



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 #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

API No. 15 - \_\_\_\_\_  
If pre 1967, supply original completion date: \_\_\_\_\_  
Spot Description: \_\_\_\_\_  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. R. \_\_\_\_  East  West  
\_\_\_\_ Feet from  North /  South Line of Section  
\_\_\_\_ Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Check One:  Oil Well  Gas Well  OG  D&A  Cathodic  Water Supply Well  Other: \_\_\_\_\_  
 SWD Permit #: \_\_\_\_\_  ENHR Permit #: \_\_\_\_\_  Gas Storage 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.: \_\_\_\_\_ PBTD: \_\_\_\_\_ Anhydrite Depth: \_\_\_\_\_  
(Stone Corral Formation)

Condition of Well:  Good  Poor  Junk in Hole  Casing Leak at: \_\_\_\_\_  
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

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 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: \_\_\_\_\_  
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



### 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 (Cathodic Protection Borehole Intent)  T-1 (Transfer)  CP-1 (Plugging Application)

OPERATOR: License # \_\_\_\_\_  
Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. R. \_\_\_\_  East  West  
County: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*

**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.*

I Submitted Electronically

Form	CP1 - Well Plugging Application
Operator	XTO Energy Inc.
Well Name	GREATHOUSE C 2-4
Doc ID	1361120

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
2644	2672	Krider	
2696	2706	Winfield	2690



# DUAL INDUCTION SHORT GUARD LOG

COMPANY ----- WELL ----- FIELD ----- COUNTY ----- ST -----	COMPANY SANTA FE MINERALS INCORPORATED	
	WELL GREATHOUSE C-2	
	FIELD HUGOTON	
	COUNTY FINNEY	STATE KS
	API NO. 15-055-20,775	OTHER SERVICES
	LOCATION	DIGL
	SW/4	SDL/DSNII
	1320 FSL - 3950 FEL	CSNG
		FMS
	SEC. 4 TWP 22S RGE 32H	
PERMANENT DATUM G.L.	ELEV. 2905	ELEV.: K.B. 2914
LOG MEASURED FROM K.B. 9	FT. ABOVE PERM. DATUM	D.F.
DRILLING MEASURED FROM K.B.		G.L. 2905
DATE	04/01/88	
RUN NO.	ONE	
DEPTH-DRILLER	2910	
DEPTH-WELEX	2906	
BTM. LOG INTER.	2903	
TOP LOG INTER.	316	
CASING-DRILLER	8.625@320	e
CASING-WELEX	316	e
BIT SIZE	7.875	e
TYPE FLUID IN HOLE	SALT MUD - GEL STARCH	
DENS. : VISC	9.1 :50	:
PH : FLUID LOSS	8.5 :13	:
SOURCE OF SAMPLE	FLOWLINE	
RM @ MEAS. TEMP.	0.98 @45	e
RMF @ MEAS. TEMP.	0.66 @44	e
RMC @ MEAS. TEMP.	1.36 @44	e
SOURCE RMF : RMC	MEAS : MEAS	:
RM @ BHT	0.44 @101	e
TIME SINCE CIRC.	3.25 HRS.	e
TIME ON BOTTOM	1245	
MAX. REC. TEMP.	101 @TD	e
EQUIP. : LOCATION	2883 :LIB	:
RECORDED BY	BENTSEN	
WITNESSED BY	MR. R. NUTT	

