KOLAR Document ID: 1385053

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

March 2010 This Form must be Typed Form must be Signed All blanks must be Filled

Form CP-1

Form KSONA-1, Certification	of Complia	nce	with	the	Kans	as Surface	Owner	Notification	Act,

MUST	be	submitted	with	this	form.	

Name: If pre 1987, supply original completion date: Address 1:	OPERATOR: License #:		API No. 15			
Address 1	Name:		If pre 1967, supply ori	ginal complet	ion date:	
Address 2:	Address 1:		Spot Description:			
City:	Address 2:		s	ec Twp.	S. R[East West
Contact Person:	City: State:	Zip: +		Feet from	North / South	Line of Section
Phone: (·		Feet from	East / West	Line of Section
County:						ner:
Lesse Name: Well #: Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: Gas Storage Permit #: Conductor Casing Size: Set at: Cemented with:	Phone: ()					
Check One: OI! Well Gas Storage Permit #: Sacks Surface Casing Size: Set at: Cemented with: Sacks Surface Casing Size: Set at: Cemented with: Sacks Surface Casing Size: Set at: Cemented with: Sacks List (<i>ALL</i>) Perforations and Bridge Plug Sets:						
SWD Permit #: ENHR Permit #: Gas Storage Permit #: Stacks Sufface Casing Size: Set at Comented with: Stacks Sufface Casing Size: Set at Comented with: Stacks Production Casing Size: Set at Comented with: Stacks Ist (ALL) Perforations and Bridge Plug Sets: Elevation:(Get/KBJ_TD:PBTD;Anhydrite Depth:(Store Correl Formation) Condition of Well: GoodPoorJunk in HoleCasing Leak at:(reforeal) 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 gt, seq. and the Rules and Regulations of the State Corporation Commission Company Representative authorized to supervise plugging operations: Address: City: State: Zip: + Plugging Contractor License #: Address 2: Address 2: Phone: (State: Zip:			Lease Name:		vveil #:	
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 Ist (ALL) Perforations and Bridge Plug Sets: Elevation: (6L_/KB_) T.D.: PBTD: Anhydrite Depth:(Store Corral Formation) Condition of Welt: 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: + Plugging Contractor License #: Address 2: City: State: Zip: + Phone: ()	Check One: Oil Well Gas Well OG	G D&A Cathod	ic Water Supply Well	Oth	er:	
Conductor Casing Size: Set at: Cemented with: Sacks Surface Casing Size: Set at: Cemented with: Sacks Production Casing Size: Set at: Cemented with: Sacks Production Casing Size: Set at: Cemented with: Sacks List (ALL) Perforations and Bridge Plug Sets: Set at: Cemented with: Sacks Elevation: ([GL/] KB] T.D.: PBTD: Anhydrite Depth: (Store Come/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): (Interval) (Interval) Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No If ACO-1 not filed, explain why: No Is ACO-1 filed? Yes No It 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:	SWD Permit #:	ENHR Permit #:	Ga			
Surface Casing Size:			Cemented w	ith:		Sacks
Production Casing Size:						
List (<i>ALL</i>) Perforations and Bridge Plug Sets: Elevation: (
Elevation: (
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: City: Address 1: Address 2: City: State: Zip: + Phone: ()	Condition of Well: Good Poor Junk in Hole	e Casing Leak at:			ne Corral Formation)	
Company Representative authorized to supervise plugging operations:	· · · ·	o Is ACO-1 filed? Yes	No			
Company Representative authorized to supervise plugging operations:	Plugging of this Well will be done in accordance with K	ζ.S.A. 55-101 et. seg. and the Rul	es and Regulations of the	State Corpo	ration Commission	
Address:			·	-		
Phone: ()						
Address 1: Address 2:					·	
Address 1: Address 2:	Plugging Contractor License #:	Nam	e:			
City:						
Phone: ()						
	,					

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Submitted Electronically

KOLAR Document ID: 1385053

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Form KSONA-1
January 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 #	Well Location:				
Name:					
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 the lease below:				
Contact Person:					
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: State: Zip:+					

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.

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

Shari Feist Albrecht, Chair Jay Scott Emler, Commissioner Pat Apple, Commissioner Governor Jeff Colyer, M.D.

February 01, 2018

Mindy Wooten Trek AEC, LLC 200 W DOUGLAS, SUITE 101 WICHITA, KS 67202

Re: Plugging Application API 15-115-19026-00-00 SCULLY A 4-34 NW/4 Sec.34-18S-02E Marion County, Kansas

Dear Mindy Wooten:

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

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 2 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 2's phone number is (316) 337-7400. Failure to notify DISTRICT 2, 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 August 01, 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 August 01, 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 2