

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	WILLIAMS 1
Doc ID	1475249

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
1103	1140	Wayside	

019-25,772

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

Operator: License # 3731
Name Daniel Leonard
Address P.O. box 1718
City/State/Zip Fort Worth, TX 76101

Purchaser N/A

Operator Contact Person Daniel Leonard
Phone (817) 335-4261

Contractor: License # 6282
Name Darnall Drilling

Wellsite Geologist Thomas H. Oast
Phone (918) 335-3156

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

If **OWWO**: old well Info as follows:
Operator
Well Name
Comp. Date Old Total Depth

WELL HISTORY

Drilling Method:
 Mud Rotary Air Rotary Cable
10-25-88 10-29-88 10-29-88
Spud Date Date Reached TD Completion Date
1863' plugged
Total Depth PBT
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 2 completion, cement circulated from plugged feet depth to SX cmt
Cement Company Name Consolidated Services
Invoice # 73912
A D D Y O

API NO. 15-
County Chautauqua
SE SW NW Sec. 11 Twp. 35 Rge. 11 East West

2989 Ft North from Southeast Corner of Section
4305 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

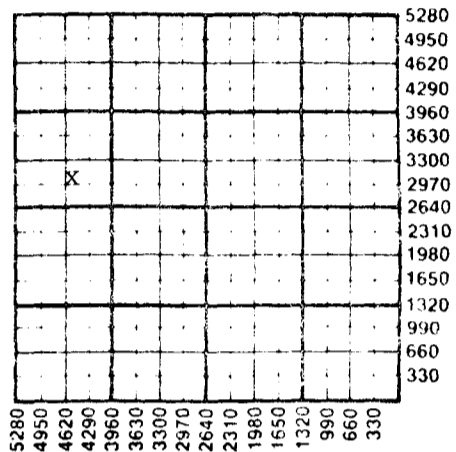
Lease Name Williams Well # 1

Field Name Peru-Sedan Oil & Gas

Producing Formation DRY HOLE

Elevation: Ground 882 887 KB

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water: Disposal
Docket # Repressuring

Questions on this portion of the ACO-1 call:
Water Resources Board (913) 296-3717

Source of Water:
Division of Water Resources Permit #
 Groundwater Ft North from Southeast Corner (Well) Ft West from Southeast Corner of Sec Twp Rge East West
 Surface Water 3010 Ft North from Southeast Corner (Stream, pond etc) 4285 Ft West from Southeast Corner Sec 11 Twp 35 Rge 11 East West
 Other (explain) (purchased from city, R.W.D. #)

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. 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.

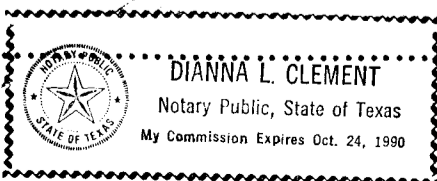
Signature Daniel M. Leonard

Title Date 11-15-88

Subscribed and sworn to before me this 15th day of Nov. 1988

Notary Public Dianna L. Clement

Date Commission Expires



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)
11-17-88
Form ACO-1 (5-86)

Sec 11 Twp 35 Rge 11 E

Operator Name Daniel M. Leonard Lease Name..... Williams Well #. 1

Sec. 11 Twp. 35 Rge. 11 East West County..... Chautauqua

WELL LOG

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
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Formation Description
 Log Sample

Name	Top	Bottom
Altamont Lime	1168	1201
Pawnee Lime	1296	1330
Oswego Lime	1401	1477
Miss Chat/Lime	1806	1863
Drillers TD	1863	

CASING RECORD <input checked="" type="checkbox"/> New <input 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	12 1/4	8 5/8	N/A	40'	portland	25	CaCl
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)		Depth	
	DRY HOLE			DRY HOLE			
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of First Production		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (explain).....					
Estimated Production Per 24 Hours		Oil	Gas	Water	Gas-Oil Ratio	Gravity	
DRY HOLE		Bbl's	MCF	Bbl's	CFPB		

METHOD OF COMPLETION Production Interval

Disposition of gas: Vented Open Hole Perforation
 Sold Other (Specify)
 Used on Lease Dually Completed
 Commingled

LOCATION Sedan OPERATOR Steve Furey

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

Ticket 73912

CONSOLIDATED OIL WELL SERVICES, INC.

