Permit #:	ENHR Permit #:			Permit #:		
Conductor Casing Size:						
Surface Casing Size:						
Production Casing Size:						
List (ALL) Perforations and Bridge Plug Sets:						
Elevation: (G.L. / K.B.) T.D.: Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if addition)	Casing Leak at:			Stone Corral Formation	- 1)	
Is Well Log attached to this application? Yes No If ACO-1 not filed, explain why:	Is ACO-1 filed?	Yes No				
Plugging of this Well will be done in accordance with K.S.	3.A. 55-101 <u>et.</u> <u>seq</u> . and t	he Rules and Regulation	ns of the State Cor	poration Commis	sion	
Company Representative authorized to supervise plugging o	perations:					
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

Kansas Corpora Oil & Gas Conse CERTIFICATION OF CO KANSAS SURFACE OWN	RVATION DIVISION		Form KSONA-1 January 2014 Form Must Be Typed Form must be Signed All blanks must be Filled
This form must be submitted with all Forms C-1 (Notice of I T-1 (Request for Change of Operator Transfer of Injection or Any such form submitted without an accor Select the corresponding form being filed: C-1 (Intent) CB-1 (Ca	Surface Pit Permit); and (panying Form KSONA-1	CP-1 (Well Plugging will be returned.	Application).
OPERATOR: License #	County:	·	
Surface Owner Information: Name: Address 1: Address 2: City:	sheet listing all of the inform	mation to the left for ea ound in the records of t	he register of deeds for the

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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Form	CP1 - Well Plugging Application	
Operator	King Oil, Inc.	
Well Name	CALDWELL 7	
Doc ID	1335936	

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
656	668	squirrel	

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 16, 2017

Rick King King Oil, Inc. 27224 NE UTAH RD GARNETT, KS 66032-1906

Re: Plugging Application API 15-003-23563-00-00 CALDWELL 7 NW/4 Sec.32-20S-20E Anderson County, Kansas

Dear Rick King:

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 August 16, 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 16, 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