



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

I

Form	CP1 - Well Plugging Application
Operator	Charter Energy, Inc.
Well Name	LOVETT 1
Doc ID	1370117

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3625	3671	Kansas City	3740

**DATA RECEIPT**  
CEMENT BOARD LOG

Company: **CHRYSTAL ENERGY**  
Field: **WALCOTT**  
Location: **WALCOTT**  
Job No.: **2017-02-24-2017**  
Well No.: **2017-02-24-2017**  
Date: **2/24/2017**  
Time: **10:00**  
Operator: **JOHN D. SMITH**  
Cement Board No.: **1**  
Cement Board Length: **150**  
Cement Board Weight: **150**  
Cement Board Volume: **150**  
Cement Board Area: **150**  
Cement Board Perimeter: **150**

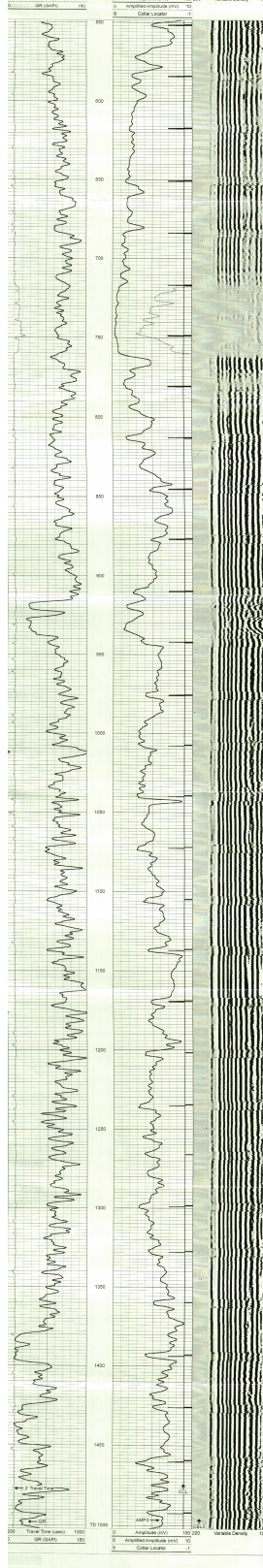
Well Name: **WALCOTT**  
Well Type: **WALCOTT**  
Well Status: **WALCOTT**  
Well Depth: **WALCOTT**  
Well Diameter: **WALCOTT**  
Well Completion: **WALCOTT**  
Well Production: **WALCOTT**  
Well Injection: **WALCOTT**  
Well Injection Rate: **WALCOTT**  
Well Injection Volume: **WALCOTT**  
Well Injection Pressure: **WALCOTT**  
Well Injection Temperature: **WALCOTT**  
Well Injection Flow Rate: **WALCOTT**  
Well Injection Flow Volume: **WALCOTT**  
Well Injection Flow Pressure: **WALCOTT**  
Well Injection Flow Temperature: **WALCOTT**  
Well Injection Flow Flow Rate: **WALCOTT**  
Well Injection Flow Flow Volume: **WALCOTT**  
Well Injection Flow Flow Pressure: **WALCOTT**  
Well Injection Flow Flow Temperature: **WALCOTT**

As presented in this report, the information was obtained from the Company and the Contractor in the normal course of their business and is not warranted by the Company or Contractor as to its accuracy or completeness. The information is provided as a service to the client and is not intended to be used for any purpose other than that for which it was provided. The Company and Contractor are not responsible for any use of the information for any other purpose.

THANK YOU FOR USING ELLI WIRELINE SERVICES

**MAIN SECTION**

Well Name: **WALCOTT**  
Well Type: **WALCOTT**  
Well Status: **WALCOTT**  
Well Depth: **WALCOTT**  
Well Diameter: **WALCOTT**  
Well Completion: **WALCOTT**  
Well Production: **WALCOTT**  
Well Injection: **WALCOTT**  
Well Injection Rate: **WALCOTT**  
Well Injection Volume: **WALCOTT**  
Well Injection Pressure: **WALCOTT**  
Well Injection Temperature: **WALCOTT**  
Well Injection Flow Rate: **WALCOTT**  
Well Injection Flow Volume: **WALCOTT**  
Well Injection Flow Pressure: **WALCOTT**  
Well Injection Flow Temperature: **WALCOTT**  
Well Injection Flow Flow Rate: **WALCOTT**  
Well Injection Flow Flow Volume: **WALCOTT**  
Well Injection Flow Flow Pressure: **WALCOTT**  
Well Injection Flow Flow Temperature: **WALCOTT**



WOODMAN & IANNITTI OIL COMPANY  
706 Union Nat'l. Bldg.  
Wichita, Kansas

December 23, 1970

Re: Dakota Squeeze Job  
No. 1 Lovett  
NE NE SE Sec. 15-22-15  
Pawnee County, Kansas

To; Interest Holders

As reported before we were getting Dakota water to surface between hole and the 5 1/2" casing, it would flow a 2" stream with a 100# pressure factor behind it.

