

Kansas Corporation Commission Oil & Gas Conservation Division

1354836

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

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

OPERATOR: License #:			API No. 15				
Name:			If pre 1967, supply original completion date:				
Address 1:			Spot Description:				
Address 2:			Se	ec Twp	o S. R.	Eas	st West
City: State:			F	eet from	North /	South Line	of Section
Contact Person:	_		F	eet from	East /	_ West Line	of Section
Phone: ()			Footages Calculated fr	om Nearest	1 —		
, mone. (,			County:				
			Lease Name:				
Check One: Oil Well Gas Well OG	B D&A	Cathodic	Water Supply Well	Ot	her:		
SWD Permit #:	ENHR Permi	it #:	Ga	s Storage	Permit #:		_
Conductor Casing Size:	Set at:		Cemented wit	h:			Sacks
Surface Casing Size:	Set at:		Cemented wit	h:			Sacks
Production Casing Size:	Set at:		Cemented with	h:			Sacks
Elevation: (G.L./ K.B.) T.D.:	PBTD:	Anhyd	rite Depth:				
Condition of Well: Good Poor Junk in Hole	Casing Leak at:			(St	one Corral Forma	ıtion)	
Proposed Method of Plugging (attach a separate page if add		(Interva	al)				
	,						
Is Well Log attached to this application? Yes No	o Is ACO-1 filed?	Yes	No				
If ACO-1 not filed, explain why:	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Plugging of this Well will be done in accordance with K	í.S.A. 55-101 <u>et. seq</u> . ar	nd the Rules a	nd Regulations of the	State Corp	oration Comr	nission	
Company Representative authorized to supervise plugging	operations:						
Address:		City:		state:	Zip:	+_	
Phone: ()							
Plugging Contractor License #:		Name: _					
Address 1:							
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



1354836

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	3-1 (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 the lease below:				
Contact Person:					
Phone: () Fax: ()	_				
Email Address:	_				
Surface Owner Information:					
Name: When filing a Form T-1 involving multiple surface owners					
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, are preliminary non-binding estimates. The locations may be entered. Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, factoric land in the surface owner(s). KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the e owner(s). To mitigate the additional cost of the KCC performing this ress of the surface owner by filling out the top section of this form and				
If choosing the second option, submit payment of the \$30.00 hands form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ling fee with this form. If the fee is not received with this form, the KSONA-1 CP-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

May 11, 2017

Matthew Stewart Gilbert-Stewart Operating LLC 1801 BROADWAY STE 450 DENVER, CO 80202-3883

Re: Plugging Application API 15-185-23276-00-00 RLS 3 SE/4 Sec.28-21S-13W Stafford County, Kansas

Dear Matthew Stewart:

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 November 11, 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 November 11, 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