KOLAR Document ID: 1484371

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

**WELL PLUGGING APPLICATION** 

Form CP-1
March 2010
This Form must be Typed
Form must be Signed
All blanks must be Filled

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 completion date: |                        |                        |                      |  |
| Address 1:                                                                                                                                                                                                                    |                 | Spot Description                              | n:                     |                        |                      |  |
| Address 2:  City: State: Zip: +                                                                                                                                                                                               |                 | _                                             | Sec Twp S. R East West |                        |                      |  |
|                                                                                                                                                                                                                               |                 | Feet from North / South Line of Section       |                        |                        |                      |  |
| Contact Person:                                                                                                                                                                                                               |                 | _                                             | Feet from              |                        | West Line of Section |  |
| Phone: ( )                                                                                                                                                                                                                    |                 |                                               | lated from Neares      | st Outside Section     | Corner:              |  |
| , mone. (                                                                                                                                                                                                                     |                 |                                               |                        |                        |                      |  |
|                                                                                                                                                                                                                               |                 | 1 '                                           |                        |                        |                      |  |
|                                                                                                                                                                                                                               |                 | 2000011001                                    |                        |                        |                      |  |
| Check One: Oil Well Gas Well OG                                                                                                                                                                                               | D&A Catho       | odic Water Suppl                              | y Well O               | ther:                  |                      |  |
| SWD Permit #:                                                                                                                                                                                                                 | ENHR Permit #:  |                                               | Gas Storage            | Permit #:              |                      |  |
| Conductor Casing Size:                                                                                                                                                                                                        | _ Set at:       | Cemer                                         | nted with:             |                        | Sacks                |  |
| Surface Casing Size:                                                                                                                                                                                                          | Set at:         | Cemer                                         | nted with:             |                        | Sacks                |  |
| Production Casing Size:                                                                                                                                                                                                       | Set at:         | Cemer                                         | nted with:             |                        | Sacks                |  |
| 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  Is Well Log attached to this application? Yes No  If ACO-1 not filed, explain why: | Casing Leak at: | (Interval)                                    |                        | Stone Corral Formation | ,)                   |  |
| Plugging of this Well will be done in accordance with K.S. Company Representative authorized to supervise plugging of                                                                                                         | -               | -                                             | -                      |                        |                      |  |
| Address:                                                                                                                                                                                                                      | City            | y:                                            | State:                 | Zip:                   | +                    |  |
| Phone: ( )                                                                                                                                                                                                                    |                 |                                               |                        |                        |                      |  |
| Plugging Contractor License #:                                                                                                                                                                                                | Na              | me:                                           |                        |                        |                      |  |
| Address 1:                                                                                                                                                                                                                    | Add             | dress 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** 

KOLAR Document ID: 1484371

## 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)                                                                                                                                                                                                         |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| OPERATOR: License #                                                                                                                                                                                                                                                     | Well Location:                                                                                                                                                                                                                               |  |  |  |
| Address 1:                                                                                                                                                                                                                                                              | County:                                                                                                                                                                                                                                      |  |  |  |
| Address 2:                                                                                                                                                                                                                                                              | Lease Name: Well #:                                                                                                                                                                                                                          |  |  |  |
| City: State: Zip:+                                                                                                                                                                                                                                                      | If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:                                                                                                                                          |  |  |  |
| Contact Person:                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                              |  |  |  |
| Phone: ( ) Fax: ( )                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                              |  |  |  |
| Email Address:                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |  |  |  |
| Surface Owner Information:                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                              |  |  |  |
| Name: When filing a Form T-1 involving multiple surface owners, attach ar                                                                                                                                                                                               |                                                                                                                                                                                                                                              |  |  |  |
| 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 county, and in the real estate property tax records of the county treasurer. |  |  |  |
| Address 2:                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                              |  |  |  |
| 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 a batteries, 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.             |  |  |  |
| I certify that, pursuant to the Kansas Surface Owner Notice Adowner(s) of the land upon which the subject well is or will be loce. 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 | ct (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.                   |  |  |  |
| KCC will be required to send this information to the surface ow                                                                                                                                                                                                         | of the surface owner by filling out the top section of this form and                                                                                                                                                                         |  |  |  |
| 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

December 04, 2019

Lance Town TDR Construction, Inc. PO BOX 339 LOUISBURG, KS 66053-0339

Re: Plugging Application API 15-059-19200-00-00 MOLDENHAUER 5 SW/4 Sec.29-15S-21E Franklin County, Kansas

Dear Lance Town:

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 June 01, 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 June 01, 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