

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



DAILY TIME TICKET

№ 9551

Simmons Well Service, LLC
 Gary R. Simmons P.O. Box 152 El Dorado, KS 67042
 Mobile Phone (316) 322-3800 Office Phone (316) 321-2171

DATE 11-8-2019

CUSTOMER <u>M.W.K. Petroleum</u>		WELL / LEASE <u>Cameron #4</u>		STATE <u>Kansas</u>		COUNTY <u>Butler</u>	
BILL TO ADDRESS				FIELD			
WORK ORDER #	START TIME	FINISH TO	ENG SIZE	PRICE SCHEDULE	RIG NO. <u>#1</u>		
COMPLETION <input type="checkbox"/>		WORKOVER <input checked="" type="checkbox"/>		MAINTENANCE <input type="checkbox"/>		P&A <input type="checkbox"/>	
						OTHER <input type="checkbox"/>	

Drove to location & fished tubing out of tubing head. Pulled tubing out of hole. Ran in with 6" tooth bit & 2 3/8 tubing. Tagged soft fill at 655'. Waited on water, drilled scale out of 7" down to 665' where appears to be tubing in hole. Circulated clean & pulled out of hole. Waited on 4 1/2 washover pipe. Ran 208' of 4 1/2 then 2 3/8 tubing. Tagged at 655', drilled & circulated over tubing down to 688'. Shut down. Beacing went out of swivel.

EQUIPMENT	PRICE	ITEM	QUANTITY	SIZE	PRICE
PUMP	450.00	SWAB CUPS			
TANK		SWAB CUPS			
POWER SWIVEL	450.00	OIL SAVER RUBBERS			
TUBING WIPER	40.00	TUBING WIPER RUBBERS			
2-Hours		THREAD DOPE			
		PAINT			

OTHER INFORMATION		
<u>Barrel - 2X1 25/32X10'</u>		
<u>M.A. - 4'</u>		
RIG	BILLABLE HOURS	PRICE
<u>180.00</u>	<u>11</u>	<u>1980.00</u>
ESTIMATED SUBTOTAL =>		<u>2920.00</u>

	NO	SIZE	NO	SIZE	NO	SIZE
RODS PULLED						
RODS RAN						
TUBING PULLED		<u>20-2 3/8</u>				
TUBING RAN						

LABOR	HOURS
OPERATOR <u>Gary Simmons</u>	<u>11</u>
FLOORHAND <u>Jordan Simmons</u>	<u>11</u>
FLOORHAND <u>Jacob Smith</u>	<u>11</u>
FLOORHAND	

SIGNATURE - CUSTOMER REPRESENTATIVE

Gary Simmons THANKS
 SIGNATURE - SIMMONS SUPERVISOR

RECEIVED

NOV 22 2005

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 9198
Name: May Oil Co.
Address: 746 Westchester
City/State/Zip: Andover, Ks. 67002
Purchaser: MacLasky Oilfield Services, Inc.
Operator Contact Person: Terry Satterfield
Phone: (316) 641-0418
Contractor: Name: N/A
License: _____

Wellsite Geologist: N/A
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: Terry Satterfield
Well Name: Cameron #4
Original Comp. Date: 10/18/45 Original Total Depth: 2510
____ Deepening _____ Re-perf. Conv. to Enhr./SWD
____ Plug Back _____ Plug Back Total Depth Producer
____ Commingled _____ Docket No. _____
____ Dual Completion _____ Docket No. _____
____ Other (SWD or Enhr.?) _____ Docket No. _____

4/22/05 4/22/05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 015-19540-00-03
County: Butter
NWC SW 1/4 SW 1/4 Sec. 2 Twp. 25 S. R. 5 East West
990 1149 feet from (S) / N (circle one) Line of Section
330 5092 feet from (E) / W (circle one) Line of Section
Footages Calculated from GPS - KCC - TX Nearest Outside Section Corner:
(circle one) NE SE NW (SW)

Lease Name: Cameron Well #: 4
Field Name: EL Dorado
Producing Formation: Viola
Elevation: Ground: 1335' Kelly Bushing: 1340'
Total Depth: 2510' Plug Back Total Depth: 2510'
Amount of Surface Pipe Set and Cemented at 31 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from N/A
feet depth to _____ w/ _____^{sx cmt}

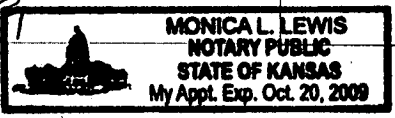
Drilling Fluid Management Plan N/A wo-Dlg-3/20/09
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 of 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: Terry Satterfield
Title: Owner/Operator Date: 11/21/05
Subscribed and sworn to before me this 21st day of November
2006.
Notary Public: Monica Lewis
Date Commission Expires: 10-20-09

KCC Office Use ONLY
____ Letter of Confidentiality Received
____ If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution



Side Two

N/A

Operator Name: MAY oil Lease Name: Cameroon Well #: 4
Sec. 2 Twp. 25 S. R. 5 East West County: Butler

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			

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KCC WICHITA

CASING RECORD <input 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
surf		10.250		31			
prod		7.000		2503			

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			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 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 _____

November 15, 2019

MICHAEL W KISER
Kiser, Michael dba MWK Petroleum Co.
508 STONE LAKE COURT
AUGUSTA, KS 67010-2399

Re: Plugging Application
API 15-015-19590-00-03
CAMERON 4
SW/4 Sec.02-25S-05E
Butler County, Kansas

Dear MICHAEL W KISER:

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 May 13, 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 May 13, 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