Fold Here

Service Ticket No.: 332002 API Serial No.: 15-055-20,775 PGM Version: 1.10											
Change in Mud Type or Additional Samples RESISTIVITY SCALE CHANGES											
Date/Sample No.	/ /	/ /	/ /	Type Log	Depth	Scale Up	Hole Scale	Down	Hole		
Depth-Driller				DIGL		NO	CHANGES				
Type Fluid	in Hole										
Dens. : Visc.	: :										
pH. : Fluid Loss	: :										
Source of Sample											
Rm @ Meas. Temp.	e	e	e	Run No	Tool Type	No	Pad Type	Tool Pos.	Other		
RMF @ Meas. Temp.	e	e	e	ONE	DILT-A	109494		1.5	S.O.		
RMC @ Meas. Temp.	e	e	e	ONE	SGDT-A	114503					
Source: Rmf:Rmc	:	:	:								
Rm @ BHT	0.44	@101									
RMF @ BHT	0.23	@101									
RMC @ BHT	0.59	@101									
EQUIPMENT DATA											
GAMMA			ACOUSTIC			DENSITY			NEUTRON		
Run No.	ONE	Run No.	ONE	Run No.	ONE	Run No.	ONE	Run No.	ONE	Run No.	ONE
Serial No.	108564	Serial No.	114008	Serial No.	21	Serial No.	108785	Serial No.	108785	Serial No.	108785
Model No.	NGRT-A	Model No.	305	Model No.	SDLT-A	Model No.	DSNT-A	Model No.	DSNT-A	Model No.	DSNT-A
Diameter	3.625"	No. of Cent.	THREE	Diameter	4.5"	Diameter	3.625"	Diameter	3.625"	Diameter	3.625"
Detector Model No.	102A-T	Spacing		Log Type	G-G	Log Type	N-N	Log Type	N-N	Log Type	N-N
Type	SCINT			Source Type	CS	Source Type	AM BE	Source Type	AM BE	Source Type	AM BE
Length	4"	LSA		Serial No.	SDL-050	Serial No.	DSN-35	Serial No.	DSN-35	Serial No.	DSN-35
Distance To Source	N A	FWDA	Y	Strength	1.5 CI	Strength	1.5 CI	Strength	1.5 CI	Strength	1.5 CI
LOGGING DATA											
GENERAL			GAMMA			ACOUSTIC			DENSITY		
Run No.		Speed		Scale		Scale		Scale		Scale	
Depth		Ft/Min		L	R	L	R	L	R	L	R
From To	2906 316	90	0	150		2.0	3.0	2.71		.30	-.10
ONE											

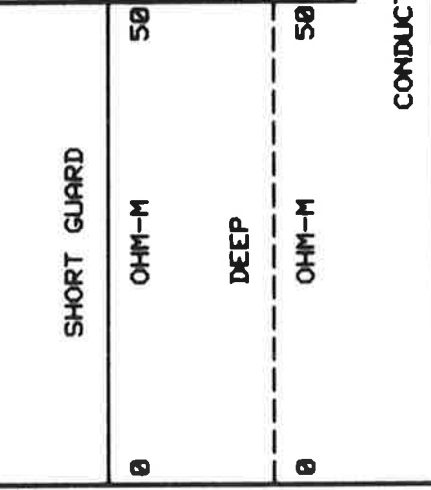
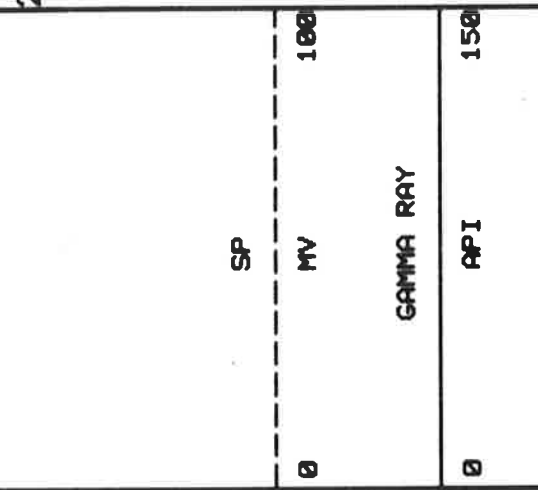
Remarks: YOUR CREW TODAY: I. LEON, E. MITCHELL  
CHLORIDES: 12,000 PPM

