

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

Form	CP1 - Well Plugging Application
Operator	Quinque Operating Company
Well Name	DICKINSON RANCH 21-1
Doc ID	1487147

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4747	4754	Arbuckle	4720
4670	4686	Simpson	4662
4630	4650	Basal Viola	4605
4510	4520	Viola	4490
4426	4460	Mississippi	

Company	QUINQUE OPERATING COMPANY
Well	DICKINSON RANCH #21-1
County	BARBER
State	KANSAS
Country	USA
API No.	15-007-24364-00-00
File No.	QUINQUE OPERATING COMPANY
Well	DICKINSON RANCH #21-1
County	BARBER
State	KANSAS
Country	USA
API No.	15-007-24364-00-00
Location	25522 FSI & 1180' FMI
Location	LAI: 57332840841 + LONG: 98.853434229
Permit Datum:	GL
Drilling Measured From:	KB
Log Measured From:	DF
Above Permit Datum:	0.00 Ft
Run Number	0
Depth--Driller	0.0 Ft
Depth--Logger	0.0 Ft
First Reading	0.0 Ft
Last Reading	0.0 Ft
Casing--Driller	0.0 Ft
Casing--Logger	0.0 Ft
Bit Size	6.00 in
Casing Size	6.00 in
Fluid Type	---
Fluid Density	0.0
RM@Measured Temp	0.000 @ 0 F
RM@Circulated Temp	0.000 @ 0 F
RM@BHT	0.000 @ 0 F
Time Circulation Stopped	0
Max Recorded Temp	F
Equipment/Case	
Recorded By	
Witnessed By	

The customer is hereby warned that by providing the log data herein, STEP Energy Services does not agree to provide any interpretation of log data, conversion of log data to physical rock parameters or recommendations. STEP Energy Services does not guarantee or warrant either expressly or impliedly, the accuracy of any interpretation of log data, conversion of log data to physical rock parameters or recommendations which may be given by STEP Energy Services personnel. Any interpretation, conversion or recommendation is not part of the consideration for the agreement between the parties and is not part of the charge by STEP Energy Services for its services. Any user of the log data is warned that said user is not intended to rely on interpretations, conversions or recommendations as aforesaid.

Bitsize Intervals		Casing Strings			
Size (in)	Bottom (ft)	Size (in)	Weight (lbs)	Bottom (ft)	Top (ft)

Run Number	0
Date	
Date/Time On Bottom	
Depth to Fluid	0.0 Ft
Salinity	0.000
RMF@BHT	0.000 @ 0 F
RMC@BHT	0.000 @ 0 F

Run Number 0

Comments

Tool String Schematic

Total Tool Length - 53.57 ft.
Maximum Outside diameter - 6.00 in.
Net Weight in Air - 943.00 lbs.

Tool: GRT-B	Length: 3.40 ft.	0.D.	3.60 in.
Gamma Ray Controller			
Sonde ID :GRT-BB-109			
Measure Point	Tool Offset	Stack Offset	Bottom Offset
GRP	2.00	2.00	51.57

Tool: CNT-AA	Length: 9.30 ft.	0.D.	4.36 in.
Compensated Neutron A Pad on NDT-A			
Sonde ID :NDT-BB-033			
Source ID :N-1044			
Pad ID :CNP-AA-121			
Measure Point	Tool Offset	Stack Offset	Bottom Offset
CLCN	6.00	9.40	44.17
PHIN	6.80	10.20	43.37

Tool: LDT-DF	Length: 9.72 ft.	0.D.	4.80 in.
Litho Density D Pad on NDT-F			
Sonde ID :PDT-GA-426			
Source ID :63558B			
Pad ID :LDP-DA-75			
Measure Point	Tool Offset	Stack Offset	Bottom Offset
CLD	6.42	19.12	34.45
PEL	7.42	20.12	33.45
PES	7.82	20.52	33.05
LDEN	7.62	20.32	33.25
LCOR	7.62	20.32	33.25

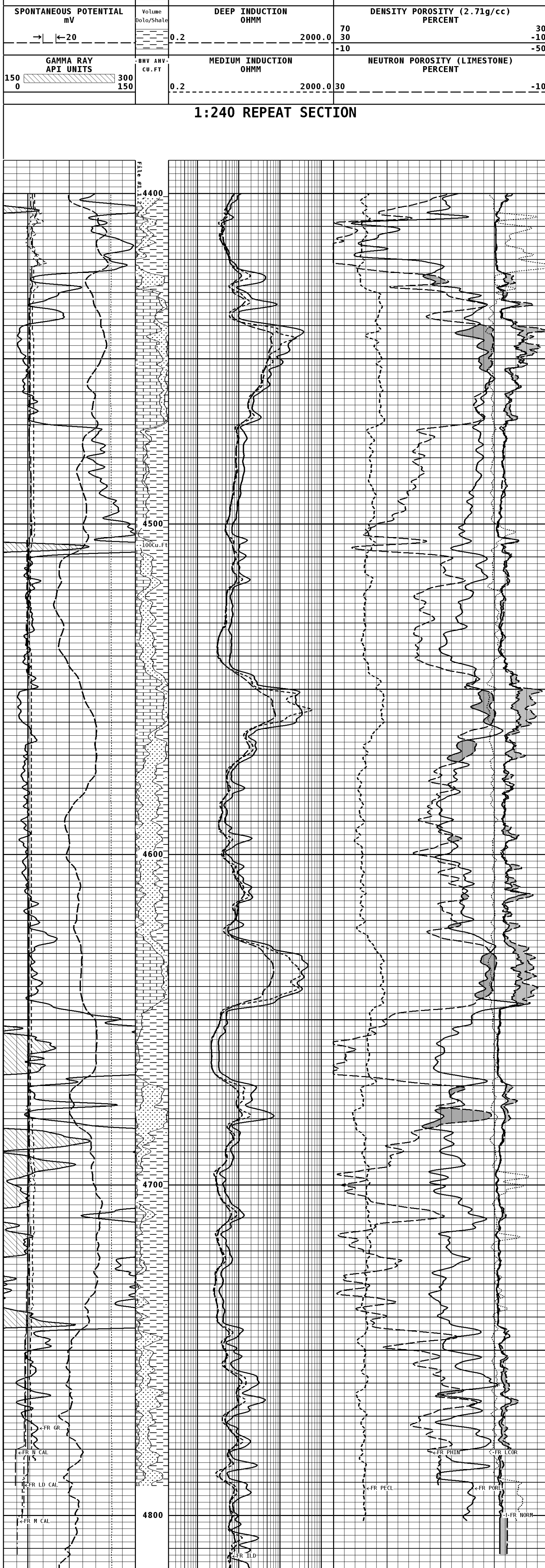
Tool: MST-DA	Length: 9.66 ft.	0.D.	6.00 in.
Micro Spherically Focused (IC)			
Sonde ID :MST-DA-024			
Measure Point	Tool Offset	Stack Offset	Bottom Offset
MSFL	7.60	30.02	23.55
MSCLP	7.60	30.02	23.55
INV	7.60	30.02	23.55
NOR	7.60	30.02	23.55

