|   | ISAS CORPORA                         |   |   | 812                  | Form CP-1                                      |  |  |
|---|--------------------------------------|---|---|----------------------|--|--|--|
| 0   | IL & GAS CONSE                       | ERVATION DIVIS                            | ION                                     | Thi                  | March 2010                                     |  |  |
|   | L PLUGGIN                            | -   | -                                       | Al                   | Form must be Signed<br>I blanks must be Filled |  |  |
| Form KSONA-1, Certification                                       |                                      | ith the Kansas Sui<br>ted with this form. | rface Owner Notifica                    | ation Act,           |  |  |  |
| OPERATOR: License #:  |                                      | API No. 1                                 | 5                                       |                      |  |  |  |
| Name:   |                                      | If pre 196                                | 67, supply original com                 | pletion date:        |  |  |  |
| Address 1:  |                                      |   | Spot Description:                       |                      |  |  |  |
| Address 2:  |                                      |   | Sec 1                                   | īwp S. R             | East West                                      |  |  |
| City: State: Zip: +   |                                      |   | Feet from North / South Line of Section |                      |  |  |  |
| Contact Person:   |                                      | ·   | Feet from                               | East /               | West Line of Section                           |  |  |
| Phone: ( )  |                                      | Footages                                  | Calculated from Near                    |                      |  |  |  |
| Phone: ( )  |                                      |   |   | SE SW                |  |  |  |
|   |                                      | -   |   |                      |  |  |  |
|   |                                      | Lease Na                                  | ame:                                    | VVell :              | #:   |  |  |
| Check One: Oil Well Gas Well OG                                   | D&A 0                                | Cathodic Wate                             | r Supply Well                           | Other:               |  |  |  |
|   | ENHR Permit #:                       |   |   | e Permit #:          |  |  |  |
| Conductor Casing Size: S  |                                      |   | <b>ü</b>                                |                      |  |  |  |
| Surface Casing Size: S  |                                      |   |   |                      |  |  |  |
| Production Casing Size: S   |                                      |   |   |                      |  |  |  |
| List (ALL) Perforations and Bridge Plug Sets:                     |                                      |   |   |                      | 00000  |  |  |
| Elevation: (G.L. /K.B.) T.D.:                                     | PBTD:                                | Anhydrite Depth                           |   | (Stone Corral Format | ion)   |  |  |
| Condition of Well: Good Poor Junk in Hole                         | Casing Leak at:                      | (Interval)                                | _                                       |                      |  |  |  |
| Proposed Method of Plugging (attach a separate page if additional | al 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.A       | 55-101 <u>et.</u> <u>seq</u> . and t | he Rules and Regul                        | ations of the State Co                  | rporation Comm       | ission   |  |  |
| Company Representative authorized to supervise plugging ope       | rations:                             |   |   |                      |  |  |  |
| 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<br>Oil & Gas Conse<br>CERTIFICATION OF CO<br>KANSAS SURFACE OWN  | INVATION DIVISION Form Must Be Typed   OMPLIANCE WITH THE Form must be Signed   All blanks must be Filled Form Complete   |
|---|---|
| This form must be submitted with all Forms C-1 (Notice of<br>T-1 (Request for Change of Operator Transfer of Injection of<br>Any such form submitted without an accon<br>Select the corresponding form being filed: C-1 (Intent) CB-1 (Ca | r Surface Pit Permit); and CP-1 (Well Plugging Application).<br>npanying Form KSONA-1 will be returned.   |
| OPERATOR: License #   | Well Location:<br>  |
| Surface Owner Information:   Name:   Address 1:   Address 2:   City: State:   Zip: +  | 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. |

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

I

| Form      | CP1 - Well Plugging Application |  |
|-----------|---------------------------------|--|
| Operator  | R & B Oil & Gas, Inc.           |  |
| Well Name | TRAFFAS B 2                     |  |
| Doc ID    | 1357812                         |  |

Perforations And Bridge Plug Sets

| Perforation Top | Perforation Base | Formation | Bridge Plug Depth |
|-----------------|------------------|-----------|-------------------|
| 4532            | 4570             |           |                   |

Conservation Division 266 N. Main St., Ste. 220 Wichita, KS 67202-1513 Kansas Corporation Commission

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

July 06, 2017

Randy Newberry R & B Oil & Gas, Inc. 124 N MAIN PO BOX 195 ATTICA, KS 67009-0195

Re: Plugging Application API 15-007-21635-00-00 TRAFFAS B 2 SW/4 Sec.32-32S-10W Barber County, Kansas

Dear Randy Newberry:

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 January 06, 2018. 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 January 06, 2018 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