KOLAR Document ID: 1522645

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

#### WELL PLUGGING APPLICATION

Form CP-1
March 2010
This Form must be Typed
Form must be Signed
All blanks must be Filled

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	oletion date:	
Address 1:		Spot Descr	ription:		
Address 2:			Sec T\	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		n Corner:
Pnone: ( )		_	NE NW	SE SW	
		Lease Narr	ne:	vveii #:	
Check One: Oil Well Gas Well OC	G D&A Ca	athodic Water S	Supply Well	Other:	
SWD Permit #:	_ ENHR Permit #: _			Permit #:	
Conductor Casing Size:	Set at:	c	emented with:		Sacks
Surface Casing Size:			emented with:		
Production Casing Size:	Set at:	C	emented with:		Sacks
List (ALL) Perforations and Bridge Plug Sets:					
Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if add		(Interval)	(	Stone Corral Formation	n)
Is Well Log attached to this application? Yes N If ACO-1 not filed, explain why:	lo Is ACO-1 filed?	Yes No			
Plugging of this Well will be done in accordance with P	•				ssion
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** 

KOLAR Document ID: 1522645

#### 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.

Address 1:	Select the corresponding form being filed: C-1 (Intent) CB-1	(Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)		
Address 1:	OPERATOR: License #	Well Location:		
Address 2:	Name:	SecTwpS. R		
City:       State:       +	Address 1:	County:		
Contact Person:	Address 2:	Lease Name: Well #:		
Phone: ( ) Fax: ( )	City: State: Zip: +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
	Contact Person:			
Email Address:	Phone: ( ) Fax: ( )			
	Email Address:			
Surface Owner Information:	Surface Owner Information:			
	Name:	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		
Address 1: owner information can be found in the records of the register of deeds for t	Address 1:			
Address 2: county, and in the real estate property tax records of the county treasurer.	Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: State: Zip:+	City:			
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 are the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the place 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:	the KCC with a plat showing the predicted locations of lease roads, tan are preliminary non-binding estimates. The locations may be entered of	nk batteries, pipelines, and electrical lines. The locations shown on the plat		
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.	<ul> <li>□ I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, at I have not provided this information to the surface owner(s). It is KCC will be required to send this information to the surface owner(s), I acknowledge that I must provide the name and address.</li> </ul>	located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this s of the surface owner by filling out the top section of this form and		
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 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.				
Submitted Electronically	Submitted Electronically			

Form	CP1 - Well Plugging Application	
Operator	Mull Drilling Company, Inc.	
Well Name	CARSON 2-19	
Doc ID	1522645	

### Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4196	4232	LKC	
4546	4558	Cherokee	4260

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



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

Laura Kelly, Governor

Susan K. Duffy, Chair Dwight D. Keen, Commissioner Andrew J. French, Commissioner

July 07, 2020

Mark Shreve Mull Drilling Company, Inc. 1700 N WATERFRONT PKWY BLDG 1200 WICHITA, KS 67206-6637

Re: Plugging Application API 15-101-22082-00-00 CARSON 2-19 SW/4 Sec.19-18S-30W Lane County, Kansas

Dear Mark Shreve:

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 January 03, 2021. 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 January 03, 2021 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