KOLAR Document ID: 1663625

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 West		
City: +	Feet from North / South Line of Section		
Contact Person:	Feet from East / West Line of Section		
Phone: ()	Footages Calculated from Nearest Outside Section Corner:		
Filotie. ()			
	County: Well #:		
	Lease Ivalite		
Check One: Oil Well Gas Well OG D&A Cath	nodic 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: PBTD: Condition of Well: Good Poor Junk in Hole Casing Leak at: Proposed Method of Plugging (attach a separate page if additional space is needed):	Anhydrite Depth:(Stone Corral Formation) (Interval)		
Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes ACO-1 not filed, explain why:	es No		
Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the license of the Company Representative authorized to supervise plugging operations:	·		
Address: C	ity: + +		
Phone: ()			
Plugging Contractor License #: N	ame:		
Address 1: Ad	ddress 2:		
City:			
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: 1663625

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 (Ca	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		
Contact Person:	the lease below:		
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:+			
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 filing	batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Act (see Chapter 55 of the Kansas Statutes Annotated), I have on which the subject well is or will be located: 1) a copy of the in connection with this form; 2) if the form being filed is a Form		
·	acknowledge that, because I have not provided this information, owner(s). To mitigate the additional cost of the KCC performing ess 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			
Submitted Electronically			

Form	CP1 - Well Plugging Application
Operator	Casillas Petroleum Corp
Well Name	REIMER A OWWO 2
Doc ID	1663625

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4170	4176	Lansing C	
4492	4504	Kansas City A	

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

September 08, 2022

Melissa Imler Casillas Petroleum Corp 348 ROAD DD SATANTA, KS 67870-8775

Re: Plugging Application API 15-081-10012-00-01 REIMER A OWWO 2 SE/4 Sec.35-28S-34W Haskell County, Kansas

Dear Melissa Imler:

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

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 1 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 1's phone number is (620) 682-7933. Failure to notify DISTRICT 1, 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 07, 2023. 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 07, 2023 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 1