

Kansas Corporation Commission Oil & Gas Conservation Division

1336022

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.	API No. 15					
Name:		If pre 19	67, supply original com	pletion date:			
Address 1:		Spot Des	scription:				
Address 2:		Sec Twp S. R East West					
City: State:			Feet from North / South Line of Section				
			Feet from	East /	West Line of Secti	ion	
Contact Person:		Footage	s Calculated from Near	est Outside Sectio	n Corner:		
Phone: ()			NE NW	SE SW			
		1				_	
		Lease N	ame:	Well #	:	_	
Check One: Oil Well Gas Well OG	D&A	Cathodic Water	er Supply Well	Other:		_	
SWD Permit #:	ENHR Permit #	:	Gas Storage	Permit #:			
Conductor Casing Size:	_ Set at:		Cemented with:		Sac	cks	
Surface Casing Size:	_ Set at:		Cemented with:		Sac	cks	
Production Casing Size:	_ Set at:		Cemented with:		Sac	cks	
List (ALL) Perforations and Bridge Plug Sets:							
Elevation: $(\Box G.L. / \Box K.B.)$ T.D.: Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if additional angles).	Casing Leak at:			(Stone Corral Formatio	n)		
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. Company Representative authorized to supervise plugging of	•	•		-	ssion		
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



1336022

Form KSONA-1
January 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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
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. 	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 ocated: 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
form; and 3) my operator name, address, phone number, fax, at	
KCC will be required to send this information to the surface ow	cknowledge that, because I have not provided this information, the ener(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 CCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	fee with this form. If the fee is not received with this form, the KSONA-1 1 will be returned.
Submitted Electronically	

ORR ENTERPRISES, INC.

P.O. Box 1706 Duncan, Oklahoma 73534

- T	int Beau	Λ /	JOB OR AUTH. NO.	_
	Scour	Enougy Partners	PAGE 15-129-2	2070/
SUBJECT	DAA	0011 #112	DATE 2/13/17	^
	PAA	BRU # 11-2 Norton Cy, KS Sec	3 335 - 4111	
		010	Paradum 11 at	V C.10.
-			Procedure w/cost f	
		1) MIRUSU Unfla	nge well & NU BOP. Sp	07 5000 -248
		work string.		
		2) PU open end the	& dalt, Tag Too	- a +/- 3735
2	85/8 24#		es Class "C" Coment.	
	24#			
	1467'		9c. Tag TOC (300	
	comtosur	7.37.	1. Cut a pull free p	po (4-1600')
H H		4) TIH without & s	not following coment	pluse:
** #** *** *** *** *** *** *** *** ***			1 Clas "C" Coment	1.6
nominate e e e e e e e e e e e e e e e e e e		b) 570' - 501K		
		0) 64-4'-205		
	-	5) ROMOJU Car	to cap well. Dis up	ris anchor
	CSS leak		Cart	
9	3358'	Ris 32 hrs	0250 00/60	= 8160
				- 8160
17	TOFE	Computed 41Ks	(200 sks -2 setups)	= 7000
{ }	3735'	Mud & returns		- 1200
		51/2 Tools & tong	s to world string	- 800
>			, water tok & Bol	= 2800
1/1	Arrabbet	Cut 51/2 Cs8	100.0 100	
Z X	Analyt PRE 4738	(41 312 (3)		= 2850
				\$ 22,810
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horrow L	5042'	Salvege		
		1600'- 51/2 Cs	(0)(0)	D/
	51/2	1000 - 512 (3	5 e 1 74 = 2400	-
	S134'	27 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	W/350 JK			
	TOCO 4047'			

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

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

February 20, 2017

Kim Brand Scout Energy Management LLC 4901 LBJ FREEWAY SUITE 300 DALLAS, TX 75244

Re: Plugging Application API 15-129-20701-00-02 BERRYMAN RICHFIELD UNIT 11-2 NW/4 Sec.03-33S-41W Morton County, Kansas

Dear Kim Brand:

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 20, 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 20, 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