### **CORRECTION #1**

KOLAR Document ID: 1626734

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 #:		API No. 15			
Name:		If pre 1967,	, supply original comp	letion date:	
Address 1:		Spot Descr	iption:		
Address 2:			Sec Tv	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		
Frione. ( )			NE NW	SE SW	
			ne:		#:
Check One: Oil Well Gas Well OG	D&A Cat	thodic Water S	Supply Well (	Other:	
SWD Permit #:	ENHR Permit #:		Gas Storage	Permit #:	
Conductor Casing Size:	_ Set at:	C	emented with:		Sacks
Surface Casing Size:	_ Set at:	C	emented with:		Sacks
Production Casing Size:	_ Set at:	C	emented with:		Sacks
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 Formati	on)
Is Well Log attached to this application? Yes No If ACO-1 not filed, explain why:	Is ACO-1 filed?	Yes No			
Plugging of this Well will be done in accordance with K.S. Company Representative authorized to supervise plugging of	<del>_</del>	•		•	
Address:	(	City:	State:	Zip:	+
Phone: ( )					
Plugging Contractor License #:	1	Name:			
Address 1:	A	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** 

### **CORRECTION #1**

KOLAR Document ID: 1626734

Kansas Corporation Commission Oil & Gas Conservation Division Form KSONA-1 July 2021 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 (CB-1 (CB-1)(CB-1	Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License #	Well Location:			
Name:	SecTwpS. R			
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			
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: State: Zip:+				
are preliminary non-binding estimates. The locations may be entered or	s batteries, pipelines, and electrical lines. The locations shown on the plat In the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
provided the following to the surface owner(s) of the land up Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filin C-1 or Form CB-1, the plat(s) required by this form; and 3) my of I have not provided this information to the surface owner(s). If the KCC will be required to send this information to the surface.	Act (see Chapter 55 of the Kansas Statutes Annotated), I have son which the subject well is or will be located: 1) a copy of the g in connection with this form; 2) if the form being filed is a Form operator name, address, phone number, fax, and email address.  I acknowledge that, because I have not provided this information, e owner(s). To mitigate the additional cost of the KCC performing tress of the surface owner by filling out the top section of this form the KCC, 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-	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

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

February 28, 2022

Tracy Miller Cherokee Wells LLC P.O. BOX 296 FREDONIA, KS 66736-0296

Re: Plugging Application API 15-205-27717-00-00 DONOHUE A-3 NE/4 Sec.20-28S-14E Wilson County, Kansas

Dear Tracy Miller:

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 August 20, 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 August 20, 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

### **Summary of Changes**

Lease Name and Number: DONOHUE A-3

API/Permit #: 15-205-27717-00-00

Doc ID: 1626734

Correction Number: 1

Field Name Previous Value New Value

Approved Date 02/21/2022 02/28/2022

Plugging Method

Proposed cement plug on TD to

Set 50' 50/50 Poz blend cement plug on TD to approx. 1290'. Fill with Set 50' 50/50 Poz blend cement plug on TD to approx. 1290'. Fill with

## **Summary of Attachments**

Lease Name and Number: DONOHUE A-3

API: 15-205-27717-00-00

Doc ID: 1626734

Correction Number: 1

**Attachment Name** 

Plugging Approval Letter