

## Kansas Corporation Commission Oil & Gas Conservation Division

1352513

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

## WELL PLUGGING APPLICATION Certification of Compliance with the Kansas Surface Owner Notification of

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

OPERATOR: License #:		API No. 1	15		
Name:		If pre 196	67, supply original com	pletion date:	
Address 1:		Spot Des	scription:		
Address 2:			Sec T	wp S. R	East Wes
City: State:			Feet from	North /	South Line of Section
			Feet from	East /	West Line of Section
Contact Person:		Footages	s Calculated from Near	est Outside Sectio	n Corner:
Phone: ( )			NE NW	SE SW	
		Lease Na	ame:	Well #	d
Check One: Oil Well Gas Well OG	D&A	Cathodic Wate	er Supply Well	Other:	
SWD Permit #:	ENHR Permit #:	:	Gas Storage	e 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:         (		(Stone Corral Formation)			
Proposed Method of Plugging (attach a separate page if additi	onal space is needed):	(Interval)			
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	3.A. 55-101 <u>et.</u> <u>seq</u> . and	the Rules and Regul	ations of the State Co	rporation Commi	ssion
Company Representative authorized to supervise plugging of	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



## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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	athodic Protection Borehole Intent)
OPERATOR: License #	Well Location:
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 county, and in the real estate property tax records of the county treasurer.
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.  ct (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
form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). I ackCC 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 rner(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
form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1  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 19, 2017

Mindy Wooten Trek AEC, LLC 200 W DOUGLAS, SUITE 101 WICHITA, KS 67202

Re: Plugging Application API 15-115-19146-00-00 HETT 7 SW/4 Sec.03-19S-02E Marion County, Kansas

Dear Mindy Wooten:

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) 337-7400. 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 October 19, 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 19, 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