CORRECTION #1

KOLAR Document ID: 1405123

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 #:		API No. 15			
Name:		If pre 1967,	, supply original comp	letion date:	
Address 1:		Spot Descr	iption:		
Address 2:			Sec Tv	vp S. R	East West
City: State:			Feet from	North /	South Line of Section
Contact Person:			Feet from	East /	West Line of Section
Phone: ()		Footages C	Calculated from Neare		
Frione. ()			NE NW	SE SW	
			ne:		#:
Check One: Oil Well Gas Well OG	D&A Cat	thodic Water S	Supply Well (Other:	
SWD Permit #:	ENHR Permit #:		Gas Storage	Permit #:	
Conductor Casing Size:	_ Set at:	C	emented with:		Sacks
Surface Casing Size:	_ Set at:	C	emented with:		Sacks
Production Casing Size:	_ Set at:	C	emented with:		Sacks
List (ALL) Perforations and Bridge Plug Sets:					
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	Casing Leak at:			Stone Corral Formati	on)
Is Well Log attached to this application? Yes No If ACO-1 not filed, explain why:	Is ACO-1 filed?	Yes No			
Plugging of this Well will be done in accordance with K.S. Company Representative authorized to supervise plugging of	_	•		•	
Address:	(City:	State:	Zip:	+
Phone: ()					
Plugging Contractor License #:	1	Name:			
Address 1:	A	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

CORRECTION #1

KOLAR Document ID: 1405123

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 East _ West			
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 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.			
Address 1:				
Address 2:				
City: State: Zip:+				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic 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 the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
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 ad email address.			
KCC will be required to send this information to the surface own	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				

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 06, 2018

Chris Knowles ELK Energy Holdings LLC 2250 N. ROCK RD. STE 118-107 WICHITA, KS 67226

Re: Plugging Application API 15-057-20845-01-00 MARY ANN 2622 1-36H SW/4 Sec.36-26S-22W Ford County, Kansas

Dear Chris Knowles:

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 October 06, 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 06, 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

Summary of Changes

Lease Name and Number: MARY ANN 2622 1-36H

API/Permit #: 15-057-20845-01-00

Doc ID: 1405123

Correction Number: 1

Field Name Previous Value New Value

Approved Date 04/03/2018 04/06/2018

Production Casing Cemented With

na

Production Casing Set

na

Αt

Production Casing Size na

Summary of Attachments

Lease Name and Number: MARY ANN 2622 1-36H

API: 15-057-20845-01-00

Doc ID: 1405123

Correction Number: 1

Attachment Name

Plugging Approval Letter