

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	Farmer, John O., Inc.
Well Name	LAWSON B 3
Doc ID	1585727

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3800	3805	Arbuckle	

OPERATOR Benson-Montlin

ADDRESS Oklahoma City, Oklahoma

640 Acres

N

COUNTY Norton, sec. 36, Twp. 3S, RGE. 24N

COMPANY OPERATING Benson-Montlin

OFFICE ADDRESS Oklahoma City, Oklahoma

FARM NAME LAWSON WELL NO. 3

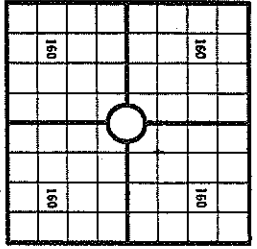
DATE OF FIRST PRODUCTION 9-10-1953 DRILLING FINISHED 9-20-1953

WELL LOCATED NW 1/4, NW 1/4, SW 1/4, North of South

Line and ft. East of West Line of Quarter Section

Elevation (Relative to sea level) 2468 FEET

CHARACTER OF WELL (Oil, gas or dryhole) Oil



Locate well correctly

OIL OR GAS SANDS OR ZONES

Name	From	To	Name	From	To
1			4		
2			5		
3			6		

Perforating Record If Any

Formation	From	To	No. of Shots	Formation	From	To	Size of Shot

Shot Record

CASING RECORD

Size	Amount Set			Amount Pulled			Packer Record
	Wt.	Thd.	Make	Fr.	In.	Fr.	
3 1/2			290				
5 1/2			3801				

Liner Record: Amount _____ Kind _____ Top _____ Bottom _____

CEMENTING AND MUDDING

Size	Amount Set		Sacks Cement	Chemical	Method of Cementing	Amount	Mudding Method	Results (See Note)
	Fr.	In.						
10 3/4			125					
5 1/2			75					

Note: What method was used to protect sands if outer strings were pulled?

NOTE: Were bottom hole plugs used? If so, state kind, depth set and results obtained

TOOLS USED

Rotary Tools were used from _____ feet to _____ feet using _____ cable tools were used from _____ feet to _____ feet and from _____ feet to _____ feet, and from _____ feet to _____ feet

INITIAL PRODUCTION TEST

Describe initial test: whether by flow through tubing or casing or by pumping

Amount of Oil Production _____ bbls. Size of choke, if any _____ Length of test _____ Water Production _____ bbls. Gravity of oil _____ Type of Pump if pump is used, describe _____

FORMATION RECORD

Give detailed description and thickness of all formations drilled through, contents of sand, whether dry, water, oil or gas.

Formation	Top	Bottom	Formation	Top	Bottom
Shale & shells	0	1000			
Shale	1000	1625			
Shale & shells	1625	1975			
Shale	1975	2068			
Anhydrite	2068	2275			
Shale & shells	2275	2465			
Shale & lime	2465	3470			
Lime & shale	3470	3806			

TOPS:

Elevation 2491 R. B.
 Leebner 3509
 Cornto 3534
 Lansing 3550
 Arbuckle 3800
 P. D. 3803

I, the undersigned, being first duly sworn upon oath, declare that this well record is true, correct and complete according to the records of this office and to the best of my knowledge and belief.

Paul Howard
 Name and title of representative of company

Subscribed and sworn to before me this 22nd day of September, 1953.
 My Commission expires April 23, 1956.
Paul Howard
 Notary Public

August 10, 2021

Marge Schulte
Farmer, John O., Inc.
370 W WICHITA AVE
PO BOX 352
RUSSELL, KS 67665-0352

Re: Plugging Application
API 15-137-00672-00-00
LAWSON B 3
SW/4 Sec.36-03S-24W
Norton County, Kansas

Dear Marge Schulte:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 4 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 4's phone number is (785) 261-6250. Failure to notify DISTRICT 4, 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 February 06, 2022. 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 February 06, 2022 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 4