KOLAR Document ID: 1525647

## 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: 1525647

## 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 (C   | Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)  |  |  |  |
|---|--|--|--|--|
| OPERATOR: License #   | Well Location:   |  |  |  |
| Name:   |  |  |  |  |
| Address 1:  | County:  |  |  |  |
| Address 2:  | Lease Name: Well #:  |  |  |  |
| City:   | 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 additional   |  |  |  |
| 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:   |  |  |  |  |
| owner(s) of the land upon which the subject well is or will be loc<br>CP-1 that I am filing in connection with this form; 2) if the form be | the batteries, pipelines, and electrical lines. The locations shown on the plant the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted out (House Bill 2032), I have provided the following to the surface potential of the Form C-1, Form CB-1, Form T-1, or Form peing 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, an   | nd email address.  |  |  |  |
| KCC will be required to send this information to the surface own  | cknowledge 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 CCC, 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  | Carmen Schmitt, Inc.            |  |
| Well Name | EVALYN 2                        |  |
| Doc ID    | 1525647                         |  |

## Perforations And Bridge Plug Sets

| Perforation Top | Perforation Base | Formation | Bridge Plug Depth |
|-----------------|------------------|-----------|-------------------|
| 4091            | 4095             | KC        |                   |
| 4183            | 4188             | KC        |                   |

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

August 04, 2020

Matt Suchy Carmen Schmitt, Inc. PO BOX 47 GREAT BEND, KS 67530-0047

Re: Plugging Application API 15-101-21949-00-00 EVALYN 2 SW/4 Sec.13-16S-28W Lane County, Kansas

Dear Matt Suchy:

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 31, 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 31, 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