

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

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

Operator: License # 3310
Name: Kent Oil
Address 215 W. 6th
City/State/Zip Garnett, Ks. 66032
Purchaser: Enron
Operator Contact Person: Vince Kent
Phone (913) 448-3922
Contractor: Name: Evans Energy Development
License: 08509
Wellsite Geologist: Vince Kent
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
12-2-92 12-4-92 12-20-92
Spud Date Date Reached TD Completion Date

API NO. 15- 003237010000
County Anderson
NW-SE - SE-NW Sec. 02 Twp 21 Rge. 19 E W
3070 Feet from S (circle one) Line of Section
3030 Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Gene Benjamin Well # 1 inj.
Field Name Garnett Shoestring
Producing Formation Squirrel
Elevation: Ground N/A KB N/A
Total Depth 844 PBTB 844
Amount of Surface Pipe Set and Cemented at 20' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 20'
feet depth to surface w/ 90 sx cnt.
Drilling Fluid Management Plan ALT 2 3-28-93
(Data must be collected from the Reserve Pit)

Chloride content 800 ppm Fluid volume 5 bbls
Dewatering method used disposal well
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter Sec. Twp. S Rng. E/W
County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 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 geologist well report 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.

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 Vince Kent
Title owner/operator Date 1-5-93
Subscribed and sworn to before me this 8th day of March 19 93.
Notary Public Loren J. Sayers
Date Commission Expires 2-28-95

LOREN J. SAYERS
NOTARY PUBLIC
State of Kansas
My Appt. Expires _____

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
RECEIVED
Distribution
 KCC SWD NGPA
 KGS PLUG MAR 10 1993
(Specify)
KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WICHITA, KANSAS

Operator Name Kent Oil

Lease Name Gene Benjamin Well # Tnj. #1

Sec. 02 Twp. 21 Rge. 19

East
 West

County Anderson

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.)

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Squirrel	781	789.8

List All E.Logs Run:

CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> 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	9 7/8	6 5/8	14.00	20.10	#1port	5	none
production		2 7/8"		833.6		90	none

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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

METHOD OF COMPLETION
 Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____

Production Interval
781
789.8



310 N. Hospital Drive

Paola, Kansas 66071

(913) 294-9083

Custom
oil & gas
drilling
Lease Development

WELL LOG
Gene Benjamin - #1 INJ
Vince Kent
December 2 - December 4, 1992

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
4	soil & clay	4
24	lime	28
7	shale	35
42	lime	77
60	shale	137
2	lime	139
100	shale	239
30	lime	269
14	shale	283
2	lime	285
43	shale	328
10	lime	338
9	shale	347
35	lime	382
8	shale	340
77	lime	417
3	shale	420
18	lime	438-base of the Kansas City
128	shale	566
4	sand	570-limey, no show
24	shale	594
13	lime & green shale	607
4	lime	611
6	shale	617-green with lime streaks
8	lime	625
14	shale	649
4	lime	653-sandy
3	sand	656-no show
27	shale	683
6	lime	689
17	shale	706
4	lime	710
43	shale	753
4	lime	757
9	shale	766
5	lime	771
3	shale	774
2	lime	776
3	shale	779-black
3	shale	782-sandy, light gray

RECEIVED
STATE CORPORATION COM

MAR 10 1993

CONSERVATION DIVISION
Wichita, Kansas

Gene Benjamin - #1 INJ (con't)

.5	sand & shale	782.5-broken sand, gray sandy shale & brown bleeding sand
6.7	sand	789.2-brown, bleeding well
54.8	shale	844-TD

Set 20.10' of 6 5/8" P.E. Surface Casing.

Set 833.6' of 2 7/8" 8 Round Upset Tubing including,
2 Centralizers, 1 Float Shoe, 1 Clamp.