Remarks: YOUR CREW TODAY: I. LEON, E. MITCHELL

CHLORIDES: 12,000 PPM

LIBERAL DISTRICT: 316-624-8123 THANK YOU

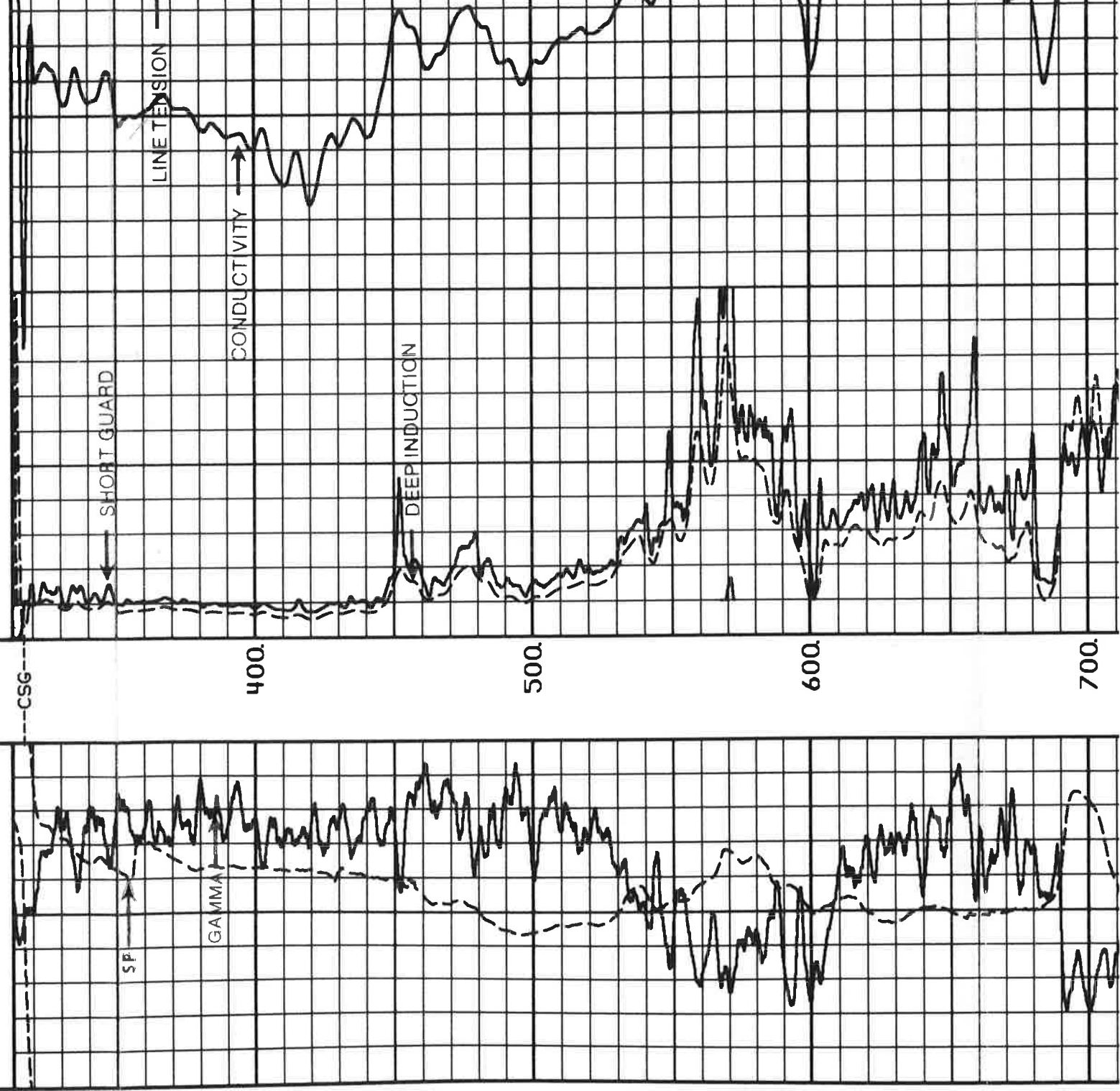
Mellex does not guarantee the accuracy of any interpretation of log data, conversion of log data to physical rock parameters or recommendations which may be given by Mellex personnel or which may appear on the log or in any other form. Any user of such data, interpretations, conversions, or recommendations agrees that Mellex is not responsible except where due to gross negligence or willful misconduct, for any loss, damages, or expenses resulting from the use thereof.

