

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 #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

API No. 15 - \_\_\_\_\_  
If pre 1967, supply original completion date: \_\_\_\_\_  
Spot Description: \_\_\_\_\_  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. R. \_\_\_\_  East  West  
\_\_\_\_ Feet from  North /  South Line of Section  
\_\_\_\_ Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

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: \_\_\_\_\_ 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.: \_\_\_\_\_ 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?  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 Commission

Company Representative authorized to supervise plugging operations: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Plugging Contractor License #: \_\_\_\_\_ Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_ 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

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 (Cathodic Protection Borehole Intent)  T-1 (Transfer)  CP-1 (Plugging Application)

OPERATOR: License # \_\_\_\_\_  
Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. R. \_\_\_\_  East  West  
County: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*

**Surface Owner Information:**

Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

*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.*

*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.*

I Submitted Electronically

I

Form	CP1 - Well Plugging Application
Operator	Farmer, John O., Inc.
Well Name	STAPLETON 1
Doc ID	1465454

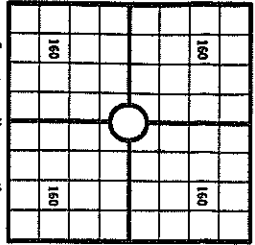
Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3757	3769	Arbuckle	

OPERATOR Jones, Shelburne & Tammor, Inc

ADDRESS Russell, Kansas

640 Acres



COUNTY Norton SEC 36 TWP 3 RGE 24  
 COMPANY OPERATING Jones, Shelburne & Tammor, Inc  
 OFFICE ADDRESS Russell, Kansas  
 FARM NAME Stapleton WELL NO. 1  
 DRILLING STARTED 7 1953 DRILLING FINISHED 8-15, 1953  
 DATE OF FIRST PRODUCTION \_\_\_\_\_ COMPLETED \_\_\_\_\_  
 WELL LOCATED: SW 1/4 SW 1/4 NE 1/4 North of South  
 Line and \_\_\_\_\_ ft. East of West Line of Quarter Section  
 Elevation (Relative to sea level) DERBICK FLOOR 2412.3 GROUND  
 CHARACTER OF WELL (Oil, gas or dryhole) Oil

OIL OR GAS SANDS OR ZONES

Name	From	To	Name	From	To

Perforating Record If Any

Formation	From	To	No. of Shots	Formation	From	To	Size of Shot

CASING RECORD

Amount Set	Amount Pulled	Packer Record									
Size	Wt.	Tnds.	Make	Fl.	In.	Fl.	In.	Size	Length	Depth Set	Make
5/8				275							
1/2				3750							

Liner Record: Amount \_\_\_\_\_ Kind \_\_\_\_\_ Top \_\_\_\_\_ Bottom \_\_\_\_\_  
 CEMENTING AND MUDDING

Amount Set	Chemical	Method of Cementing	Amount	Mudding Method	Results (See Note)
Fl.	In.	Gal.	Make		
1/8	275		150		
1/2	3750		75		

Note: What method was used to protect sands if outer strings were pulled? \_\_\_\_\_

NOTE: Were bottom hole plugs used? \_\_\_\_\_ If so, state kind, depth set and results obtained

TOOLS USED

Rotary Tools were used from \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Cable tools were used from \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Type Rig \_\_\_\_\_

INITIAL PRODUCTION TEST

Describe initial test: whether by flow through tubing or casing or by pumping \_\_\_\_\_  
 Amount of Oil Production \_\_\_\_\_ bbls. Size of choke, if any \_\_\_\_\_ Length of test \_\_\_\_\_  
 Production \_\_\_\_\_ bbls. Gravity of oil \_\_\_\_\_ Type of Pump if pump is used, describe \_\_\_\_\_  
 Water \_\_\_\_\_

Give detailed description and thickness of all formations drilled through, contents of sand, whether dry, water, oil or gas.

FORMATION RECORD

Formation	Top	Bottom	Formation	Top	Bottom
Shale	0	125			
Shale & sand	125	275			
Shale & shells	275	1080			
Sand	1080	1120			
Shale & shells	1120	1660			
Sand	1660	1755			
Shale, shells					
redbed	1755	1920			
redbed	1920	1980			
redbed	1980	2025			
Anhydrite	2025	2055			
Shale & shells	2055	2170			
Shale & shale	2170	2680			
Lime & shale	2680	2830			
Shale & Lime	2830	3015			
Lime & shale	3015	3757			
Arbuckle 3757	3757	3769			

TESTS:

Reversion 2415 R.D.  
 Heilner 3468  
 Toronto 3492  
 Lansing 3509  
 Pass of K.C. 3595  
 Arbuckle 3756  
 T.D. 3759

I, the undersigned, being first duly sworn upon oath, state that this well record is true, correct and complete according to the records of this office and to the best of my knowledge and belief.

Name and title of representative of company

Subscribed and sworn to before me this 21st day of August, 1953  
Paul Edmund Jones  
 Notary Public

July 10, 2019

Marge Schulte  
Farmer, John O., Inc.  
370 W WICHITA AVE  
PO BOX 352  
RUSSELL, KS 67665-2635

Re: Plugging Application  
API 15-137-00520-00-00  
STAPLETON 1  
NE/4 Sec.36-03S-24W  
Norton County, Kansas

Dear Marge Schulte:

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 January 06, 2020. 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 January 06, 2020 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