

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	Green, Frank
Well Name	CLOUD 1
Doc ID	1467400

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
1140	1172	Wayside	

ORIGINAL

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 03137
Name: Daniel M. Leonard
Address P. O. Box 1718

City/State/Zip Fort Worth, TX 76101-1718

Purchaser: Koch
Operator Contact Person: Daniel M. Leonard
Phone (817) 335-4261

Contractor: Name: Darnall Drilling
License: 6281
Wellsite Geologist: Daniel T. Johnson

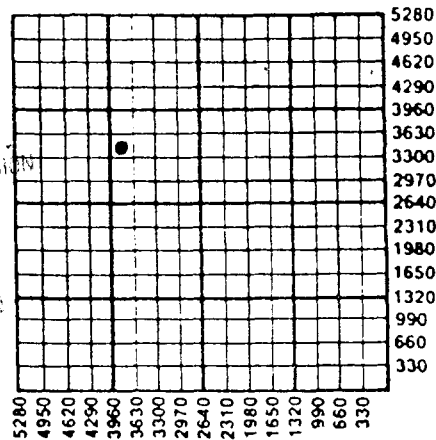
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If **OWMO**: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable
2-14-91 2-16-91 2-22-91
Spud Date Date Reached TD Completion Date

API NO. 15- 019-26,074
County Chautauqua
NW SE NW Sec. 11 Twp. 35S Rge. 11 East West
3,412 Ft. North from Southeast Corner of Section
3,880 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Cloud Well # 1
Field Name Peru-Sedan
Producing Formation Wayside Sand
Elevation: Ground 902' KB ---
Total Depth 1,240 PBTD 1,170

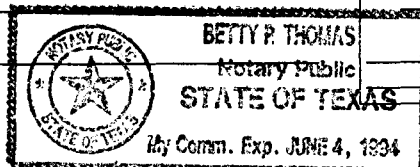


Amount of Surface Pipe Set and Cemented at 40' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 40' / 1232
feet depth to Surface w/ 30 / 125 sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months. **One copy of all wireline logs and drillers time log shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED.** Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Daniel M. Leonard
Title Operator Date 4-19-91
Subscribed and sworn to before me this 19th day of April,
19 91.
Notary Public Betty P. Thomas
Date Commission Expires 6-4-94



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received

Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify)

SIDE TWO

Operator Name Daniel M. Leonard Lease Name Cloud Well # 1
 Sec. 11 Twp. 35S Rge. 11 East West
 County Chautauqua

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)

Formation Description		
	<input checked="" type="checkbox"/> Log	<input type="checkbox"/> Sample
Name	Top	Bottom
Lenapah Ls.	1,110'	1,137'
Wayside Sd.	1,138'	1,174'
Altamont Ls.	1,200'	1,230'

CASING RECORD New Used
 Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	10-1/8"	7"	24	40'	Portland	30	
Production	6-1/4"	4.5"	10.5	1,232	Portland	125	

PERFORATION RECORD		Acid, Fracture, Shot, Cement Squeeze Record	
Shots Per Foot	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
1	1,140'-72'	Acidized w/1000 gal 15% acid; fraced w/1 K # 20/40 sd, 22 K # 10/20 sd, # 12K # 8/12 sd. + 440 gal 30# gelled water	

TUBING RECORD Size 2-3/8" Set At 1,100' Packer At _____ Liner Run Yes No

Date of First Production 2-24-91 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	41	1	85		32°

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perforation Dually Completed Commingled
 Other (Specify) _____

Production Interval _____

STATION _____ OPERATOR _____

CONSOLIDATED OIL WELL SERVICES, INC.

P.O. Box 884
 Chanute, Kansas 66720
 Phone (316) 431-9210

Ticket 78291
ORIGINAL

Date	Customer's Acct. No.	Sec.	Twp.	Range	Well No. & Farm	Place or Destination
Charge To				Owner		County
Mailing Address				Contractor		State
City & State				Well Owner Operator Contractor		

CEMENTING SERVICE DATA

TYPE OF JOB	CASING	HOLE DATA	PLUGS AND HEAD	PRESSURE	CEMENT LEFT IN CASING
Surface	New	Bore Size	Bottom	Circulating	Requested
Production	Used	Total Depth	Top	Minimum	Necessity
Squeeze	Size		Head	Maximum	Measured
Pumping	Weight	Cable Tool	FLOAT EQUIPMENT		Sacks Cement
Other	Depth	Rotary			Type & Brand
	Type				Admixes

FRACTURING - ACIDIZING SERVICE DATA

Type of Job	At Intervals of				
Bbls Fracturing Fluid	Breakdown Pressure from	psi to	psi		
Treating Pressures: Maximum	psi	Minimum	psi	Avg. Pump Rate	GPM/BPM
Sand	Gals. Treating Acid	Type	Open Hole Diameter		
Well Treating Through: Tubing	Casing	Annulus	Size	Weight	
Remarks:					
No. Perforations	Pay Formation Name	Depth of Job			Ft.

CEMENTING

INVOICE SECTION

FRACTURING - ACIDIZING

Pumping Charge	Office \$	Pumping Charge	Office \$
Pumping Charge @	Use \$	Pumping Charge @	Use \$
Sacks Bulk Cement	@	12x30 Sand	@
Ton Mileage on Bulk Cement	@	10x20 Sand	@
Premium Gel	@	x Sand	@
Flo-Seal	@	Ton Mileage	@
Calcium Chloride	@	Gals., Acid	@
Plug	@	Chemicals	@
	@		@
Equipment	@		@
	@		@
	@		@
	@	Potassium Chloride	@
	@	Rock Salt	@
Granulated Salt	@	Water Gel	@
Transport Truck (Hrs.)	@	Transport Truck (Hrs.)	@
Vac Truck (Hrs.)	@	Vac Truck (Hrs.)	@
	@		@
	Tax		Tax
Total \$		Total \$	

RECEIVED
 STATE COMMISSION
 NOV 20 1991
 WICHITA, KANSAS

A Finance Charge computed at 1 1/4% per month (annual percentage rate of 21%) will be added to balance over 30 days.

August 01, 2019

Frank Green
Green, Frank
PO BOX 235
CHAUTAUQUA, KS 67334

Re: Plugging Application
API 15-019-26074-00-00
CLOUD 1
NW/4 Sec.11-35S-11E
Chautauqua County, Kansas

Dear Frank Green:

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 January 28, 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 28, 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 3