### KOLAR Document ID: 1405418

Form CP-1

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

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

	MUST be submitted with this for	<i></i>	
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(Interval) Proposed Method of Plugging (attach a separate page if additional space is needed): Is Well Log attached to this application?	OPERATOR: License #:		API No. 15			
autors 1:	Name:		_ If pre 1967, supp	ly original comp	letion date:	
address 2:	Address 1:		Spot Description	:		
Site:       Zip:       +	Address 2			Sec Tw	vp S. R	East West
Contact Person:				Feet from	North /	South Line of Section
Phone: ()       Foolages Calculated from Neares: Outside Section Corner:				Feet from	East /	West Line of Section
County:			Footages Calcula	ated from Neare	st Outside Sectio	n Corner:
Lease Name:       Well #:         Check One:       Oli Well       Gas Well       OG       D8A       Cathodic       Water Supply Well       Other:         SWD Permit #:	Phone: ( )					
Check One:						
SWD Permit #: ENHR Permit #: Gas Storage Permit #: Sacks Conductor Casing Size: Set at: Comented 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 ist ( <i>ALL</i> ) Perforations and Bridge Plug Sets:  Elevation:(GL/KB_) T.D: PBTD: Anhydrite Depth:(Store Corral Formation) Condition of Well: Good Poor Junk in Hole Casing Leak at:(Intervel) Proposed Method of Plugging (attach a separate page if additional space is needed):  s Well Log attached to this application? Yes No Is ACO-1 filed? Yes No fACO-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:			Lease Name:		Well #	:
SWD Permit #: ENHR Permit #: Gas Storage Permit #: Conductor Casing Size: Set at: Comented with: Sacks Surface Casing Size: Set at: Cernented with: Sacks Production Casing Size: Set at: Cernented with: Sacks Production Casing Size: Set at: Cernented with: Sacks Sufface Casing Size: Set at: Cernented with: Sacks Production Casing Size: Set at: Cernented with: Sacks Sufface Casing Size: Set at: Cernented with: Sacks Production Casing Size: Set at: Cernented with: Sacks Sufface Casing Size: Set at: Cernented with: Sacks Sufface Casing Size: Set at: Cernented with: Sacks Sacks Production Casing Size: Set at: Cernented with: Sacks Sack		G D&A Catho	dic. Water Supply	Well	)ther	
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   Sacks Sacks Set at: Cemented with: Sacks   Sacks Set at: Cemented with: Sacks   Sacks Sacks Sacks Sacks   Sacks Sacks Cemented with: Sacks   Sacks Sacks Sacks Sacks   Sacks Sacks Cemented with: Sacks   Sacks Sacks Sacks Sacks   Sacks Sacks </th <th></th> <th></th> <th></th> <th>_</th> <th></th> <th></th>				_		
Surface 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						
Production Casing Size:						
List ( <i>ALL</i> ) Perforations and Bridge Plug Sets:  Elevation:						
Elevation:		Oet al	Cemen			Oduks
Condition of Well:GoodPoorJunk in HoleCasing Leak at:	List (ALL) I chorations and bhuge I lug octs.					
f 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:  Phone: ()  City:  State:  Zip:  Address 2:  City:  State:  Zip:  +  Phone: ()	Proposed Method of Plugging (attach a separate page if add	ditional space is needed):	(Interval)	(	Sone Conari ormau	""
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:	Is Well Log attached to this application?	Is ACO-1 filed?	s 🔄 No			
Company Representative authorized to supervise plugging operations:	If ACO-1 not filed, explain why:					
Company Representative authorized to supervise plugging operations:						
Company Representative authorized to supervise plugging operations:	Plugging of this Well will be done in accordance with k	(SA 55-101 of son and the R	ules and Regulations (	of the State Cor	poration Commi	ssion
Address:			•			
Phone: ( )						
Plugging Contractor License #:       Name:         Address 1:       Address 2:         City:					Zip	*
Address 1:       Address 2:						
City:          State:          Phone:       ( )						
Phone: ( )						
				State:	Zıp:	+
Proposed Date of Plugging (if known):						
	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: 1405418

### 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				
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 county, and in the real estate property tax records of the county treasurer.				
Address 2:					
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

# 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 | Dwight D. Keen, Commissioner

April 23, 2018

Michael Petermann LB Exploration, Inc. 2135 2ND RD HOLYROOD, KS 67450-9021

Re: Plugging Application API 15-009-15985-00-00 HOGAN D E 1 SW/4 Sec.34-16S-13W Barton County, Kansas

Dear Michael Petermann:

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 23, 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 23, 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