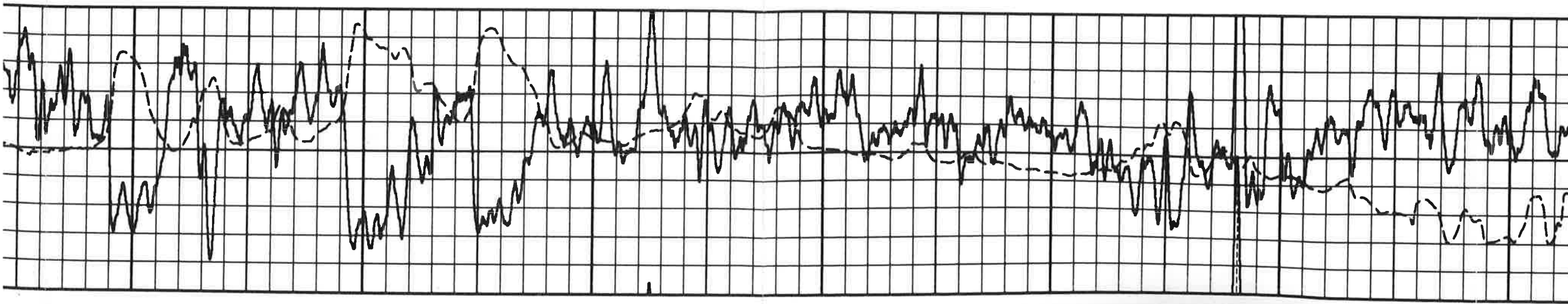
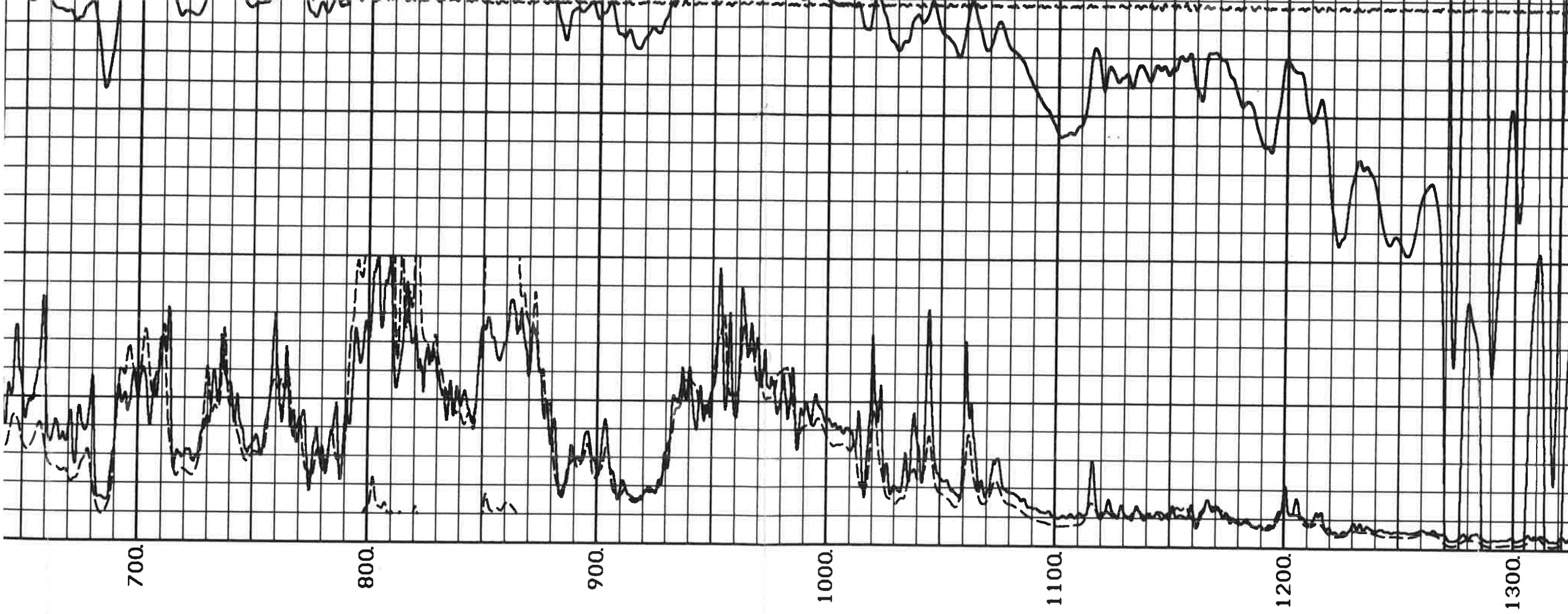


