### KOLAR Document ID: 1405451

### 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	PLU	GGING	ICATION

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

MUST	be	submitted	with	this	form.	

OPERATOR: License #:		API No. 15		
Name:		If pre 1967, supply original o	completion date:	
Address 1:		Spot Description:		
Address 2:		Sec	Twp S. R	East West
City: State:		Feet fr	rom North /	South Line of Section
Contact Person:		Feet fr	rom East /	West Line of Section
Phone: ( )		Footages Calculated from N		n Corner:
Phone: ( )				
		County:		
			Weil #.	
Check One: Oil Well Gas Well OG	D&A Cathodic	Water Supply Well	Other:	
SWD Permit #:	ENHR Permit #:	Gas Stor	 rage 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.:   Condition of Well: Good Poor Junk in Hole   Proposed Method of Plugging (attach a separate page if additional separate page if additionadditionadditional separate page if additionadditional	Casing Leak at:	nydrite Depth:	(Stone Corral Formatio	n)
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 Commis	sion
Company Representative authorized to supervise plugging of	operations:			
Address:	City:	State:	Zip:	
Phone: ()				
Plugging Contractor License #:	Name:			
Address 1:	Addres	s 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

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### 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
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

Form	CP1 - Well Plugging Application
Operator	Scout Energy Management LLC
Well Name	RALPH LOWE 1
Doc ID	1405451

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
2492	2682	Chase	

Shop Phone: 580-251-9618 **ORR ENTERPRISES, INC.** P.O. Box 1706 Fax: 580-252-4573 Duncan, Oklahoma 73534 Milliorn Kailey FOR JOB OR AUTH. NO Scout COMPANY 5-189-00179 PAGE SUBJECT 4/4/18 DATE Lowe #1 PAA Kalph BY Romie Orr 315-35W Steven cfy, KS Sec 24 SE/4 P& A Procedure whost 1) RUSU Unseat pump & POH wirods. NU BOP. Pothwittes. 2) PU 7" IOK The set CEBP. GEH & set CLEBP @ 2442. Rebease from thes. Circ Wared (50 661) Cap GEBP W(20 ses consist 1034 POH will thes. Load a test Carring a soopsi. 31# 3) Locate EOT @ 1770'. Mix & spot 50 sks cement. POH 621 4) Ru wireling tok & port so holago 650. 5) RU on 7" Css. Breakdown parts & establish circulation Rads 16190 0 1120 tosurface on 1034 outlet. Mix & pump #350 sc 99-5/2 Class "C' Coment d'arculate to surfaces Tbg 6) ROSU cut day well. Dis up ris andrors. 23/8 80,70 SNO lig 26 hore 255 ° (W 6630 4 Compet & fiks (420 srs) 2494' 8) 9220 CIEBP & port so holes 2 5650 Mud Hail devertures TUC "T 6001 80/ Budthee, welder, weter tik a BOP 2400 1660 AJ 24,900 02492 Salution TOFE 2612 99 - 5/8 sucker rods a 404 396 01 2494 - 248 Tby Q. 5014 1247 164300 Net Cart -> 23,257 2

## 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 10, 2018

Emily J. Van Der Gryp Scout Energy Management LLC 4901 LBJ FREEWAY SUITE 300 DALLAS, TX 75244

Re: Plugging Application API 15-189-00179-00-00 RALPH LOWE 1 SE/4 Sec.24-31S-35W Stevens County, Kansas

Dear Emily J. Van Der Gryp:

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 10, 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 10, 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