As you know this is a dual completed well and if we would have a break into the inside of the 5 1/2" we would most likely lose the well completely.

We cemented the well with 100 sacks of cement down back side of 5 1/2", never exceeded 150# in order to keep from pressuring a hole through 5 1/2". The other precaution taken was we pulled both strings of tubing and ran packer to 1805' inside of 5 1/2" and pressured up to 300# to prevent the casing from collapsing while we cemented the out side of same.

Letting cement set 48 hours before releasing pressure on inside of 5 1/2" and pulling packer and putting well back on pump. (Well back on pump all OK December 20, 1970).

The 100 sacks of cement should cement from surface to 500' down, it was on a slight vacuum so expect the Dakota will take 100 or so feet which is good to seal off water completely.

Very truly yours,

Woodman & Iannitti Oil Company

D. J. Iannitti

/jc



**ELI**  
WIRELINE SERVICES

Please Remit To:  
P.O. Box 549  
Hays, KS 67601  
Phone: (785) 628-6395  
Fax: (785) 628-3651

FIELD TICKET No.

- 1553

DATE 4-27-17  
UNIT # 702

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER <u>CHARTER</u>		LEASE <u>LOVETTE #1</u>	WELL NO.
ADDRESS		FIELD <u>WILDCAT</u> STATE <u>KS</u>	COUNTY <u>PAWNEE</u>
CITY		LOCATION <u>15-225-15W</u>	
STATE		CASING SIZE & WT.	TBG. SIZE
ZIP	TYPE OF JOB <u>CBL PERF</u>		
ORDERED BY		TITLE	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
70-210-1600	SERVICE CHARGE "DEPTH"	40	1		
70-214-0600	(0-1500) CBL	40	1500		
	"Log"				
70-212-0600	(1500-550) CBL	40	950		
75-895-0065	3 1/2" SLICED 2x4 @ 918-20	40	8		
8 CHARGES					
1 LUBED					
5' PETN					

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS _____ DISCOUNT _____ TAX _____ TOTAL CHARGES _____
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\*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Employee Name (Print)	Hours	Initials
CAPP		
COROVER		

CUSTOMER AGREES to pay (the "Company") on a net 45 day basis from date of invoice to avoid loss of discount. Invoices older than 45 days are subject to loss of discount on ticket. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

X

X   
CUSTOMER REPRESENTATIVE

JOB LOG

SWIFT Services, Inc.

DATE 4-28-17 PAGE NO. 1

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Charter Energy		#1		Lovett		Squeeze		30312	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	0830							on location	2 3/8 x 5 1/2
								Perfs- 918-20'	PKR-830'
								100 sks 2% CC	
	0850	∅	∅		✓		500	Pressure Backside	* Hold *
	0900	2	5		✓		750	Injection Rate	
	0905	2	21		✓		400	mix 100sks STD 2% cc @ 15.6 ppg	
								wash out Pump + Lines	
	0925	2	∅		✓		600	Displace Cement	
		1 1/2	3 1/2		✓		800	clear PKR	
	0930	∅	4 1/4		✓		650	Kick out Pump	* 1 bbl below PKR *
								wash up truck	
	1030	∅	4 1/4		✓		200	Pressure Squeeze	
		∅	4 1/4		✓		300	Stage	
		∅	4 1/4		✓		400		
		∅	4 1/4		✓		500		* Squeeze to 500 * *
	1100	∅	4 1/4		✓		500	Release	* Squeeze Hold *
	1105	2	15		✓		100	Reverse Clean	
								Pull 2.5t	
	1115	∅	∅		✓		300	Repressure Squeeze	* Hold *
								Shut in	300*
	1130							Job Complete	

Thank You  
Dave Preston Isaac

October 12, 2017

Steve Baize  
Charter Energy, Inc.  
PO BOX 252  
GREAT BEND, KS 67530-0252

Re: Plugging Application  
API 15-145-00513-00-00  
LOVETT 1  
SE/4 Sec.15-22S-15W  
Pawnee County, Kansas

Dear Steve Baize:

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 April 12, 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 April 12, 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