

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 OR RECOMPLETION FORM
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: License # 7115
Name John J. Conroy
Address Box 43
..... Middlesboro, KS 60602
City/State/Zip

Purchaser.....UPG./Toland.....

Operator Contact Person John T. Cassidy
Phone 913-853-2670

Contractor: License # 6913
Name Gregory Drilling

Wellsite Geologist.....
Phone.....

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.....
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WELL HISTORY

Drilling Method: ☐ Mud Rotary ☒ Air Rotary ☐ Cable

<u>7 Aug 85</u>	<u>9 Aug 85</u>	<u>27 Sep 85</u>
Spud Date	Date Reached TD	Completion Date
<u>780</u>		
.....	
Total Depth	PBTD	

Amount of Surface Pipe Set and Cemented at 21 feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set.....feet
If alternate 2 completion, cement circulated
from 21 feet depth to Surface SX cmt

API NO. 15-059-23,946.....

County.....*Franklin*.....

SW SE SW Sec. 29 Twp. 15 Rge. 21 ☒ East
K-41 ☐ West

.....165..... Ft North from Southeast Corner of Section
.....3715..... Ft West from Southeast Corner of Section

(Note: Locate well in section plat below)

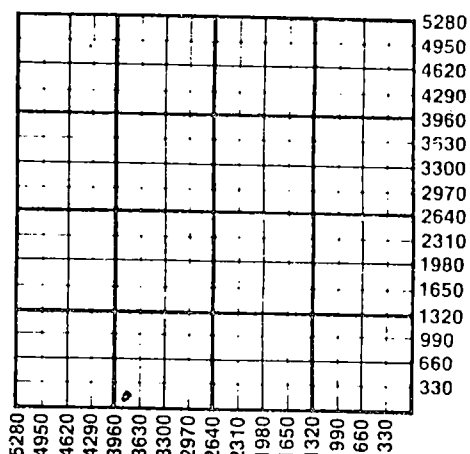
Lease Name McKlenhauer Well # 18B

Field Name.....Paola - Rantoul.....

Producing Formation..... Squid

Elevation: Ground.....KB.....

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water: ☐ Disposal
Docket # 0013352 ☒ 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.....Ft North from Southeast Corner
(Stream, pond etc).....Ft West from Southeast Corner

Sec Twp Rge ☐ East ☐ West

☐ Other (explain).....
(purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 and 82-3-107 apply.

Information on slide 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 

Title..... *Power* Date *21 Nov 85*

Subscribed and sworn to before me this 21 day of November.

Notary Public, Johnnie G. Matthews FILED
IN COMMISSION

Date Commission Expires... November 15, 1987

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)

.....

.....

Form ACO-1 (7-8A)

STATE NOTARY PUBLIC
JANICE E. CARUTHERS
State of Kansas
My Appt. Exp. 11/15/87

1-9 22 1986

Sec 29 Twp. 15. Rge. 21 E

DRILLER'S LOG

CASADY DRILLING

1632 CHESTNUT
OTTAWA, KS. 66067
913-242-5998

DATE SPUD. 8-7-85

DATE COMP. 8-9-85
15059-23,946

API # _____ LOCATION SW,SE,SW SEC. 29 TWP. 15 RG. 21E

COUNTY Franklin STATE Kansas SURFACE CASING 6 5/8" SIZE 21 LEN.

PG 1

LEASE NAME Moldenhauer

WELL NUMBER 18-B

OPERATOR J.T. Casady

ADDRESS Box 63 Wellsville, Ks. 66092

SIZE HOLE 5 1/4"

THICKNESS	FORMATION	TOTAL DEPTH	REMARKS	THICKNESS	FORMATION	TOTAL DEPTH	REMARKS
18	soil	18		7	lime	657	
67	shale	75		14	shale	671	
65	lime	140		4	lime	675	
38	shale	178		11	shale	686	
20	lime	198		11	lime	697	
80	shale	278		13	shale	710	
40	lime	318		2	lime	712	
60	shale	378		3	shale	715	
20	lime	398		3	shale	718	
10	shale	408		1	shale w/	719	sand lams
22	lime	430		4	shale	723	
7	shale	437		1	sand brkn	724	
4	lime	441		2	sandy lime	726	
3	shale	444		11	sand	737	
5	lime	449		43	sandy shale	780	t.d.
118	shale	567					
7	sandy lime	574					
51	shale	625					
10	lime	635					
15	shale	650					

Dwight D. Keen, Chair
Shari Feist Albrecht, Commissioner
Susan K. Duffy, Commissioner

Laura Kelly, Governor

December 09, 2019

Lance Town
TDR Construction, Inc.
PO BOX 716
LOUISBURG, KS 66053-0716

Re: Plugging Application
API 15-059-23946-00-00
MOLDENHAUER 18 B
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 06, 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 06, 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