Customer's Acct. No. 27-58 Sec. 11 Twp. 35 Range 11 Well No. & Farm Williams #1 Place or Destination 50A Chazy

To Daniel M. Leonard Owner County CO

Address PO Box 1718 Contractor State KS

State Texas TX 76101 Well Owner Operator Contractor

CEMENTING SERVICE DATA

TYPE OF JOB	CASING	HOLE DATA	PLUGS AND HEAD	PRESSURE	CEMENT LEFT IN CASING
	New	Bore Size <u>6 7/8</u>	Bottom	Circulating	Requested
	Used	Total Depth <u>1463</u>	Top	Minimum	Necessity
	Size	Cable Tool	Head <u>BU</u>	Maximum	Measured
	Weight	Rotary	FLOAT EQUIPMENT	Sacks Cement <u>110 sk</u>	
	Depth			Type & Brand <u>Port Hand</u>	
				Admixes <u>Gal 10</u>	

FRACTURING - ACIDIZING SERVICE DATA

Job STATE CORPORATION COMMISSION

Fracturing Fluid Breakdown Pressure from psi to psi

Fracturing Pressures Maximum Minimum psi Avg. Pump Rate GPM/BPM Close In psi

Fracturing Through Tubing Gals. Treating Acid Wichita, Kansas Type CONSERVATION DIVISION Open Hole Diameter

Casing Annulus Size Weight

Formations Pay Formation Name Depth of Job

INVOICE SECTION

CEMENTING				FRACTURING - ACIDIZING			
Pumping Charge	Office \$	Pumping Charge	Office \$				
Pumping Charge <u>Cementing</u>	Use \$	Pumping Charge	Use \$				
<u>110</u> Sacks Bulk Cement	@	12x30 Sand	@				
Mileage on Bulk Cement <u>1/4</u>	@	10x20 Sand	@				
Premium Gel	@	x Sand	@				
Flo-Seal	@	Ton Mileage	@				
Calcium Chloride	@	Gals., Acid	@				
Plug	@	Chemicals	@				
	@	<u>2x=50' at 1463'</u>	@				
Equipment	@	<u>10x=50' at 750'</u>	@				
	@	<u>30.4 = 550 to top</u>	@				
	@		@				
	@	Potassium Chloride	@				
	@	Rock Salt	@				
Granulated Salt	@	Water Gel	@				
Transport Truck (Hrs.)	@	Transport Truck (Hrs.)	@				
Vac Truck (<u>2 1/2</u> Hrs.)	@	Vac Truck (Hrs.)	@				
	@		@				
	Tax		Tax				

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

Total \$

Total \$

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

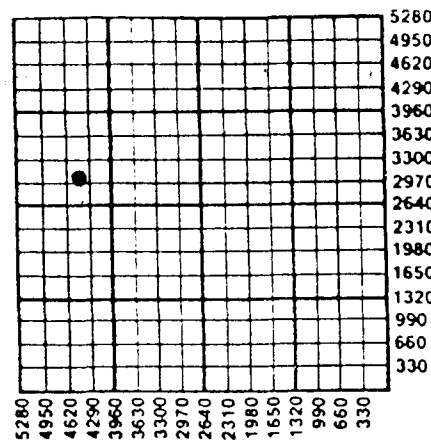
 City/State/Zip Fort Worth, TX 76101-1718
 Purchaser: Koch
 Operator Contact Person: Daniel M. Leonard
 Phone (817) 335-4261
 Contractor: Name: Darnall Drilling
 License: 6281
 Wellsite Geologist: Daniel T. Johnson FEB 25 1991

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: Daniel M. Leonard
 Well Name: Williams
 Comp. Date 10-29-88 Old Total Depth 1,863'

Drilling Method:
 Mud Rotary Air Rotary Cable
12-15-90 12-18-90 1-11-91
 Spud Date Date Reached TD Completion Date

API NO. 15- 019-25, 772-A
 County Chautauqua
 SW NW Sec. 11 Twp. 35S Rge. 11 East West
2,989 Ft. North from Southeast Corner of Section
4,305 Ft. West from Southeast Corner of Section
 (NOTE: Locate well in section plat below.)
 Lease Name Williams Well # 1
 Field Name Peru-Sedan
 Producing Formation Wayside
 Elevation: Ground 882' KB _____
 Total Depth 1,243' PBD 1,237'



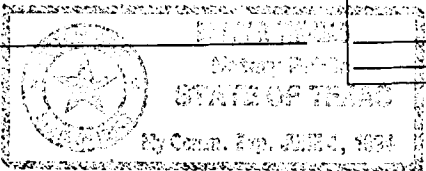
Amount of Surface Pipe Set and Cemented at 40' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 1252
 feet depth to 0 w/ 175 sx cmt.