Upper Squirrel Core Times

	<u>Min.</u>	<u>Sec.</u>
782		25
783		40
784		50
785		45
786		55
787		50
788		45
789		35
790		40
791		40
792		35
793		35
794		45
795		40
796		45
797		45
798		45

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STATE COOPERATION COMM
MAR 10 1993
OBSERVATION DIVISION
Wichita, Kansas

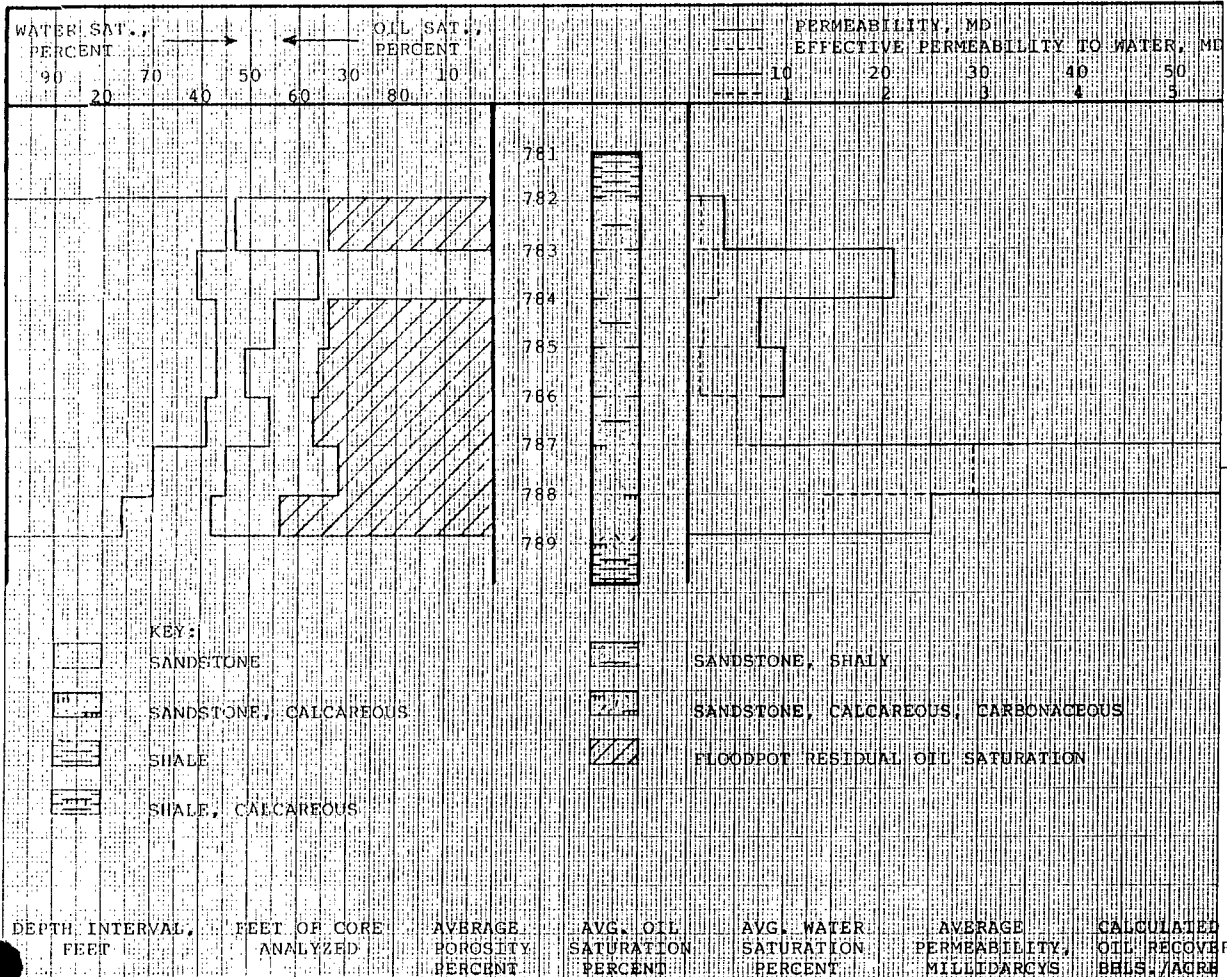
CORRELATIONAL

OILFIELD RESEARCH LABORATORIES

KENT OIL

LEASE Gene Benjamin WELL NO. 1-Inj. DATE RECEIVED 12-4-92
 FIELD _____ ELEVATION _____
 COUNTY Anderson STATE Kansas FORMATION Squirrel
 LOCATION NW $\frac{1}{4}$, SE $\frac{1}{4}$, SE $\frac{1}{4}$, NW $\frac{1}{4}$, Section 2, T21S, _____
R19E DRILLING FLUID Air
 TYPE OF CORE Rotary
 INTERVAL CORED 781.0' - 789.8' INTERVAL RECEIVED 781.0' - 789.8'

