#### KOLAR Document ID: 1458740

## 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 PLUGGING APPLICATIO |
|--------------------------|
|--------------------------|

Form

| KSONA-1, Certification of Compliance with the Kansas | Surface Owner Notification Act, |
|------------------------------------------------------|---------------------------------|
| MUST be submitted with this for                      | rm.                             |

| OPERATOR: License #:                                                                                                                                                                                                               |                                         | _ API No. 15      |                                               |                 |           |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------|-----------------------------------------------|-----------------|-----------|--|
| Name:                                                                                                                                                                                                                              |                                         | If pre 1967,      | If pre 1967, supply original completion date: |                 |           |  |
| Address 1:                                                                                                                                                                                                                         |                                         |                   | Spot Description:                             |                 |           |  |
| Address 2:                                                                                                                                                                                                                         |                                         | ·  ··             | Sec Twp S. R East West                        |                 |           |  |
|                                                                                                                                                                                                                                    |                                         |                   |                                               |                 |           |  |
| City: State: Zip: +                                                                                                                                                                                                                |                                         |                   | Feet from East / West Line of Section         |                 |           |  |
| Contact Person:                                                                                                                                                                                                                    |                                         | Footages C        | Calculated from Neares                        |                 | n Corner: |  |
| Phone: ( )                                                                                                                                                                                                                         |                                         | -                 | NENW                                          |                 |           |  |
|                                                                                                                                                                                                                                    |                                         |                   |                                               |                 |           |  |
|                                                                                                                                                                                                                                    |                                         | Lease Nam         | ie:                                           | Vveil #         | :         |  |
| Check One: Oil Well Gas Well OG                                                                                                                                                                                                    | D&A Catho                               | dic 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.: PBTD: Anhydrite Depth:(Stone Corral Formation) 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 filed?                         | s 🗌 No            |                                               |                 |           |  |
| If ACO-1 not filed, explain why:                                                                                                                                                                                                   | _                                       | _                 |                                               |                 |           |  |
|                                                                                                                                                                                                                                    |                                         |                   |                                               |                 |           |  |
|                                                                                                                                                                                                                                    |                                         |                   |                                               |                 |           |  |
| Plugging of this Well will be done in accordance with K.                                                                                                                                                                           | 3.A. 55-101 <u>et. seq</u> . and the Ru | ules and Regulati | ions of the State Corp                        | ooration Commis | ssion     |  |
| Company Representative authorized to supervise plugging of                                                                                                                                                                         | perations:                              |                   |                                               |                 |           |  |
| Address:                                                                                                                                                                                                                           | City                                    | /:                | State:                                        | Zip:            | +         |  |
| Phone: ( )                                                                                                                                                                                                                         |                                         |                   |                                               |                 |           |  |
| Plugging Contractor License #:                                                                                                                                                                                                     | Nar                                     | me:               |                                               |                 |           |  |
| Address 1:                                                                                                                                                                                                                         | Add                                     | ress 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

## KOLAR Document ID: 1458740

#### 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<br>sheet listing all of the information to the left for each surface owner. Surface<br>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:+         |                                                                                                                                                                                                                                                      |  |  |  |  |

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

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



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

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

April 29, 2019

Dinesh Patel Honey Well, LLC 15621 W 87TH ST. PKWY LENEXA, KS 66219-1435

Re: Plugging Application API 15-121-30359-00-00 GREEN 4 SE/4 Sec.02-17S-22E Miami County, Kansas

Dear Dinesh Patel:

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 October 26, 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 26, 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 3