KOLAR Document ID: 1646880

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. 1	5			
Name:		If pre 196	67, supply original comp	letion date:		
Address 1:		Spot Des	cription:			
Address 2:			Sec Twp S. R East West			
City: State:			Feet from	North /	South Line of Section	
Contact Person:			Feet from	East /	West Line of Section	
Phone: ()		Footages	Calculated from Neare		n Corner:	
Pnone: ()		_	NE NW	SE SW		
			ame:			
		Lease No	anie.	vveii #.		
Check One: Oil Well Gas Well OG	D&A C	Cathodic Wate	r 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.: Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if additi	Casing Leak at:			Stone Corral Formatio	n)	
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	·	_			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: 1646880

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 (C	athodic 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			
Contact Person:	the lease below:			
Phone: () Fax: ()				
Email Address:				
Surface Owner Information:				
Name:	0 1			
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:				
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 provided the following to the surface owner(s) of the land upon Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filling C-1 or Form CB-1, the plat(s) required by this form; and 3) my on I have not provided this information to the surface owner(s). I the KCC will be required to send this information to the surface	acknowledge that, because I have not provided this information, owner(s). To mitigate the additional cost of the KCC performing ress of the surface owner by filling out the top section of 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				

Form	CP1 - Well Plugging Application	
Operator	Anstine & Musgrove Inc.	
Well Name	MILLER 1	
Doc ID	1646880	

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3255	3263	Bartlesville	

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

June 07, 2022

Gary Anstine Anstine & Musgrove Inc. po box 391 PONCA CITY, OK 74602-0391

Re: Plugging Application API 15-191-21470-00-01 MILLER 1 SE/4 Sec.27-32S-02E Sumner County, Kansas

Dear Gary Anstine:

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 December 04, 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 December 04, 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