

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

TYPE

AFFIDAVIT OF COMPLETION FORM

ACO-1 WELL HISTORY

Compt. \_\_\_\_\_

SIDE ONE

Two (2) copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within thirty (30) days after the completion of a well, regardless of how the well was completed.

F Attach separate letter of request if the information is to be held confidential. If confidential, only file one copy. Information on Side One will be of public record and Side Two will then be held confidential.

Applications must be made on dual completion, commingling, salt water disposal, injection and temporarily abandoned wells.

C Attach one copy only wireline logs (i.e. electrical log, sonic log, gamma ray neutron log, etc.). (Rules 82-2-105 & 82-2-125) KCC# (316) 263-3238. X No Log

LICENSE # 5043 EXPIRATION DATE 6-30-83

OPERATOR Wildcat Resources, Inc. API NO. 15-115-20,991

ADDRESS 300 Industrial Rd. COUNTY Marion

Hillsboro, Kansas 67063 FIELD LINGER

\*\* CONTACT PERSON Merle Schlehuber PROD. FORMATION HUNTON

PHONE 316-947-2343

PURCHASER LEASE Friesen

ADDRESS WELL NO. 1

DRILLING CONTRACTOR Kansas Drilling & Well Serv., Inc. WELL LOCATION NE SW SE

ADDRESS Box 254 990 Ft. from South Line and

Marion, Kansas 66861 1650 Ft. from East Line of (E)

the (Qtr.) SEC 18 TWP 21 RGE 3 (W)

PLUGGING CONTRACTOR WELL PLAT (Office Use Only)

ADDRESS KCC [checked] KGS [checked]

TOTAL DEPTH 2860' PBTB SWD/REP PLG.

SPUD DATE 1-12-83 DATE COMPLETED 1-16-83

ELEV: GR 1458 DF KB 1465

DRILLED WITH (CABLE) (ROTARY) (AIR) TOOLS.

DOCKET NO. OF DISPOSAL OR REPRESSURING WELL BEING USED TO DISPOSE OF WATER FROM THIS LEASE NOT YET APPLIED FOR

Amount of surface pipe set and cemented 207' KB DV Tool Used? No

THIS AFFIDAVIT APPLIES TO: (Circle ONE) - (Oil) Gas, Shut-in Gas, Dry, Disposal, Injection, Temporarily Abandoned, OWWO. Other

ALL REQUIREMENTS OF THE STATUTES, RULES AND REGULATIONS PROMULGATED TO REGULATE THE OIL AND GAS INDUSTRY HAVE BEEN FULLY COMPLIED WITH.

FEB 14 1983

A F F I D A V I T

CONFIDENTIAL DIVISION, Wichita, Kansas

MERLE SCHLEHUBER

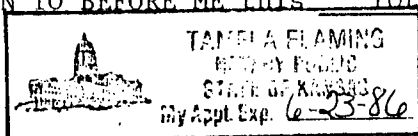
, being of lawful age, hereby certifies that:

I am the Affiant, and I am familiar with the contents of the foregoing Affidavit. The statements and allegations contained therein are true and correct.

Merle Schlehuber (Name)

SUBSCRIBED AND SWORN TO BEFORE ME this 10th day of February

19 83.



Tamela Flaming (NOTARY PUBLIC)

MY COMMISSION EXPIRES: 6-23-86

Tamela Flaming

\*\* The person who can be reached by phone regarding any questions concerning this information.

OPERATOR Wildcat Resources, Inc. LEASE Friesen

SEC. 18 TWP. 21 RGE. 3

FILL IN WELL INFORMATION AS REQUIRED:

WELL NO. 1

Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.		SHOW GEOLOGICAL MARKERS, LOGS RUN, OR OTHER DESCRIPTIVE INFORMATION.		
FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	BOTTOM	NAME	DEPTH
<input checked="" type="checkbox"/> Check if no Drill Stem Tests Run.				
lime, shale	0	1812		
Douglas Sand	1812	1952		
shale, lime stks	1952	2046		
Lans	2046	2410		
K.C.	2410	2612		
Miss	2612	2650		
Miss chat	2650	2714		
Kinderhook shale	2714	2857		
Hunton	2857	2860		
TD	2860			

If additional space is needed use Page 2, Side 2

Report of all strings set — surface, intermediate, production, etc. **CASING RECORD** (New) or (Used)

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs/ft.	Setting depth	Type cement	Sacks	Type and percent additives
Surface	12 1/4"	8 5/8"		207' KB	Class A Common	150	3% CC
Production	7 7/8"	5 1/2"		2857' KB	60/40 Pozmix	75	30 Bbl salt flush

LINER RECORD			PERFORATION RECORD		
Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval
			OPEN HOLE COMPLETED		
TUBING RECORD			2850 to 2853 GROUND LEVEL		
Size	Setting depth	Packer set at			
2 7/8"	2750 G.L.				

**ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD**

Amount and kind of material used	Depth interval treated
NONE	

Date of first production <u>SWAB TESTED</u> <u>1-27-83</u>	Producing method (flowing, pumping, gas lift, etc.) <u>SWABED</u>	Gravity <u>38°</u>
Estimated Production -I.P. <u>18</u> bbls.	Gas <u>NONE</u> MCF	Water <u>98 %</u> bbls.
Disposition of gas (vented, used on lease or sold) <u>NONE</u>		Gas-oil ratio <u>CFPB</u>
Perforations <u>OPEN HOLE 2850 to 2853 G.L.</u>		

October 30, 2019

Mindy Wooten  
Trek AEC, LLC  
200 W DOUGLAS, SUITE 101  
WICHITA, KS 67202-3001

Re: Plugging Application  
API 15-115-20991-00-00  
FRIESEN 1  
SE/4 Sec.18-21S-03E  
Marion County, Kansas

Dear Mindy Wooten:

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 April 27, 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 27, 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