

Kansas Corporation Commission Oil & Gas Conservation Division

MUST be submitted with this form.

1351971

WELL PLUGGING APPLICATION
Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,

Form CP-1
March 2010
This Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License #:	APIN	No. 15		
Name:	If pre	1967, supply original comp	letion date:	
Address 1:	Spot	Description:		
Address 2:		Sec Tv	vp S. R	East West
		Feet from	North /	South Line of Section
City: State: Zip:		Feet from	East /	West Line of Section
Contact Person:	Foota	ages Calculated from Neare	st Outside Sectio	n Corner:
Phone: ()		NE NW	SE SW	
	Coun	nty:		
	Lease	e Name:	Well #	:
Check One: Oil Well Gas Well OG	D&A Cathodic W	Vater Supply Well	Other:	
SWD Permit #:	ENHR Permit #:		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.: Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if additional s	Casing Leak at:(Interval)		Stone Corral Formatic	nn)
v II 🗀 🗀	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. 5	5-101 <u>et. seq</u> . and the Rules and Re	egulations of the State Cor	poration Commi	ssion
Company Representative authorized to supervise plugging operat	ions:			
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



1351971

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 (CB-1)	Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)	
OPERATOR: License #	Well Location:	
Name:		
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 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 1:		
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 on 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. cct (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 and email address.	
KCC will be required to send this information to the surface ow	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.	
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 will be returned.	
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

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

April 14, 2017

robert nairn Nairn, Robert 1120 MUNCY AVE ELKHART, KS 67950

Re: Plugging Application API 15-129-20536-00-00 LENDCUT 3 N/2 Sec.28-34S-43W Morton County, Kansas

Dear robert nairn:

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 October 14, 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 October 14, 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