

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	AGV Corp.
Well Name	FINDLEY 1-6
Doc ID	1509749

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4401	4403	Mississippi	4400
3655	3660	Stalnaker	

(Rules 82-3-130 and 82-3-107)
 This form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within ninety (90) days after the completion of a well, regardless of how the well was completed.

FOR INFORMATION REGARDING THE NUMBER OF COPIES TO BE FILED AND APPLICATIONS REQUIRING COPIES OF ACO-1 FORMS SEE PAGE TWO (2), SIDE TWO (2) OF THIS FORM.
 F Letter requesting confidentiality attached.
 C Attach ONE COPY of EACH wireline log run (i.e. electrical log, sonic log, gamma ray neutron log etc.)**Check here if NO logs were run.

PLEASE FILL IN ALL INFORMATION. IF NOT AVAILABLE, INDICATE. IF INFORMATION LATER BECOMES AVAILABLE, SUBMIT BY LETTER.

LICENSE # 9354 EXPIRATION DATE 8501

OPERATOR Central Energy Corporation
 ADDRESS P. O. Box 47590
 WICHITA, KANSAS 67202

** CONTACT PERSON James D. Mattingly
 PHONE (316) 267-0707

PURCHASER Unknown
 SIGM

ADDRESS
 WELLS 1-6

DRILLING Red Tiger Drilling Company
 CONTRACTOR 990 Ft. from West
 ADDRESS 1720 KSB Building
 WICHITA, KANSAS 67202

PLUGGING
 CONTRACTOR
 ADDRESS

TOTAL DEPTH 4,460' PRTD
 SPUD DATE 3/1/84 DATE COMPLETED 3/12/84
 ELEV: GR 1364 DF KB

DOCKET NO. OF DISPOSAL OR REPRESSURING WELL BEING
 DRILLED WITH (CABLE) (ROTARY) (AIR) TOOLS.

AMOUNT OF SURFACE PIPE SET AND CEMENTED 250.28' DV Tool Used?

TYPE OF COMPLETION THIS AFFIDAVIT APPLIES TO: (Circle ONE) - OIL, Shut-in Gas, Dry, Disposal, Injection, Temporarily Abandoned. If OWMO, indicate type of re-completion.

ALL REQUIREMENTS OF THE STATUTES, RULES AND REGULATIONS PROMULGATED TO REGULATE THE OIL AND GAS INDUSTRY HAVE BEEN FULLY COMPLIED WITH.
 I am the Affiant, and I am familiar with the contents of the foregoing Affidavit. The statements and allegations contained therein are true and correct.
 Charles D. Mattingly, Jr., being of lawful age, hereby certifies that:

AFFIDAVIT

1984 JUL 05
 CONFIRMATION OF COMPLETION
 WICHITA, KANSAS

MY COMMISSION EXPIRES: 1/17/88
 SUBSCRIBED AND SWORN TO before me this 20 day of _____, 1984
 JANE E. COLEMAN
 NOTARY PUBLIC
 STATE OF KANSAS
 My Appl. Exp. _____

(NOTARY PUBLIC)

** The person who can be reached by phone regarding any questions concerning this information.

SIDE TWO
OPERATOR

Central Energy Corporation LEASE Findley

ACO-1 WELL HISTORY (EY)
SEC. 6 TWP. 33SRGE. 8W (W)

FILL IN WELL INFORMATION AS REQUIRED:

WELL NO. 1-6

FORMATION DESCRIPTION, CONTENTS, ETC.		TOP	BOTTOM	NAME	DEPTH
Check if no Drill Stem Tests Run.					
Check if samples sent to Geological Survey					
Red Bed		0	236	HEEBNER	3340-(-1971)
Surface Soil		236	265		
Sand & Shale		265	705	IATAN	3591(-2222)
Shale		705	1412	STALNAKER	3658(-2289)
Shale & Lime		1412	1737		
Shale		1737	1945	K C	3913(-2544)
Lime & Shale		1945	4460		
RTD			4460	MISSISSIPPI	4400(-3031)
DST #1 3653-3667 30-30-60-60 GTS 4 min MAX Gauge 817,000 CFGPD recovered 30' GLM. IFP 45-147 FFP 147-159 ISIP 1511 FSIP 1511 DST # 2 4393-4408 MIS run DST # 3 4368-4408 30-45-60-60 GTS 3 min Max gauge 725,000 CFGPD recovered 10' OGCM, 120' MGCD, 120' SL/MGCO 360' VSI/MGCO IFP 171-225-246 ISIP 1614 FSIP 1551					
If additional space is needed use Page 2,					

Report of all strings set—surface, intermediate, production, etc. CASING RECORD (New) or (Used)

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs/ft.	Setting depth	Type cement	Spcks	Type and percent additives
Surface	12 1/4"	8 5/8"	24#	257'	Common	200	2% Gel, 3% C.C.
Production	7 7/8"	5 1/2"	14#	4,459'	Surfill	200	

LINER RECORD			PERFORATION RECORD		
Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval
			4		4401' to 4403'
TUBING RECORD			4		3657' to 3660'
Size	Setting depth	Pecker set at			
2 3/8"	3662'				

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used	Depth interval treated		
Acidize Mississippi with 250 gal. MCA, fracture Miss. with 5000 gallon water and 5300# sand. Set bridge plug @ 4400'	4401 to 4403		
stalnakker 3657' to 3660' natural			
Date of first production	Producing method (flowing, pumping, gas lift, etc.)	Gravity	
SI. 5/29/84	flowing		
Estimated Production -I.P.	Gas open flow	Water %	Gas-oil ratio
	1,067 bbls. MCF		
Disposition of gas (vented, used on lease or sold)		Perforations 3657' to 3660'	

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

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

Laura Kelly, Governor

March 12, 2020

Kent Roberts
AGV Corp.
123 N MAIN
PO BOX 377
ATTICA, KS 67009-0377

Re: Plugging Application
API 15-077-20976-00-00
FINDLEY 1-6
SW/4 Sec.06-33S-08W
Harper County, Kansas

Dear Kent Roberts:

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 September 08, 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 September 08, 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