CORRECTION #1

KOLAR Document ID: 1509858

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 #:		API No. 15			
Name:		If pre 1967,	, supply original comp	letion date:	
Address 1:		Spot Descr	iption:		
Address 2:			Sec Tv	vp S. R	East West
City: State:			Feet from	North /	South Line of Section
Contact Person:			Feet from	East /	West Line of Section
Phone: ()		Footages C	Calculated from Neare		
Frione. ()			NE NW	SE SW	
			ne:		#:
Check One: Oil Well Gas Well OG	D&A Cat	thodic Water S	Supply Well (Other:	
SWD Permit #:	ENHR Permit #:		Gas Storage	Permit #:	
Conductor Casing Size:	_ Set at:	C	emented with:		Sacks
Surface Casing Size:	_ Set at:	C	emented with:		Sacks
Production Casing Size:	_ Set at:	C	emented with:		Sacks
List (ALL) Perforations and Bridge Plug Sets:					
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	Casing Leak at:			Stone Corral Formati	on)
Is Well Log attached to this application? Yes No If ACO-1 not filed, explain why:	Is ACO-1 filed?	Yes No			
Plugging of this Well will be done in accordance with K.S. Company Representative authorized to supervise plugging of	_	•		•	
Address:	(City:	State:	Zip:	+
Phone: ()					
Plugging Contractor License #:	1	Name:			
Address 1:	A	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

CORRECTION #1

KOLAR Document ID: 1509858

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 (Ca	athodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License #	Well Location:			
Name:	SecTwpS. R East _ West			
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			
Contact Person:	the lease below:			
Phone: () Fax: ()				
Email Address:				
Surface Owner Information:				
Name:	When filing a Form T-1 involving multiple surface owners, attach an additiona			
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			
Address 2:	county, and in the real estate property tax records of the county treasurer.			
City: State: Zip:+				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:	batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
owner(s) of the land upon which the subject well is or will be loc	ct (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this ad email address.			
KCC will be required to send this information to the surface own	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and CC, which is enclosed with this form.			
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				
Submitted Electronically				

Form	CP1 - Well Plugging Application	
Operator	AGV Corp.	
Well Name	THOMAS A1	
Doc ID	1509858	

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4394	4400	Mississippi	4312
3668	3672	Stalnaker	

Summary of Changes

Lease Name and Number: THOMAS A1

API/Permit #: 15-077-21585-00-01

Doc ID: 1509858

Correction Number: 1

Field Name Previous Value New Value

Approved Date 03/12/2020 03/13/2020

SaveLink ../../kcc/detail/operatorE ../../kcc/detail/operatorE

ditDetail.cfm?docID=15 ditDetail.cfm?docID=15

09789 09858

Surface Owner Name Thomas Farms LLC John Thomas

Surface Owner Address 420 N. Fifth, Apt #2 367 SW Penn Rd

Line 1