USCO 10000



DEPTH INTERVAL, FEET	FEET OF CORE ANALYZED	AVERAGE POROSITY PERCENT	AVG. OIL SATURATION PERCENT	AVG. WATER SATURATION PERCENT	AVERAGE PERMEABILITY, MILLIDARCYS	CALCULATED OIL RECOVERY, BBL/ACRE
781.9 - 788.8	6.9	16.4	48.9	38.4	19.2	1,140

CHANUTE, KANSAS
DECEMBER, 1992 BJD

RECEIVED
STATE CORPORATION COMMISSION
MAR 10 1993
CONSERVATION DIVISION
Wichita, Kansas

STATION Ottawa OPERATOR Fred Mader

Ticket 88441

CONSOLIDATED OIL WELL SERVICES, INC.

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

Date <u>12-4-72</u>	Customer's Acct. No. <u>41648</u>	Sec. <u>2</u>	Twp. <u>21</u>	Range <u>19</u>	Well No. & Farm <u>6. Benjamin #1 - INW</u>	Place or Destination <u>Garnett</u>
Charge To <u>Kent Oil Co.</u>			Owner <u>Vince Kent</u>			County <u>Anderson</u>
Mailing Address <u>215 W. 6th</u>			Contractor <u>Evans Energy Dev.</u>			State <u>Ks</u>
City & State <u>Garnett Ks 66032</u>			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 <u>5 1/8</u>	Bottom <u>1-5W</u>	Circulating <u>300*</u>	Requested
Production	Used	Total Depth <u>840</u>	Top	Minimum	Necessity
Squeeze	Size <u>2 3/8</u>	Cable Tool	Head <u>BV</u>	Maximum <u>1000*</u>	Measured
Pumping	Weight	Rotary	Float Equipment	Sacks Cement <u>90</u>	
Other	Depth <u>836</u>		Type & Brand <u>Portland A. Ballmix</u>		
	Type <u>8 RD</u>		Addives <u>2% Gel 5% Salt 1% Flo-Sol</u>		

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 Close In _____ psi

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. _____

ORIGINAL

CEMENTING 1 well **INVOICE SECTION** **FRACTURING - ACIDIZING**

Pumping Charge	Office Use	\$	Pumping Charge	Office Use	\$
90 Sacks Bulk Cement @ <u>5.25</u>		<u>472.50</u>	12x30 Sand @		
Ton Mileage on Bulk Cement <u>30</u> @ <u>---</u>		<u>60.00</u>	10x20 Sand @		
45x Premium Gel @ <u>6.80</u>		<u>306.00</u>	x Sand @		
15x Flo-Seal @ <u>30.00</u>		<u>450.00</u>	Ton Mileage @		
Calcium Chloride @			Gals. Acid @		
1-1/2 Plug @ <u>8.50</u>		<u>12.75</u>	Chemicals @		
Equipment @			Use, 1117 in casing of 1 cement job, @		
@			@		
@			@		
@			@		
@			Potassium Chloride @		
@			Rock Salt @		
240 Granulated Salt @ <u>1.2</u>		<u>288.00</u>	Water Gel @		
Transport Truck (Hrs.) @			Transport Truck (Hrs.) @		
Vac Truck (Hrs.) @			Vac Truck (Hrs.) @		
Rig Water @			@		
Tax		<u>33.48</u>			

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

Total \$ 1035.88

134075

RECEIVED
STATE OPERATIONAL COMMISSION
MAR 10 1993
CONSERVATION DIVISION
WICHITA, KANSAS
NSC 18936

September 19, 2019

Chad Thompson
Brant Energy, LLC
962 ROCK CREEK RD
POMONA, KS 66076-8803

Re: Plugging Application
API 15-003-23701-00-00
GENE BENJAMIN 1
NW/4 Sec.02-21S-19E
Anderson County, Kansas

Dear Chad Thompson:

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 March 17, 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 March 17, 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