

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

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 #: \_\_\_\_\_  
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

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 (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	KLINE 1
Doc ID	1404842

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3556	3557	Toronto	
3617	3774	LKC	3850
3896	3912	Marmaton	

Phone 913-483-2627, Russell, Kansas  
 Phone 316-793-5861, Great Bend, Kansas

Phone Plainville 913-434-2812  
 Phone Kiowa 316-825-4618

*old*

# ALLIED CEMENTING CO., INC.

No 30924

Home Office P. O. Box 31

Russell, Kansas 67665

Date	7-9-82	Sec.		Twp.		Range		Called Out		On Location		Job Start	1:30 PM	Finish	5:30 PM	
Lease	Kline	Well No.	1	Location			Wakloney 5E 2N			County	Trego	State		Kansas		
Contractor	SAME															
Type Job	Squeez															
Hole Size	T.D.															
Csg. Size	Depth															
Tbg. Size	Depth															
Drill Pipe	Depth															
Tool	special tools	Depth 921'														
Cement Left in Csg.	Shoe Joint															
Press Max.	Minimum															
Meas Line	Displace															
Perf.	1 <sup>st</sup> 995	2 <sup>nd</sup>	1185													
EQUIPMENT																
Pumptrk	No	Cementer	DAVE													
	153	Helper	Shen													
Pumptrk	No	Cementer														
		Helper														
Bulktrk	95	Driver	Rodger													
Bulktrk		Driver														
DEPTH of Job																
Reference:	0-300'	Pump trk chg,	360 <sup>00</sup>													
	300-995'	39¢ per ft.	271 <sup>05</sup>													
															Sub Total	
															Tax	
															Total	631 <sup>05</sup>
Remarks: Plug @ 2500' mixed cement & squeezed @ 1000 PSI cleared tubing washed out 2 Jts																
Owner																
To Allied Cementing Co., Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.																
Charge To Nadel + Sussman																
Street <del>Box</del> P.O. Box 14																
City Great Bend State Kansas 67530																
The above was done to satisfaction and supervision of owner agent or contractor.																
Purchase Order No.																
X Frank Neff																
CEMENT																
Amount Ordered 300 com 2% cc																
Consisting of																
Common 300 sk @ 4 <sup>25</sup> per sk 1425 <sup>00</sup>																
Poz. Mix																
Gel.																
Chloride 4 sk @ 20 <sup>00</sup> per sk 80 <sup>00</sup>																
Quickset																
Sales Tax																
Handling 90¢ per sk 273 <sup>60</sup>																
Mileage 66¢ per ton mile 358 <sup>34</sup>																
38 miles																
															Sub Total	
															Total	2136 <sup>94</sup>
Floating Equipment																

Phone 913-483-2627, Russell, Kansas  
 Phone 316-793-5861, Great Bend, Kansas

Phone Plainville 913-434-2812  
 Phone Kiowa 316-825-4618

*old*

# ALLIED CEMENTING CO., INC.

Home Office P. O. Box 31      Russell, Kansas 67665

No 31090

Date	7-22-82	Sec.	Twp.	Range	Called Out	On Location	Job Start	Finish	
Lease	Kline	Well No.	1	Location	Ogallah 3N 2W	County	Trego	State	Kansas
Contractor					Owner	2N 2E			
Type Job	Squeez				To Allied Cementing Co., Inc. You are hereby requested to rent cementing equipment and furnish cement and helper to assist owner or contractor to do work as listed.				
Hole Size					T.D.				
Csg. Size	4 1/2"				Depth	Charge To			
Tbg. Size	2"				Depth	Nadel & Sussman			
Drill Pipe					Depth	Street			
Tool					Depth	P.O. Box 14			
Cement Left in Csg.					Shoe Joint	City			
Press Max.	2000 PSI				Minimum	Great Bend      State			
Meas Line					Displace	Kansas 67530			
Perf.	985-1195				The above was done to satisfaction and supervision of owner agent or contractor.				
<b>EQUIPMENT</b>					Purchase Order No.				
					X Frank Neff				
					<b>CEMENT</b>				
					Amount Ordered				
					250 com 3% CC    250 com QSet				
					Consisting of				
Pumptrk					Common				
No 153					500 sk @ 3.00 Per sk    2500.00				
Cementer					Poz. Mix				
Helper					Gel.				
No					Chloride				
Cementer					7 sk @ 20.00 Per sk    140.00				
Helper					Quickset				
Driver					12 units @ 25.00 Per unit    300.00				
Bulktrk									
No 95									
Driver									
Bulktrk									
No 117									
Driver									
					Sales Tax				
DEPTH of Job					Handling				
Reference:					90¢ Per sk    464.40				
0-300' Pump trk chg					Mileage				
43 miles @ 1.00 per mile					66¢ Per ton mile    688.00				
300'-1195'					Sub Total				
39¢ Per ft.    349.05									
Sub Total					Total				
					4892.40				
					Tax				
					Total				
					752.05				
Remarks:					Floating Equipment				
Squeezed Bottom Hole					<div style="font-size: 2em; font-family: cursive;">Thanks</div>				
with 250 com 3% CC									
@ 2000 PSI									
Squeezed tap with 250 com QSet									
max pressure 2000 PSI									