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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 2-20-91
 Subscribed and sworn to before me this 20th day of February,
 19 91.
 Notary Public Kelly K. Thomas
 Date Commission Expires 6-4-94

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Drillers Timelog Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
		<input type="checkbox"/> NGPA
		<input type="checkbox"/> Other
		(Specify)



SIDE TWO

Operator Name Daniel M. Leonard Lease Name Williams 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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.)</p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.)</p>	<p style="text-align: center;">Formation Description</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Bottom</th> </tr> </thead> <tbody> <tr> <td>Lenapah Ls</td> <td>1,080'</td> <td>- 1,100'</td> </tr> <tr> <td>Wayside Sd</td> <td>1,102'</td> <td>- 42'</td> </tr> <tr> <td>Altamont Ls</td> <td>1,168'</td> <td>- 1,202'</td> </tr> </tbody> </table>	Name	Top	Bottom	Lenapah Ls	1,080'	- 1,100'	Wayside Sd	1,102'	- 42'	Altamont Ls	1,168'	- 1,202'
Name	Top	Bottom											
Lenapah Ls	1,080'	- 1,100'											
Wayside Sd	1,102'	- 42'											
Altamont Ls	1,168'	- 1,202'											

<p>CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p> <p>Report all strings set-conductor, surface, intermediate, production, etc.</p>							
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	1,237'	Portland	175	
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	1,103.5' - 40'			Acidized w/750 gal. 15% acid; fraced w/5,000# 12-30 sand & 45,000# 10-20 sand			
TUBING RECORD				Liner Run			
Size	Set At	Packer At	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
2-3/8"	1,100	N/A					
Date of First Production	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)						
2-15-91							
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		
	43	-0-	100		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 _____

Date	Customer's Acct. No.	Sec.	Twp.	Range	Well No. & Farm	Place or Destination
12-15-90	4813	11	38	116	Wichita #1	Wichita
Charge To			Owner			County
Mailing Address			Contractor			State
City & State			Well Owner Operator Contractor			
Ft Worth TX 76101						KS

CEMENTING SERVICE DATA

TYPE OF JOB	CASING	HOLE DATA	PLUGS AND HEAD	PRESSURE	CEMENT LEFT IN CASING
Surface	New	Bore Size 6 3/8	Bottom 15 W	Circulating 300'	Requested
Production	Used	Total Depth 1260	Top	Minimum 200'	Necessity
Squeeze	Size 4 1/2	Cable Tool	Head 75'	Maximum 750'	Measured
Pumping	Weight	Rotary 1100	Float Equipment	Sacks Cement 175	50/30
Other	Depth 1252'		Type & Brand	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

CEMENTING	Office Use	\$	FRACTURING - ACIDIZING	Office Use	\$
Pumping Charge			Pumping Charge		
175 Sacks Bulk Cement	@		12x30 Sand	@	
Ton Mileage on Bulk Cement	@		10x20 Sand	@	
650 Premium Gel	@		x Sand	@	
200 Flo-Seal	@		Ton Mileage	@	
Calcium Chloride	@		Gals., Acid	@	
Plug 4 1/2	@		Chemicals	@	
Equipment	@			@	
	@			@	
	@			@	
	@		Potassium Chloride	@	
	@		Rock Salt	@	
Granulated Salt	@		Water Gel	@	
Transport Truck (Hrs.)	@		Transport Truck (Hrs.)	@	
Vac Truck (1 1/2 Hrs.)	@		Vac Truck (Hrs.)	@	
	@			@	
		Tax			Tax

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

Total \$ 4

October 18, 2019

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

Re: Plugging Application
API 15-019-25772-00-01
WILLIAMS 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 April 15, 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 April 15, 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