

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	Casebeer, Inc.
Well Name	CARLSON 1
Doc ID	1465756

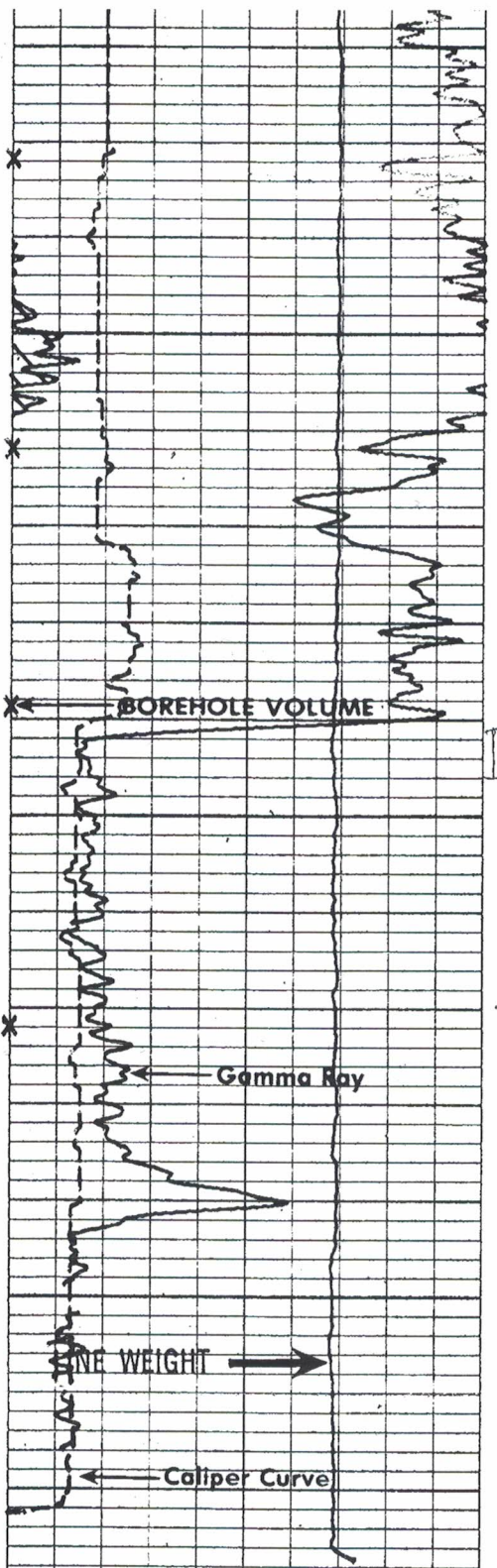
Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3391	3396	Maquoketa	

FILING NO.		COMPANY <u>RANGE OIL COMPANY, INC.</u>	
WELL <u>NO. 1 CARLSON</u>		COUNTY <u>MCPIERSON</u> STATE <u>KANSAS</u>	
FIELD _____		LOCATION: <u>N/2 NW NE</u> <i>2</i>	
COUNTY _____		SEC. <u>6</u> TWP. <u>17S</u> RGE. <u>3W</u>	
DATE <u>6-19-84</u>		OTHER SERVICES <u>DILG</u>	
Run No. <u>ONE</u>		Permanent Datum <u>GROUND LEVEL</u> Elev. <u>1353</u>	
Type Log <u>GAMMA-GAMMA</u>		Log Measured From <u>KELLY BUSHING</u> 5 Ft. Above Perm. Datum	
Depth—Driller <u>3475</u>		Drilling Measured From <u>KELLY BUSHING</u> Elev.: K.B. <u>1358</u>	
Depth—Logger <u>3476</u>		D.F. <u>---</u>	
Bottom Logged Interval <u>3474</u>		G.L. <u>1353</u>	
Top Logged Interval <u>2200</u>		RECEIVED	
Type Fluid In Hole <u>CHEMICAL</u>		STATE CORPORATION COMMISSION	
Salinity, PPM CL. <u>1800</u>		NOV 18 1985	
Density <u>86</u>		LEVEL	
Level <u>FULL</u>		CONSERVATION DIVISION	
Max Rec. Temp., Deg F. <u>110</u>		Wichita, Kansas	
Operating Rig Time <u>1.5 HOURS</u>		Recorded By <u>MACKAY</u>	
Recorded By <u>MACKAY</u>		Witnessed By <u>BOB OLSEN</u>	
Witnessed By <u>BOB OLSEN</u>			

