CORRECTION #1

KOLAR Document ID: 1468531

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 Descr	iption:		
Address 2:			Sec Tv	vp S. R	East West
City: State:			Feet from	North /	South Line of Section
Contact Person:			Feet from	East /	West Line of Section
Phone: ()		Footages C	Calculated from Neare		
Frione. ()			NE NW	SE SW	
			ne:		#:
Check One: Oil Well Gas Well OG	D&A Cat	thodic 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.: Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if additi	Casing Leak at:			Stone Corral Formati	on)
Is Well Log attached to this application? Yes No If ACO-1 not filed, explain why:	Is ACO-1 filed?	Yes No			
Plugging of this Well will be done in accordance with K.S. Company Representative authorized to supervise plugging of	_	•		•	
Address:	(City:	State:	Zip:	+
Phone: ()					
Plugging Contractor License #:	1	Name:			
Address 1:	A	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: 1468531

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 (C	Cathodic 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:+	o:++ If filing a Form T-1 for multiple wells on a lease, enter the legal description of			
Contact Person:	the lease below:			
Phone: () Fax: ()				
Email Address:				
Surface Owner Information:				
Name:	When filing a Form T-1 involving multiple surface owners, attach an additional			
Address 1:	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 2:	county, and in the real estate property tax records of the county treasurer.			
City: State: Zip:+				
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and abatteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
Select one of the following:				
owner(s) of the land upon which the subject well is or will be loced CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). I address.	ct (House Bill 2032), I have provided the following to the surface potential: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form peing filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. cknowledge that, because I have not provided this information, the provided the control of the KCC performing this			
task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the K	of the surface owner by filling out the top section of this form and CCC, 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	fee with this form. If the fee is not received with this form, the KSONA-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/

Laura Kelly, Governor

Dwight D. Keen, Chair Shari Feist Albrecht, Commissioner Susan K. Duffy, Commissioner

August 13, 2019

Kenneth Laymon Kenneth & Regina Laymon, LLC 1998 Squirrel Road NEOSHO FALLS, KS 66758-7124

Re: Plugging Application API 15-207-21187-00-01 WEILAND 5 SW/4 Sec.31-23S-17E Woodson County, Kansas

Dear Kenneth Laymon:

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 February 08, 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 February 08, 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

Summary of Changes

Lease Name and Number: WEILAND 5

API/Permit #: 15-207-21187-00-01

Doc ID: 1468531

Correction Number: 1

Field Name Previous Value New Value

Approved Date 08/12/2019 08/13/2019

Elevation 983 979

Number of Feet East or 3280 2937 West From Section Line

Number of Feet North 2000 2438

or South From Section

Line

LocationInfoLink https://kolar.kgs.ku.edu/ https://kolar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=31&t ation.cfm?section=31&t

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

68515 68531

Quarter Call 4 - SW NE

Summary of Attachments

Lease Name and Number: WEILAND 5

API: 15-207-21187-00-01

Doc ID: 1468531

Correction Number: 1

Attachment Name

Plugging Approval Letter