Phone 913-483-2627, Russell, Kansas  
 Phone 316-793-5861, Great Bend, Kansas

Phone Plainville 913-434-2812  
 Phone Kiowa 316-825-4618

OLD

# ALLIED CEMENTING CO., INC.

No 31010

Home Office P. O. Box 31

Russell, Kansas 67665

Date	7-26-82	Sec.		Twp.		Range		Called Out	7:30 AM	On Location	9:00 AM	Job Start	10:15	Finish	11:15
Lease	KLINE		Well No.	Location				OGALLALA 3N 2W 2NE		County	TREGO	State	KS		
Contractor	NADEL & GUSSMAN							Owner							
Type Job	SHALLOWSQUEEZE							To Allied Cementing Co., Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Hole Size	T.D.							Charge To							
Csg. Size	Depth							NADEL & GUSSMAN							
Tbg. Size	Depth							Street							
Drill Pipe	Depth							P.O. BOX 14							
Tool	Depth							City							
Cement Left in Csg.	Shoe Joint							GT BEND State							
Press Max.	Minimum							KS 67530							
Meas Line	Displace							The above was done to satisfaction and supervision of owner agent or contractor.							
Perf.								Purchase Order No.							
EQUIPMENT															
X Frank Neff CEMENT															
Amount Ordered 75 SKS COM @ SET 100 " ASC															
Consisting of															
Common 75 SKS @ 4,800 PER SK 375.00															
Poz. Mix															
Gel.															
Chloride															
Quickset 4 UN'S A 25.00 " UN 100.00															
ASC 100 SKS @ 7.00 " " 700.00															
Sales Tax 16.10															
Handling 90 PER SK (A) 174 SKS 156.60															
Mileage .66 " TO 4 MI IA 31 MI 171.43															
Sub Total 1503.03															
Total 1507.53															
Floating Equipment 6.64															
2171.53															
29.90															
2201.43															

No	Cementer	Helper	Driver
Pumptrk #61	LEON	JOHN	
Pumptrk #95		ROGER	
Bulktrk #180			RICK

  

DEPTH of Job	Reference:	Rate	Total
OVER 300' TO 1000'	#1 PUMPTRUCK FROM HAYS	39 PER	293.00
	#14 ME 31 (A)	11.00	360.00
			31.00
	Sub Total		664.00
	Tax		
	Total		

Remarks: SQUEEZED AT 1250 PSI  
 HOLE AT 1000' PAC RER SET  
 AT 960' PUMPED 75 SKS COM @ SET  
 100 SKS ASC @ 4,800 PSI. BLEARED  
 TUBING CHECK SQUEEZE HELD

Thank you

# STATE OF KANSAS

CORPORATION COMMISSION  
CONSERVATION DIVISION  
266 N. MAIN ST., STE. 220  
WICHITA, KS 67202-1513



PHONE: 316-337-6200  
FAX: 316-337-6211  
<http://kcc.ks.gov/>

GOVERNOR JEFF COLYER, M.D.

SHARI FEIST ALBRECHT, CHAIR | JAY SCOTT EMLER, COMMISSIONER | PAT APPLE, COMMISSIONER

April 04, 2018

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

Re: Plugging Application  
API 15-195-20129-00-02  
KLINE 1  
NW/4 Sec.28-11S-22W  
Trego 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 4 of your proposed plugging plan at least 5 days before plugging the well.** DISTRICT 4's phone number is (785) 261-6250. Failure to notify DISTRICT 4, 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 October 04, 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 October 04, 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 4