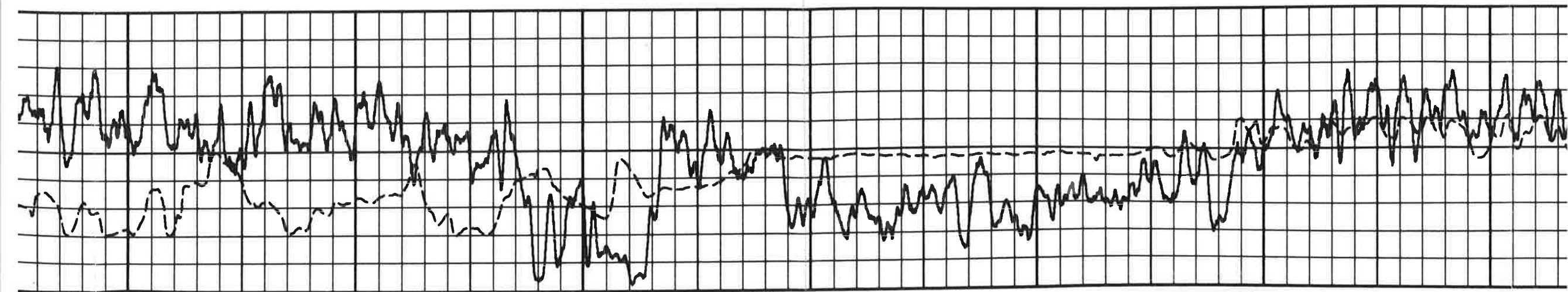
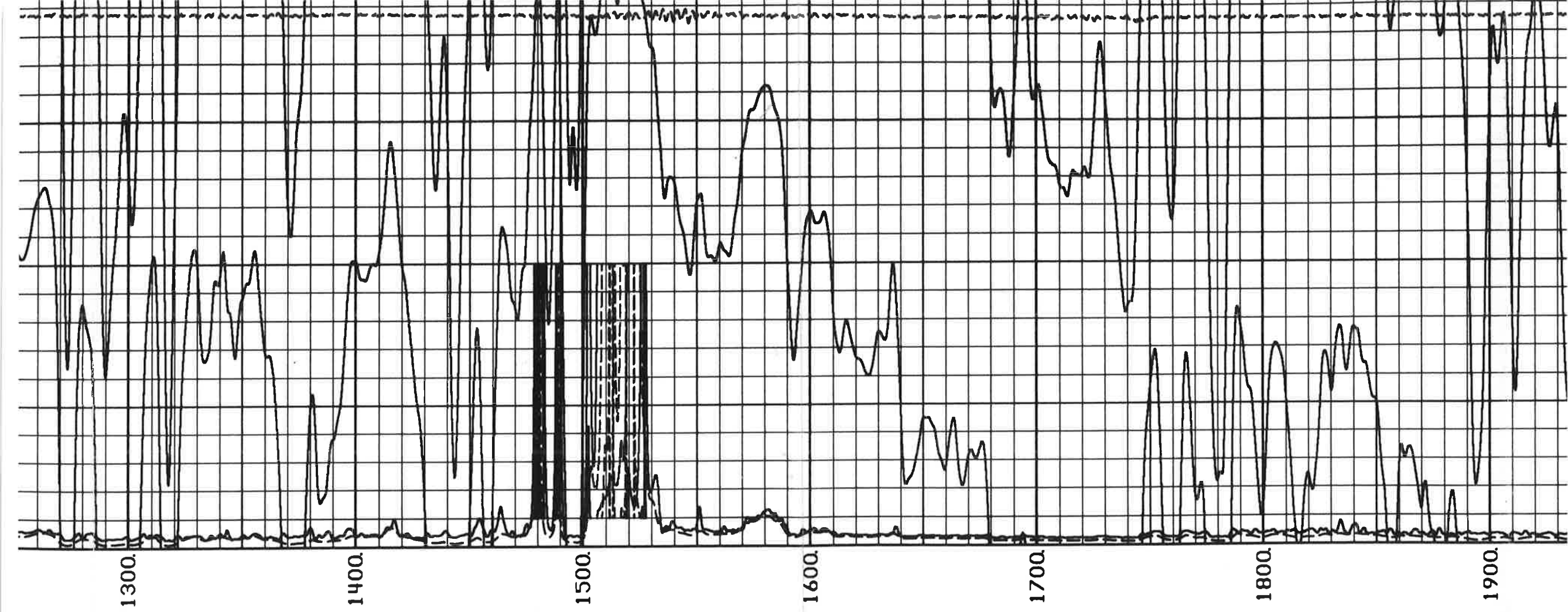
TENSION  
POUNDS

