KOLAR Document ID: 1411312

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

WELL F	PLUG	GING	APPL	_ICATI	ON
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Form KSONA-1, Certification	of Compliance with the Kansas Surface Owner	Notification Act,

MUST be submitted with this forn	1.
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Name: If pre 1867, supply original completion date: Address 1:	OPERATOR: License #:		API No. 15		
Address 2:	Name:		If pre 1967, supply original	completion date:	
Address 2:	Address 1:		Spot Description:		
City:	Address 2:		Sec	Twp S. R	East West
Contact Person:			Feet	from North /	South Line of Section
Phone: ()		·	Feet	from East /	West Line of Section
County:					
Lesse Name: Well #: Check One: OII Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Sacks Conductor Casing Size: Set at: Cemonted with: Sacks Virface Casing Size: Set at: Cemonted with: Sacks Production Casing Size: Set at: Cemonted with: Sacks List (ALL) Perforations and Bridge Plug Sets: Set at: Cemented with: Sacks Elevation: (@d1/KB) T.D.; PBTD: Antydrite Depth: (Store Corer Formator) 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: City: State: Zip: +	FIIULE. ()				
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 Commended with: Sacks Surface Casing Size: Set at Commended with: Sacks Production Casing Size: Set at Commended with: Sacks List (ALL) Perforations and Bridge Plug Sets: Elevation:(GL/_(K.B) T.D: PBTD: Anhydrite Depth:(Store Corrol 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 gt, gg, 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: ()					π
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 //LL/ Perforations and Bridge Plug Sets: Elevation:(GL_/KB_) T.D:PBTD:Anhydrite Depth:(Stene Corral Formation) Condition of Well:GoodPoorNnhydrite Depth:(Interval) Proposed Method of Plugging (attach a separate page if additional space is needed): Is Well Log attached to this application?YesNo 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:	Check One: Oil Well Gas Well OG	D&A Cathodic	Water Supply Well	Other:	
Surface Casing Size:	SWD Permit #:	ENHR Permit #:	Gas St	orage Permit #:	
Production Casing Size:	Conductor Casing Size:	_ Set at:	Cemented with:		Sacks
List (<i>ALL</i>) Perforations and Bridge Plug Sets: Elevation:(Surface Casing Size:	_ Set at:	Cemented with:		Sacks
Elevation: (Production Casing Size:	_ Set at:	Cemented with:		Sacks
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 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: Plugging Contractor License #: Name: Plugging Contractor License #: Address 1: Address 1: Address 2: City: State: Zip: +	List (ALL) Perforations and Bridge Plug Sets:				
Company Representative authorized to supervise plugging operations:	Condition of Well: Good Door Junk in Hole Proposed Method of Plugging <i>(attach a separate page if additi</i>) Is Well Log attached to this application? Yes No	Casing Leak at:	erval)		tion)
Address:	Plugging of this Well will be done in accordance with K.	ડે.A. 55-101 <u>et. seq</u> . and the Rules	s and Regulations of the Stat	te Corporation Comm	nission
Phone: ()	Company Representative authorized to supervise plugging of	perations:			
Plugging Contractor License #:	Address:	City:	State	e: Zip:	+
Address 1: Address 2:	Phone: ()				
City: State: Phone: ()	Plugging Contractor License #:	Name:			
Phone: ()	Address 1:	Addres	s 2:		
	City:		State	e: Zip:	
Proposed Date of Plugging (if known):	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

KOLAR Document ID: 1411312

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

	Form KSONA-1
	January 2014
F	orm Must Be Typed
Fo	rm must be Signed
All bla	anks 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 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 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

June 05, 2018

Rob Eberhart Bobcat Oilfield Service, Inc. 602 W. AMITY SUITE 103 LOUISBURG, KS 66053-8108

Re: Plugging Application API 15-107-24536-00-00 SOUTH BAKER P-4 SW/4 Sec.05-20S-23E Linn County, Kansas

Dear Rob Eberhart:

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

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 3 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 3's phone number is (620) 902-6450. Failure to notify DISTRICT 3, 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 December 05, 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 December 05, 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 3