### **CORRECTION #1**

KOLAR Document ID: 1458036

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 Descri    | ption:               |                      |                       |     |
| Address 2:                                                                                                        |                   |                | Sec Tv               | vp S. R              | East We               | est |
| City: State:                                                                                                      |                   |                | Feet from            | North /              | South Line of Section | on  |
| Contact Person:                                                                                                   |                   |                | Feet from            | East /               | West Line of Section  | on  |
| Phone: ( )                                                                                                        |                   | Footages C     | alculated from Neare |                      |                       |     |
| Frione. ( /                                                                                                       |                   |                | NE NW                | SE SW                |                       |     |
|                                                                                                                   |                   | '              | e:                   |                      | <b>#</b> :            | _   |
| Check One: Oil Well Gas Well OG                                                                                   | D&A Car           | thodic Water S | upply Well C         | Other:               |                       | _   |
| SWD Permit #:                                                                                                     | ENHR Permit #:    |                | Gas Storage          | Permit #:            |                       |     |
| Conductor Casing Size:                                                                                            | Set at:           | Ce             | emented with:        |                      | Sack                  | KS  |
| Surface Casing Size:                                                                                              | _ Set at:         | Ce             | emented with:        |                      | Sack                  | ks  |
| Production Casing Size:                                                                                           | _ Set at:         | Ce             | emented with:        |                      | Sack                  | ks  |
| List (ALL) Perforations and Bridge Plug Sets:                                                                     |                   |                |                      |                      |                       |     |
| Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if addit            |                   | (Interval)     | (-                   | Stone Corral Formati | on)                   |     |
| Is Well Log attached to this application? Yes No If ACO-1 not filed, explain why:                                 | o Is ACO-1 filed? | Yes No         |                      |                      |                       |     |
| Plugging of this Well will be done in accordance with K.  Company Representative authorized to supervise plugging | <del>-</del>      | •              |                      | •                    |                       |     |
| Address:                                                                                                          | (                 | City:          | State:               | Zip:                 | +                     | _   |
| Phone: ( )                                                                                                        |                   |                |                      |                      |                       |     |
| Plugging Contractor License #:                                                                                    |                   | Name:          |                      |                      |                       | _   |
| Address 1:                                                                                                        | <i>F</i>          | 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: 1458036

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                                                                                                                                                                                                                                                                                                                                                 |  |  |
| 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                                                                                                             |  |  |
| Address 1:                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                            |  |  |
| Address 2:                                                                                                                                  | county, and in the real estate property tax records of the county treasurer.                                                                                                                                                                                                                                                                               |  |  |
| City: State: Zip:+                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                            |  |  |
| owner(s) of the land upon which the subject well is or will be loc<br>CP-1 that I am filing in connection with this form; 2) if the form be | 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.  It (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 |  |  |
| form; and 3) my operator name, address, phone number, fax, and                                                                              | d 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                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                            |  |  |

| Form      | CP1 - Well Plugging Application |  |
|-----------|---------------------------------|--|
| Operator  | Jody Oil & Gas Corporation      |  |
| Well Name | JACK 1                          |  |
| Doc ID    | 1458036                         |  |

# Perforations And Bridge Plug Sets

| Perforation Top | Perforation Base | Formation   | Bridge Plug Depth |
|-----------------|------------------|-------------|-------------------|
| 4356            | 4370             | Mississippi |                   |

Conservation Division 266 N. Main St., Ste. 220 Wichita, KS 67202-1513



Phone: 316-337-6200 Fax: 346-337-6211 http://kcc.ks.gov/

Laura Kelly, Governor

Dwight D. Keen, Chair Shari Feist Albrecht, Commissioner Jay Scott Emler, Commissioner

April 19, 2019

Dustin Newberry Jody Oil & Gas Corporation PO BOX 422 ATTICA, KS 67009-0422

Re: Plugging Application API 15-077-21343-00-00 JACK 1 SW/4 Sec.19-31S-08W Harper County, Kansas

Dear Dustin Newberry:

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

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 2 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 2's phone number is (316) 337-7400. Failure to notify DISTRICT 2, 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 15, 2019. 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 15, 2019 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 2

### **Summary of Changes**

Lease Name and Number: JACK 1 API/Permit #: 15-077-21343-00-00

Doc ID: 1458036

Correction Number: 1

Field Name Previous Value New Value

Approved Date 04/18/2019 04/19/2019

Number of Feet East or 1980 1880 West From Section Line

LocationInfoLink https://kolar.kgs.ku.edu/

kcc/detail/locationInform ation.cfm?section=19&t ../../kcc/detail/operatorE https://kolar.kgs.ku.edu/

kcc/detail/locationInform

ation.cfm?section=19&t

../../kcc/detail/operatorE

ditDetail.cfm?docID=14

58036

W2

SaveLink ../../kcc/detail/operatorE ditDetail.cfm?docID=14

57756

Quarter Call 4 - E2

Quarter Call 4 -Smallest

Quarter Call 3

# **Summary of Attachments**

Lease Name and Number: JACK 1

API: 15-077-21343-00-00

Doc ID: 1458036

Correction Number: 1

**Attachment Name** 

Plugging Approval Letter