Tool: PIT-CA	Length: 21.49 ft.	0.D.	3.62 in.
Phased Dual Induction w/ RW & D			
Sonde ID :PIT-CA-069			
Measure Point	Tool Offset	Stack Offset	Bottom Offset
ILD	8.92	41.00	12.56
ILM	10.10	42.18	11.39
SFLU	17.49	49.57	4.00
SP	20.60	52.68	0.88

Well File: QUIN DICKINSON 21-1 NOV30_MSK
Scale: 1:240
Format: COMSAT
Segment: V1.D1.S2 Log UP
Acquired: 2019-11/30 10:04 3.4.1-13968
Reference: 0
Processed: 2019-11/30 10:04 3.4.1-13968

CALIPER MICRO INCHES (IN)	26 6				
BIT SIZE INCHES (IN)	6				
NEUTRON (Y) CALIPER INCHES (IN)	26 6				
DENSITY (X) CALIPER INCHES (IN)	26 6	Volume Quar tz		DENSITY CORRECTION G/CC	-0.75 0.25
TENSION LBS	0	Volume Calcite	0.2	SHALLOW FOCUSED RESISTIVITY OHMM	2000.0 0
SPONTANEOUS POTENTIAL mV	→ ← 20	Volume Dolo/Shale	0.2	DEEP INDUCTION OHMM	2000.0 70 30 -10
GAMMA RAY API UNITS	150 0	BHV ANV CU. FT.	0.2	MEDIUM INDUCTION OHMM	2000.0 30
					PE CROSS-SECTION BARN/ELECTRON 20 DENSITY POROSITY (2.71g/cc) PERCENT 30 -10 -50 NEUTRON POROSITY (LIMESTONE) PERCENT -10

1:240 REPEAT SECTION



1:240 REPEAT SECTION

GAMMA RAY API UNITS	150 0	BHV ANV CU. FT.	0.2	MEDIUM INDUCTION OHMM	2000.0 30	NEUTRON POROSITY (LIMESTONE) PERCENT	-10
SPONTANEOUS POTENTIAL mV	→ ← 20	Volume Dolo/Shale	0.2	DEEP INDUCTION OHMM	2000.0 70 30 -10	DENSITY POROSITY (2.71g/cc) PERCENT	30 -10 -50
TENSION LBS	10000	Volume Calcite	0.2	SHALLOW FOCUSED RESISTIVITY OHMM	2000.0 0	PE CROSS-SECTION BARN/ELECTRON	20
DENSITY (X) CALIPER INCHES (IN)	26 6	Volume Quar tz				DENSITY CORRECTION G/CC	-0.75 0.25
NEUTRON (Y) CALIPER INCHES (IN)	26 6						INVERSE OHMM 0 40
BIT SIZE INCHES (IN)	6						NORMAL OHMM 0 40
CALIPER MICRO INCHES (IN)	26 6						

* Borehole Zone Factors *

Zone 1	99999.0 to 0.0 Feet		
Matrix Density		2.71	g/cc
Fluid Density		1.00	g/cc
Formation Matrix		Limestone	
Drill Bit Size		7.875	in
Casing Diameter		5.500	in
Casing Thickness		6.350	mm
Casing Correction (PHI N)		Disable	
Hole Substance		Fluid	
BHT Depth		4830.000	ft
Borehole Temperature		73.0	degF
Temperature Gradient		1.00	degF
Resistivity Of Mud		1.200	ohmm
MSTNG Normal Correction		0.00	ohmm
MSTNG Inverse Correction		0.00	ohmm

January 06, 2020

Catherine Smith
Quinque Operating Company
908 NW 71ST ST
OKLAHOMA CITY, OK 73116-7402

Re: Plugging Application
API 15-007-24364-00-00
DICKINSON RANCH 21-1
SW/4 Sec.21-31S-14W
Barber County, Kansas

Dear Catherine Smith:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 1 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 1's phone number is (620) 682-7933. Failure to notify DISTRICT 1, 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 July 04, 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 July 04, 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 1