

## Kansas Corporation Commission Oil & Gas Conservation Division

1362084

Form CP-1
March 2010
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 #:			API No. 15				
Name:			If pre 1967, supply orig	inal comple	etion 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



## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

362084

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	Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License #	Well Location:			
Name:				
Address 1:	County:			
Address 2:	Zip:+ If filing a Form T-1 for multiple wells on a lease, enter the legal description of			
City:				
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			
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:				
owner(s) of the land upon which the subject well is or will be loc CP-1 that I am filing in connection with this form; 2) if the form be	the batteries, pipelines, and electrical lines. The locations shown on the plant the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted out (House Bill 2032), I have provided the following to the surface potential of the Form C-1, Form CB-1, Form T-1, or Form peing 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, an	nd email address.			
KCC will be required to send this information to the surface own	cknowledge that, because I have not provided this information, the ner(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 CCC, 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-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

August 02, 2017

Bob Eberhart Bobcat Oilfield Service, Inc. 602 W. AMITY SUITE 103 LOUISBURG, KS 66053-8108

Re: Plugging Application API 15-121-29339-00-00 OREST JONES 4A-12 NE/4 Sec.21-17S-25E Miami County, Kansas

Dear Bob Eberhart:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 3 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 3's phone number is (620) 432-2300. Failure to notify DISTRICT 3, 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 February 02, 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 February 02, 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 3