KOLAR Document ID: 1602956

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 completion date:	
Address 1:	Spot Description:	
Address 2:	Sec Twp S. R East V	/est
City: State: Zip:	Feet from North / South Line of Sec	iion
Contact Person:	Feet from East / West Line of Sec	ion
Phone: ()	Footages Calculated from Nearest Outside Section Corner:	
Filotie. ()		
	County: Well #:	
	Leade Name	_
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: Sa	cks
Surface Casing Size: Set at:	Cemented with: Sa	cks
Production Casing Size: Set at:	Cemented with: Sa	cks
List (ALL) Perforations and Bridge Plug Sets:		
Elevation: (G.L. / K.B.) T.D.: PBTD: Condition of Well: Good Poor Junk in Hole Casing Proposed Method of Plugging (attach a separate page if additional space is in	(Stone Corral Formation) Leak at: (Interval)	
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 \underline{e}	t. seq. and the Rules and Regulations of the State Corporation Commission	
Company Representative authorized to supervise plugging operations:		
Address:	City: + +	
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: 1602956

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:	SecTwpS. R East
Address 1:	County:
Address 2:	Lease Name: Well #:
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: State: Zip:+	
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat at the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
owner(s) of the land upon which the subject well is or will be lo	ct (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ceing filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.
KCC will be required to send this information to the surface ow	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	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.
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

December 15, 2021

Bryant Theis SoKan Operating, LLC PO BOX 82 MEDICINE LODGE, KS 67104-0082

Re: Plugging Application API 15-095-00606-00-00 GWYNN-RENDER A 1 SW/4 Sec.01-30S-08W Kingman County, Kansas

Dear Bryant Theis:

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

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 2 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 2's phone number is (316) 337-7400. Failure to notify DISTRICT 2, 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 June 13, 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 June 13, 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 2