

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

API NO. 15- 15-001-28616

County Allen

NW SW NE Sec. 12 Twp. 25 Rgd. 19 XX E

3955 Feet from SW (circle one) Line of Section
1770 Feet from SW (circle one) Line of Section

Footages calculated from nearest outside section corner:
NE. SE NW or SW (circle one)

Lease Name Evans-Mcfadden Well # W-6

Field Name Moran

Injection Producing Formation Cherokee Sand

Elevation: Ground NA to 915

Total Depth 915 PDB

Amount of surface pipe set and cemented at 20' feet

Multiple stage cementing collar used? Yes XX No

If yes, show depth set _____ feet

If alternate if completion, cement circulated from 0

feet depth to 20' w/ 5 ex cnt.

Drilling Fluid Management Plan ALT 2 294 10-16-95
(Data must be collected from the Reserve Pit)

Chloride content 180 ppm Fluid volume 160 bbls

Dewatering method used Air Dry

Location of fluid disposal if hauled offsite:

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. Twp. Rgd. E/W

County _____ Docket No. _____

Operator: License # 6137

Name: Donald & Jack Ensminger

Address R.R. 1 Box 75
Moran, Kansas

City/State/Zip 66755

Purchaser: Enron

Operator Contact Person: Don Ensminger

Phone (316) 496-2300

Contractor: Name: Company Tools

License: ORIGINAL

Wellbore Geologist: _____

Designate Type of Completion
 New Well _____ Re-Entry _____ Workover _____

Oil SWD SIGW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Coro, WSV, 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 _____ PDB
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj) _____ Docket No. _____

11-29-94 12-1-94 12-1-94

Spud Date _____ Date Reached TD _____ Completion Date _____

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 Donald Ensminger

Title Owner Date 2-14-95

Subscribed and sworn to before me this 14 day of Feb, 19 95.

Notary Public Julie A. Aubert

Date Commission Expires Oct. 28, 1996

K.C.C. OFFICE USE ONLY
Letter of Confidentiality Attached
Wireline Log Received
Geologist Report Received
Distribution: KCC SWD/AGP NEPA Other (Specify) _____
FEB 15 1995
OPERATION DIVISION
WICHTA, KANSAS

JULIE A. AUBERT
Notary Public - State of Kansas
My Appt. Expires 10/28/96

Operator Name Donald & Jack Ensminger Lease Name Evans-Mcfadden Well # W-6

Sec. 12 Twp. 25 Rge. 19 East West
 County Allen

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.)
 List All E. Logs Run:

Name	Formation (top), Depth and Datum		Sample
	Top	Datum	
Soil	0	1	
Ls with Sh streaks	1	241	
Sh with Ls streaks	241	739	
Oil sd	739	742	
Sh	742	774	
Oil sd	774	780	
Sh	780	827	
Oilsd	827	862	
Sh	862	915 TD	

CASING RECORD New 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	10 1/2	7"	21	20'	Common	5	None.
Production	5 1/4	2 1/2	6.5	891	Common	112	2% gel

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				

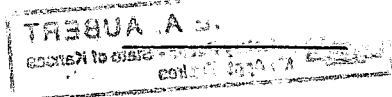
Shots Per Foot	PERFORATION RECORD - Bridge Plug Set/Type Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth	
	2"	839-860	50 gal. acid	5sacks sand
		60 bbl. gelled water		839-860

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWB or Inj. Producing Method Flowing Pumping Gas Lift Other (Explain)
 When approved for injection

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
					22

Disposition of Gas: Vented Sold Used on Lease (if vented, submit ACO-18.)
 METHOD OF COMPLETION Open Hole Part. Dually Comp. Cemented Other (Specify)
 Production Interval 839-860



DRILLING TIME REPORT

DATE 11/29/94 A.M.
OR
P.M.
COUNTY: Allen
TWP. 25 SEC. 12 RANGE 19
Location 3955 F South
TYPE OF RIG 1770
MUD WEIGHT 2200 F east
MUD VISCOSITY 500
NW, SW, NE
CONTRACTOR Company Tools

COMPANY: Ensinger Oil
LEASE: McFadden - Evans
NO. W-6
API 15-001-28616
TYPE OF INDICATOR
WEIGHT ON DRILL PIPE
R.P.M. ROTARY TABLE

DEPTH		ACTUAL DRILLING TIME		MINUTES PER	REMARKS	BIT NO.
FROM	TO	BEGAN	ENDED			
	Soil	1			Set 20' 7"	
23	Lime	24			Cemented 4 5x.	
75	shale	99			5 1/4" Hole	
142	lime	241				
206	Shale	447				
11	lime	458			T.D. Hole 915'	
67	Shale	525			T.D. Pipe 890.8'	
37	lime	562				
37	Shale	599				
20	lime	619				
7	Shale	626				
4	lime	630				
	Shale	701				
1	Coal	702				
31	Shale	733				
4	Sand	737				
2	Shale	739				
3	Oil Sand	742				
11	Shale	753				
1	Coal	754				
20	Shale	774				
6	Oil Sand	780				
47	Shale	827				
13	Sand	840				
21	Oil Sand	861				
1	Shale	862				
4	Black Sand	866				
	Shale					

RECORD TIME TOUR IS CHANGED UNDER REMARKS.

ACTUAL DRILLING TIME IS TIME SPENT IN DRILLING THE DEPTH, SHUT DOWN TIME IS SPENT SHUT DOWN FOR REPAIRS, ROUND TRIPS, WATER, ETC. SHOW WHEN BIT IS CHANGED AND KIND OF NEW BIT. MENTION ROUND TRIPS IN REMARKS COLUMN. FILL OUT THIS FORM FROM TOP TO BOTTOM OF HOLE.

CONSOLIDATED INDUSTRIAL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 316-431-9210 OR 800-467-8676

TICKET NUMBER 1388

LOCATION _____

ORIGINAL FIELD TICKET

M. Ladden

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
12-1-94	2507	<i>Barona W-6</i>		1	25	19	allen	
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

Ensinger Oil Company
RT 1, Box 76
Moran, Ks 66755

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5402	1- Long String	PUMP CHARGE <i>Cement Pump</i>		420. ⁰⁰
		HYDRAULIC HORSE POWER		
		STAND BY TIME		
		MILEAGE		
		WATER TRANSPORTS		
		VACUUM TRUCKS <i>Had own water</i>		
		FRAC SAND		
1118	3 Gel	<i>Premium Gel</i>		20. ⁷⁰
1104	112 sacks	<i>Portland A 60lb Pkg</i>		784. ⁰⁰
		NITROGEN	<i>Tax</i>	51. ⁵⁰
5407	25 miles	TON-MILES <i>Bulk Cement</i>		60. ⁰⁰
			ESTIMATED TOTAL	1,336. ²⁰

NSCO #15097

CUSTOMER or AGENTS SIGNATURE _____

CIS FOREMAN *Randy Ellis*

CUSTOMER or AGENT (PLEASE PRINT) _____

DATE *12-1-94*

144638

December 04, 2019

David Kimzey
Ensminger Energy LLC
1493 3000 ST.
MORAN, KS 66755-3949

Re: Plugging Application
API 15-001-28616-00-00
EVANS-MCFADDEN W-6
NE/4 Sec.12-25S-19E
Allen County, Kansas

Dear David Kimzey:

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