KOLAR Document ID: 1591700

## 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 19	If pre 1967, supply original completion date:			
Address 1:		Spot De	scription:			
Address 2:			Sec Twp S. R East West			
City: State:			Feet from	North /	South Line of Section	
Contact Person:			Feet from	East / V	West Line of Section	
Phone: ( )		Footage	es Calculated from Neare		Corner:	
rione. ( )		Country	NE NW	SE SW		
			lame:			
Check One: Oil Well Gas Well OG	D&A C	athodic Wate	er 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: Sa			
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 Formation	)	
	_					
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.	3.A. 55-101 <u>et.</u> <u>seq</u> . and th	ne Rules and Regu	lations of the State Cor	poration Commiss	sion	
Company Representative authorized to supervise plugging of	perations:					
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

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## 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	athodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License #	Well Location:			
Name:				
Address 1:	County: Well #:			
Address 2:				
City: State: Zip:+	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Contact Person:				
Phone: ( ) Fax: ( )				
Email Address:				
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 county, and in the real estate property tax records of the county treasurer.			
Address 1:				
Address 2:				
City:				
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:  I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be located CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface owner.	cknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this			
that I am being charged a \$30.00 handling fee, payable to the Ko	fee with this form. If the fee is not received with this form, the KSONA-1			
Submitted Electronically				

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

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

September 22, 2021

Rhodes, Derek Leon dba Rhodes Well Service Rhodes, Derek Leon dba Rhodes Well Service 4990 WISCONSIN RD BRONSON, KS 66716-3091

Re: Plugging Application API 15-011-00053-00-00 MARGRAVE-ESTBURN 22 SW/4 Sec.23-23S-21E Bourbon County, Kansas

Dear Rhodes, Derek Leon dba Rhodes Well Service: 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 March 21, 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 March 21, 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 3