

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

TYPE

AFFIDAVIT OF COMPLETION FORM

ACO-1 WELL HISTORY

Compt. \_\_\_\_\_

SIDE ONE

(Rules 82-3-130 and 82-3-107)

DOCKET NO. NP \_\_\_\_\_

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 # 8311 EXPIRATION DATE June - 1984

OPERATOR John Galemore API NO. 15-073-22, 948

ADDRESS PO B COUNTY Greenwood

Chanute, Ks 66720 FIELD Quincy

\*\* CONTACT PERSON Jeff Galemore PROD. FORMATION Bart  
PHONE 316-431-6340 Indicate if new pay.

PURCHASER Eureka Crude LEASE Robison

ADDRESS PO 190 WELL NO. #1

Eureka, Ks WELL LOCATION SW/4

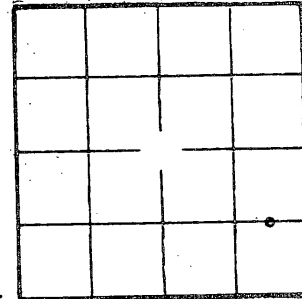
DRILLING CONTRACTOR Union Corp 1325 Ft. from North Line and

ADDRESS Humbolt, Ks 660 Ft. from West Line of (E)  
the SW(Qtr.) SEC 5 TWP 25 RGE 13 (W).

PLUGGING CONTRACTOR ADDRESS \_\_\_\_\_

WELL PLAT

(Office Use Only)



KCC   
KGS \_\_\_\_\_  
SWD/REP \_\_\_\_\_  
PLG. \_\_\_\_\_  
NGPA \_\_\_\_\_

TOTAL DEPTH 1617 PBD \_\_\_\_\_

SPUD DATE 7-30 DATE COMPLETED 8-12-83

ELEV: GR X DF \_\_\_\_\_ KB \_\_\_\_\_

DRILLED WITH (CABLE) (ROTARY) (AIR) TOOLS.

DOCKET NO. OF DISPOSAL OR REPRESSURING WELL BEING USED TO DISPOSE OF WATER FROM THIS LEASE \_\_\_\_\_

Amount of surface pipe set and cemented 56 DV Tool Used? \_\_\_\_\_

TYPE OF COMPLETION THIS AFFIDAVIT APPLIES TO: (Circle ONE) Oil, Shut-in Gas, Gas, Dry, Disposal, Injection, Temporarily Abandoned. If OWWO, indicate type of re-completion \_\_\_\_\_. Other completion \_\_\_\_\_. NGPA filing \_\_\_\_\_.

ALL REQUIREMENTS OF THE STATUTES, RULES AND REGULATIONS PROMULGATED TO REGULATE THE OIL AND GAS INDUSTRY HAVE BEEN FULLY COMPLIED WITH.

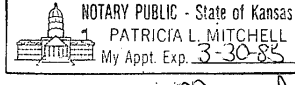
A F F I D A V I T

Jeff C Galemore, being of lawful age, hereby certifies that:

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.

Jeff C Galemore  
(Name)

SUBSCRIBED AND SWORN TO BEFORE ME this 26<sup>th</sup> day of JANUARY, 1984.



Patricia L. Mitchell  
(NOTARY PUBLIC)

MY COMMISSION EXPIRES: March 30, 1985

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

Side TWO OPERATOR John Galemore LEASE NAME Robison SEC 5 TWP 25 RGE 13 (E) (W)  
 WELL NO 1

FILL IN WELL INFORMATION AS REQUIRED;

Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

Show Geological markers, logs run, or other Descriptive information.

Formation description, contents, etc. Top Bottom Name Depth

<p><input checked="" type="checkbox"/> Check if no Drill Stem Tests Run.  <input checked="" type="checkbox"/> Check if samples sent Geological Survey.</p>					
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RECEIVED  
 STATE CORPORATION COMMISSION  
 FEB 01 1984  
 CONSERVATION DIVISION  
 Wichita, Kansas

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	Sacks	Type and percent additives
Surface	6 7/8	<del>7 1/2</del>					
Production	6 7/8	4 1/2	9.5	1531		200	

LINER RECORD			PERFORATION RECORD		
Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval

TUBING RECORD		
Size	Setting depth	Packer set at

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD	
Amount and kind of material used	Depth interval treated
250 gal 15% Acid	
2000 lb Frac	1482-1488

Date of first production 10-1-83	Producing method (flowing, pumping, gas lift, etc.) Pumping	Gravity 36.5
Estimated Production-I.P.	Oil bbls.	Gas MCF % bbls.
Disposition of gas (vented, used on lease or sold)		Perforations

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

May 07, 2020

Kelly Sage  
Sage, Larry George  
PO BOX 12  
VIRGIL, KS 66870-0012

Re: Plugging Application  
API 15-073-22948-00-00  
ROBISON 1  
SW/4 Sec.05-25S-13E  
Greenwood County, Kansas

Dear Kelly Sage:

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 November 03, 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 November 03, 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