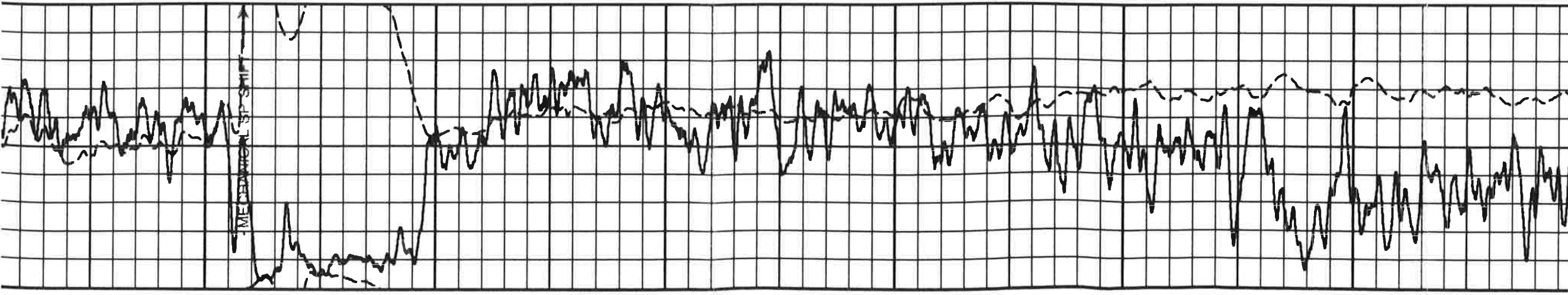
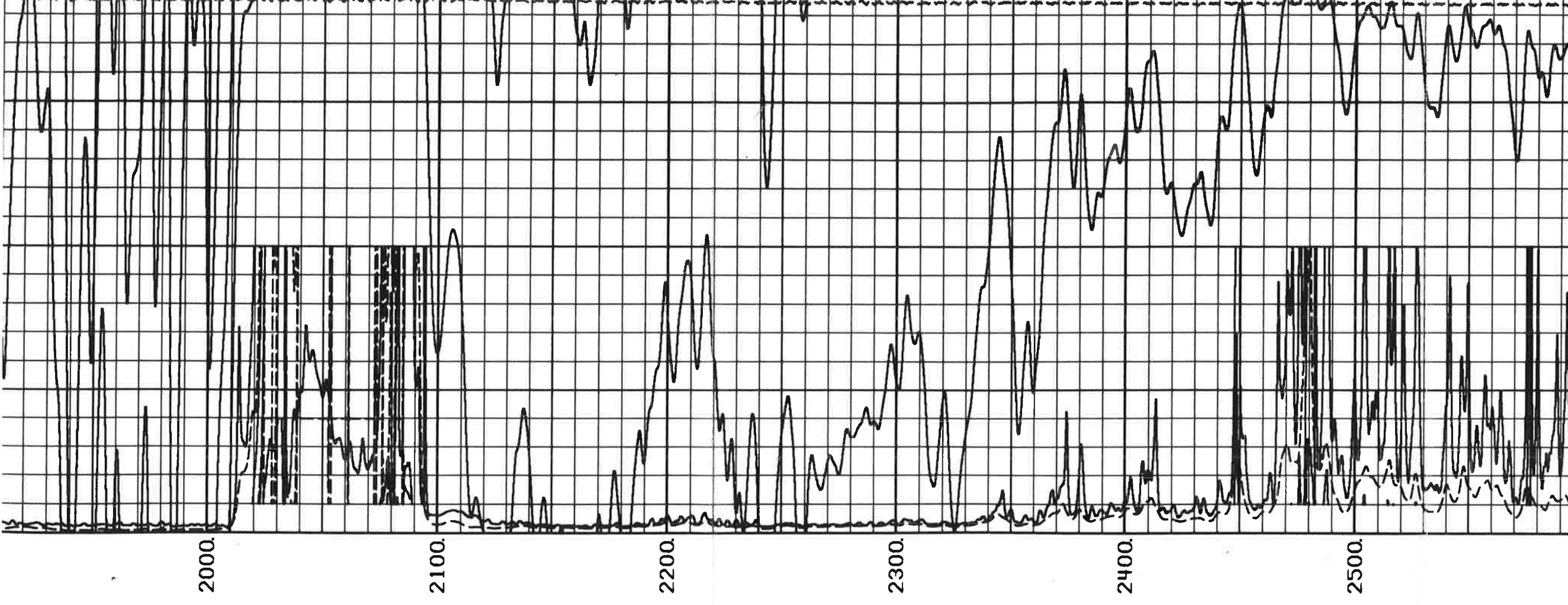
CONDUCTIVITY