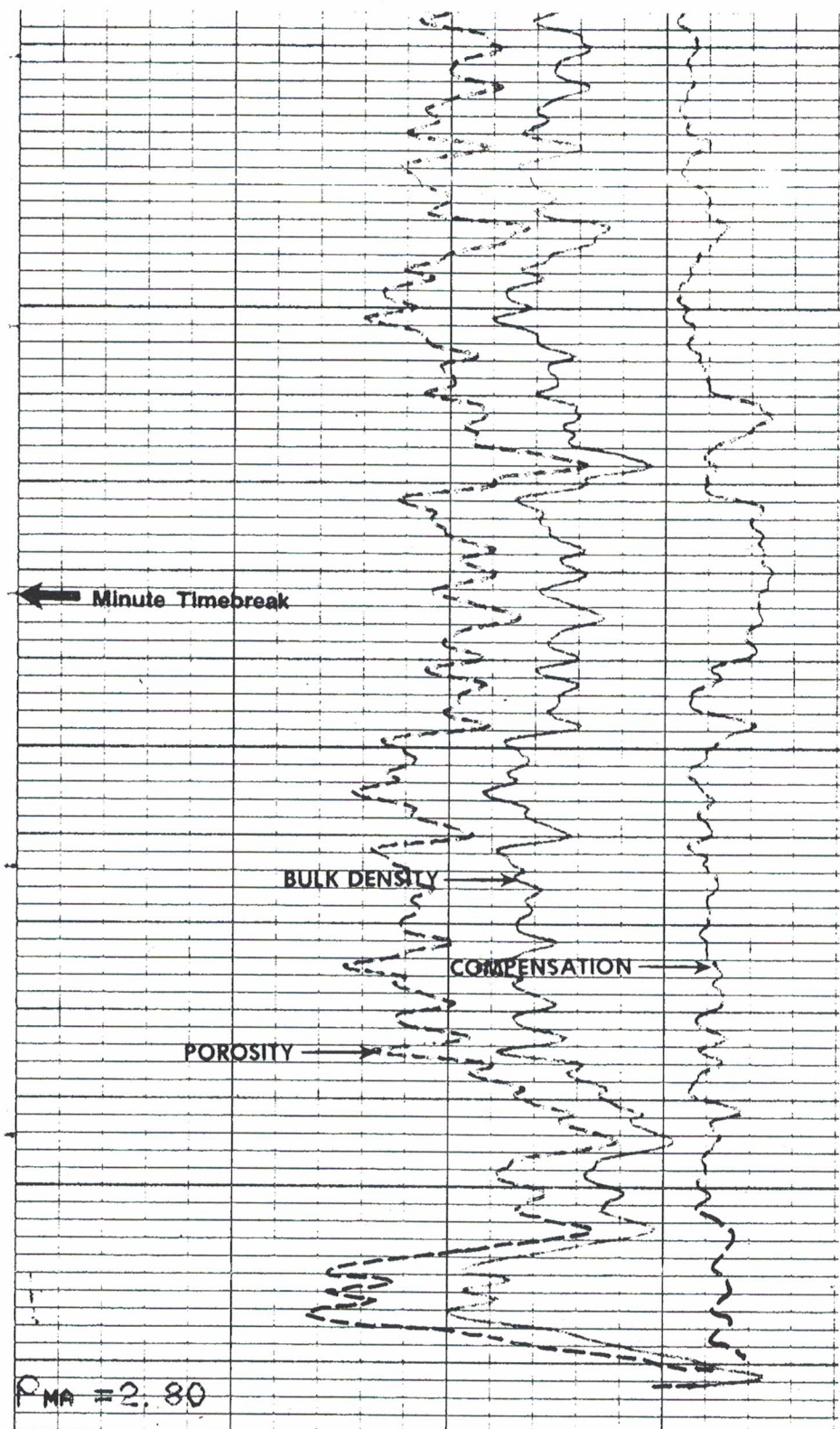
Great Guns does not guarantee the accuracy of any interpretation of log data, conversion of log data to physical rock parameters, or recommendations which may be given by Great Guns personnel or which may appear on the log or in any other form. Any user of such data, interpretations, conversions, or recommendations agrees that Great Guns is not responsible except where due to negligence or wilful misconduct, for any loss, damages, or expenses resulting from the use thereof.

Equipment Data									
Run No.	Tool No.	Source No.	Panel No.	Logging Unit	Location				
ONE		CSV B46	DIGITAL	34	ICT				
	Tool Model No.								
Calibration Data									
Run No.	Gamma Ray			C D T					
	API Scale	Background CPS	Std. CPS	DNSS	Mg.	Al.	DNLS	Mg.	Al.
ONE	0 150	40							
Logging Data									
Run No.	Depths		Speed Ft/Min	GR DC	S.D. from C.D. (ft.)				
	From	To			GR	DNSS	DNLS		
ONE	T.D.	2200	30		CAL				
					DNSS				
					DNLS				
Remarks:									



3400

3500



SONDE CALIBRATIONS

LUT	1 /	1
GR	200 /	336
DNSS AL	339 /	MG 1314
DNLS AL	363 /	MG 1309
BLOCKS AL	= 2.600	MG = 1.755

July 16, 2019

Mark Casebeer  
Casebeer, Inc.  
PO BOX 842  
MCPHERSON, KS 67460-0842

Re: Plugging Application  
API 15-113-21121-00-00  
CARLSON 1  
NE/4 Sec.06-17S-03W  
McPherson County, Kansas

Dear Mark Casebeer:

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 January 12, 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 12, 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 2