

WELL PLUGGING APPLICATION

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

OPERATOR: License #: 35116
Name: SM Oil & Gas, Inc.
Address 1: PO BOX 189
Address 2: _____
City: SKIATOOK State: OK Zip: 74070 + 0189
Contact Person: Stan Miller, Sr.
Phone: (918) 629-2151

API No. 15 - 15-019-40715-00-00
If pre 1967, supply original completion date: _____
Spot Description: _____
SE SW SWNE Sec. 17 Twp. 33 S. R. 10 ☒ East ☐ West
2805 Feet from ☐ North / ☒ South Line of Section
2200 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW
County: Chautauqua
Lease Name: EGGEN Well #: 2

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: 7 Set at: 40 Cemented with: 15 Sacks
Production Casing Size: 4.5 Set at: 1550 Cemented with: 50 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: 995 (☒ G.L. / ☐ K.B.) T.D.: 1550 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):

Plug in accordance with KCC regulations and requirements.

Is Well Log attached to this application? ☐ Yes ☐ No Is ACO-1 filed? ☐ Yes ☒ No

If ACO-1 not filed, explain why:

Will be filed at later date

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: Tom Oast
Address: 686 Hwy 99 City: Sedan State: Kansas Zip: 67361 + _____
Phone: (620) 725-3200
Plugging Contractor License #: 32884 Name: Elmore's, Inc.
Address 1: 419 S MONTGOMERY Address 2: PO BOX 87
City: SEDAN State: KS Zip: 67361 + 1927
Phone: (620) 725-5744

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 # 35116
Name: SM Oil & Gas, Inc.
Address 1: PO BOX 189
Address 2: _____
City: SKIATOOK State: OK Zip: 74070 + 0189
Contact Person: Stan Miller, Sr
Phone: (918) 629-2151 Fax: (620) 725-3211
Email Address: thomasoast@gmail.com

Well Location:
SE SW SW NE Sec. 17 Twp. 33 S. R. 10 ☒ East ☐ West
County: Chautauqua
Lease Name: EGGEN Well #: 2
If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: Fulsom Family Trust
Address 1: P.O. Box 547
Address 2: _____
City: Cedar Vale State: Kansas Zip: 67024 + _____

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

I

Summary of Changes

Lease Name and Number: EGGEN 2

API/Permit #: 15-019-40715-00-00

Doc ID: 1368634

Correction Number: 1

Field Name	Previous Value	New Value
Approved Date	08/29/2017	09/28/2017
Elevation	1015	995
LocationInfoLink	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=17&t2805	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=17&t2200
Number of Feet East or West From Section Line		
Number of Feet North or South From Section Line	2200	2805
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1364985	../kcc/detail/operatorEditDetail.cfm?docID=1368634
Subdivision1Largest	SW	NE
Subdivision2	NE	SW
Subdivision3	NE	SW