MMOHS-M

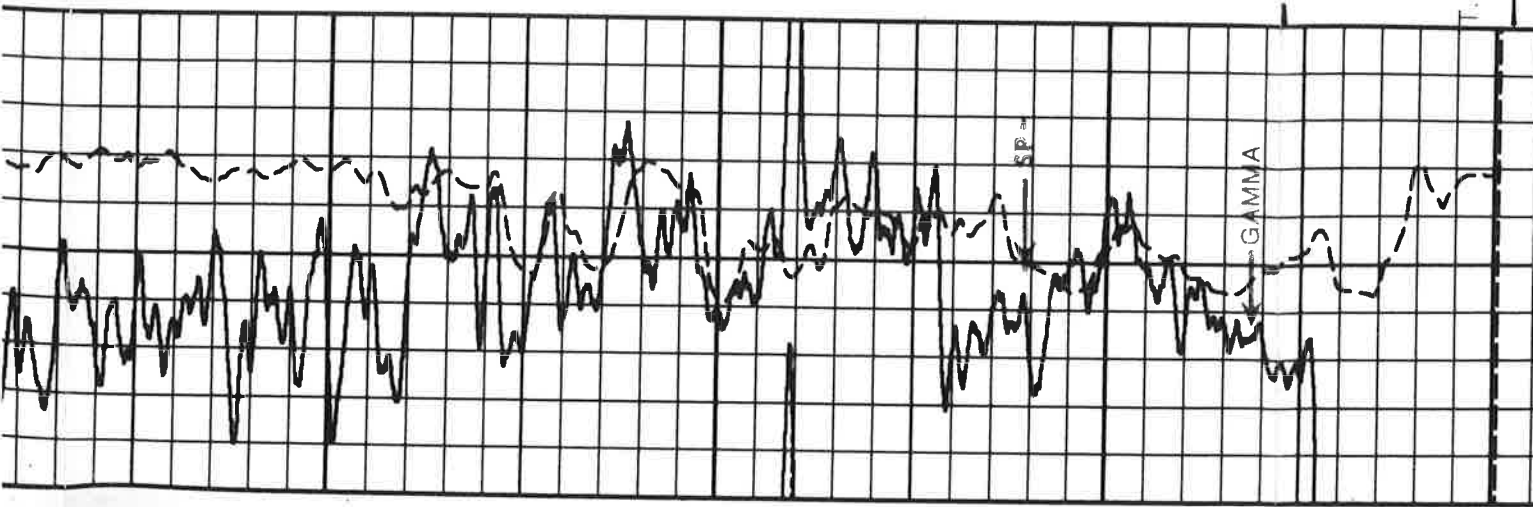




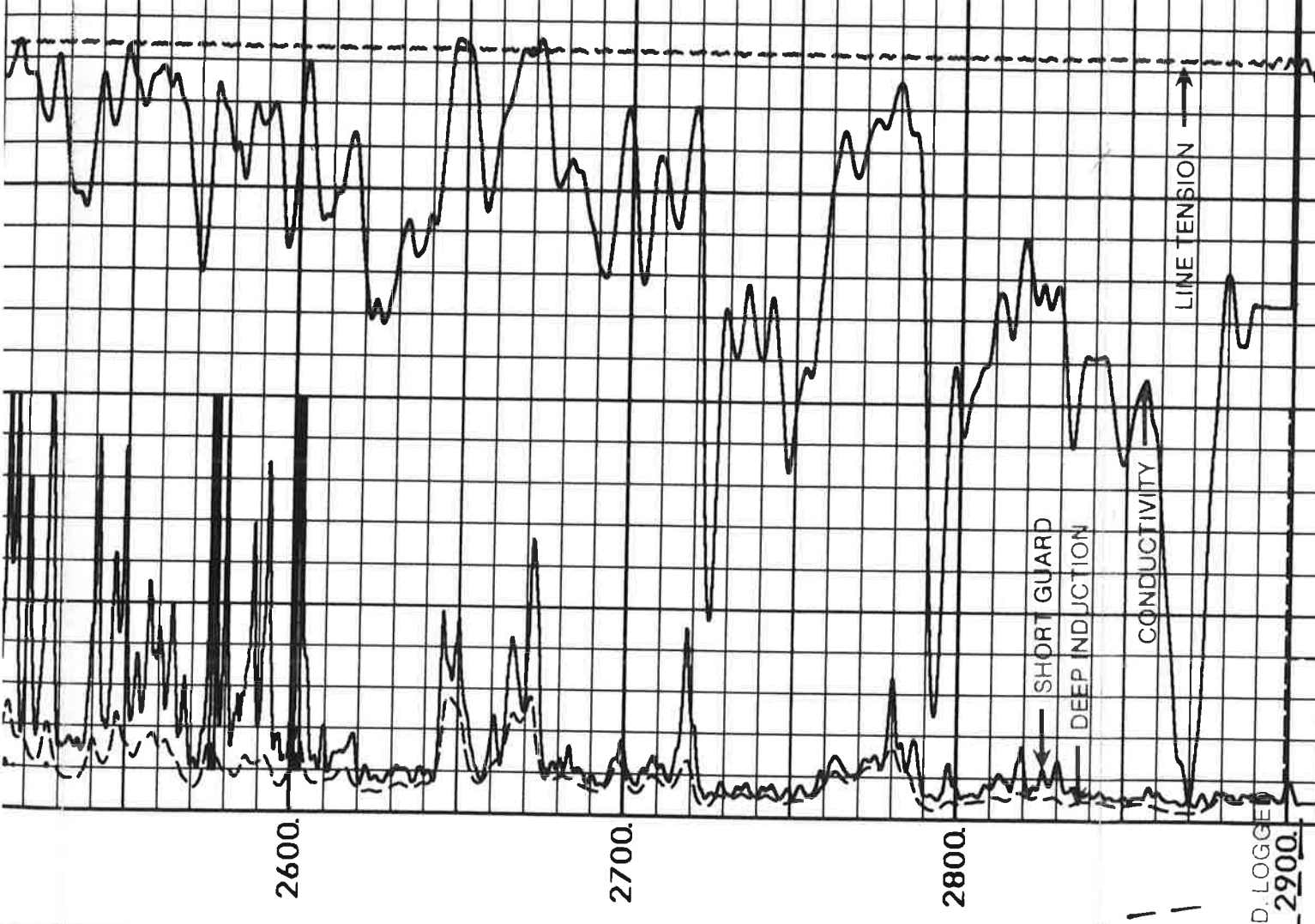








GAMMA RAY	
API	150
SP	
MV	100



CONDUCTIVITY	
MMOHS-M	0
DEEP	
OHM-M	50 10000
SHORT GUARD	
OHM-M	50

5" = 100'	
SP	
MV	100
RXO/RT	
	0.75
	0.25

TENSION	
POUNDS	0
SHORT GUARD	
OHM-M	10000
MEDIUM	
OHM-M	2000
	0.2
	0.2

T.D. LOGGE  
2900.

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



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 27, 2017

Karen Byers  
XTO Energy Inc.  
210 PARK AVE STE 2350  
OKLAHOMA CITY, OK 73102-5683

Re: Plugging Application  
API 15-055-20775-00-00  
GREATHOUSE C 2-4  
SW/4 Sec.04-22S-32W  
Finney County, Kansas

Dear Karen Byers:

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 27, 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 27, 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