KOLAR Document ID: 1376397

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Form CP-1
March 2010
This Form must be Typed
Form must be Signed
All blanks must be Filled

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, sup	ply original compl	etion date:		
Address 1:	Spot Description:					
Address 2:		_	Sec Tw	/р S. R	East West	
City: State:	l ———	Feet from North / South Line of SectionFeet from East / West Line of Section				
Contact Person:	_					
Phone: ()			lated from Neares	st Outside Section	Corner:	
, mone. (
		1 '				
		2000011001				
Check One: Oil Well Gas Well OG	D&A Catho	odic Water Suppl	y Well O	ther:		
SWD Permit #:	ENHR Permit #:		Gas Storage	Permit #:		
Conductor Casing Size:	_ Set at:	Cemer	nted with:		Sacks	
Surface Casing Size:	Set at:	Cemer	nted with:		Sacks	
Production Casing Size:	Set at:	Cemer	nted with:		Sacks	
Elevation: (G.L. / K.B.) T.D.: Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if additi Is Well Log attached to this application? Yes No If ACO-1 not filed, explain why:	Casing Leak at:	(Interval)		Stone Corral Formation	,)	
Plugging of this Well will be done in accordance with K.S. Company Representative authorized to supervise plugging of	-	-	-			
Address:	City	y:	State:	Zip:	+	
Phone: ()						
Plugging Contractor License #:	Na	me:				
Address 1:	Add	dress 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

KOLAR Document ID: 1376397

Kansas Corporation Commission Oil & Gas Conservation Division

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 (Ca	athodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License #	Well Location:				
Name:	SecTwpS. R				
Address 1:	County:				
Address 2:	Lease Name: Well #:				
City: State: Zip:+	If filing a Form T-1 for multiple wells on a lease, enter the legal description of				
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:					
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathod the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:	batteries, pipelines, and electrical lines. The locations shown on the plat				
owner(s) of the land upon which the subject well is or will be loc	ct (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this id email address.				
KCC will be required to send this information to the surface owr	knowledge 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 CC, 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

December 27, 2017

Jonathan Freiden Ace Energy LLC 11704 ABERDEEN RD LEAWOOD, KS 66211

Re: Plugging Application API 15-037-22346-00-00 MULLEN 22 NE/4 Sec.01-31S-21E Crawford County, Kansas

Dear Jonathan Freiden:

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) 902-6450. 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 June 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 June 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 3



Receipt Look Lip

Transaction Identifier: [2220, 12/13/2017, 1, 7609]

Printed on 12/15/2017 08 20:27



More saving. More doing."

VISA CREDIT

TOUT M BROADWRY, PITTSBURG, KS 66/62 TIM CREPS, STORK MANAGER (6201221-0821

2220 00001 /9099 12/13/17 10:14 AM CABHIER MARCIA

0000 326 212 021B ASHLAND KAP ASHGROVE 92.6LB TYSE 1-11 FORT CMNT 8082.10 9940378900063 27 FT. X 2 1 KAP 27 FT. X 7 TN. HEAVY DUTY FATCHET 3 289.58

SHRTOTAL 492.76
SALES TAX 45.83
TOTAL 5530.59
XXXXXXXXXXXXXXXXX

AUTH CODE 040546/6010122 IN

Chip Heed ATT Accordance TOTAL TYR BORDORNOR LAD 06010A03601400 TRT 6800

P.O. #/JOB NAME: MCCUNE

2220 DI 70099 12/13/2017 0150

PETURN POLICY DEFINITIONS
POLICY ID DAYS FOLICY EXPIRES ON
1 90 CA/13/2019
THE HOME DEPOT PERRHES THE RIGHT TO
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www.homedepet.com/survey

User ID: WTS 154707 152488

> Password: 17613 152487

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Account Details

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Miscellaneous Details

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12/15/2017 02224 17:00 71-21-7102