

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 #: _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

API No. 15 - _____

If pre 1967, supply original completion date: _____

Spot Description: _____

____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ ☐ East ☐ West____ Feet from ☐ North / ☐ South Line of Section____ Feet from ☐ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW

County: _____

Lease Name: _____ Well #: _____

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: _____ 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.: _____ P.B.T.D.: _____ Anhydrite Depth: _____
(Stone Corral Formation)Condition of Well: ☐ Good ☐ Poor ☐ Junk in Hole ☐ Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

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 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: _____

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

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** (Cathodic Protection Borehole Intent) ☐ **T-1** (Transfer) ☐ **CP-1** (Plugging Application)

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

Well Location:

____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ ☐ East ☐ West

County: _____

Lease Name: _____ Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

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.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- ☐ I certify that, pursuant to the Kansas Surface Owner Notice Act (see Chapter 55 of the Kansas Statutes Annotated), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- ☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I Submitted Electronically

I

Form	CP1 - Well Plugging Application
Operator	Colt Energy Inc
Well Name	KROEKER SOUTH 127
Doc ID	1665839

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
1110	1126	Bartlesville	

TYPE

AFFIDAVIT OF COMPLETION FORM

ACO-1 WELL HISTORY

Compt. _____

SIDE ONE

(Rules 82-3-130 and 82-3-107)

DOCKET NO. NP _____

This form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within ninety (90) days after the completion of a well, regardless of how the well was completed.

FOR INFORMATION REGARDING THE NUMBER OF COPIES TO BE FILED AND APPLICATIONS REQUIRING COPIES OF ACO-1 FORMS SEE PAGE TWO (2), SIDE TWO (2) OF THIS FORM. F _____ letter requesting confidentiality attached.

C _____ Attach ONE COPY of EACH wireline log run (i.e. electrical log, sonic log, gamma ray neutron log etc.) ***Check here if NO logs were run _____.

PLEASE FILL IN ALL INFORMATION. IF NOT AVAILABLE, INDICATE. IF INFORMATION LATER BECOMES AVAILABLE, SUBMIT BY LETTER.

LICENSE # 5623 EXPIRATION DATE 6-30-84

OPERATOR Bob Williams Enterprises API NO. 15-125-26,142

ADDRESS Route 3, Box 149 COUNTY Montgomery

Independence, Kansas 67301

FIELD Wildcat

** CONTACT PERSON Mike Williams PROD. FORMATION Bartlesville

PHONE 316-331-7191

Indicate if new pay.

PURCHASER Farmland Industries

LEASE South Kroeker

ADDRESS Bartlesville, Oklahoma

WELL NO. 127

WELL LOCATION NE $\frac{1}{4}$ NW $\frac{1}{4}$ _____

165 Ft. from North Line and

495 Ft. from West Line of

the NW $\frac{1}{4}$ (Qtr.) SEC 5 TWP 33S RGE 15 (E) _____

WELL PLAT

(Office Use Only)

PLUGGING CONTRACTOR ADDRESS

KCC _____
KGS _____

SWD/REP _____
PLG. _____

NGPA _____

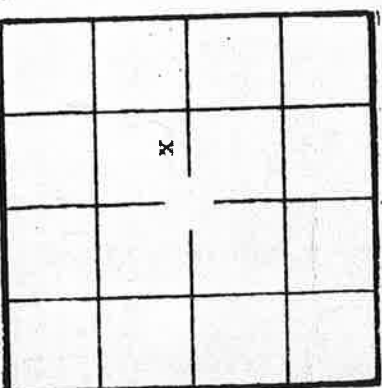
TOTAL DEPTH 1212' PBD 1207'

SPUD DATE 7-9-83 DATE COMPLETED 7-13-83

ELEV: GR 817 DF 819 KB 820

DRILLED WITH (CABLE) (ROTARY) (AIR) TOOLS.

DOCKET NO. OF DISPOSAL OR REPRESSURING WELL BEING USED TO DISPOSE OF WATER FROM THIS LEASE CD-28-16



Amount of surface pipe set and cemented 20' DV Tool Used? no

TYPE OF COMPLETION THIS AFFIDAVIT APPLIES TO: (Circle ONE) - OIL Shut-in Gas, Gas, Dry, Disposal, Injection, Temporarily Abandoned. If OWMO, indicate type of re-completion _____. Other completion _____. NGPA filing _____.

ALL REQUIREMENTS OF THE STATUTES, RULES AND REGULATIONS PROMULGATED TO REGULATE THE OIL AND GAS INDUSTRY HAVE BEEN FULLY COMPLIED WITH.

A F F I D A V I T

Mary L. Williams, being of lawful age, hereby certifies

that:

I am the Affiant, and I am familiar with the contents of the foregoing Affidavit. The statements and allegations contained therein are true and correct.

(Name) _____

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, 19 _____.

MY COMMISSION EXPIRES: _____

(NOTARY PUBLIC) _____

** The person who can be reached by phone regarding any questions concerning this information.

Side TWO Bob Williams Enterprises, LEASE NAME So. Kroeker SEC 5 TWP 33S RGE 15 (40) OPERATOR

WELL NO 127

FILL IN WELL INFORMATION AS REQUIRED:

Show all important zones of porosity and contents thereof; Show Geological markers, logs run, or other
cored intervals, and all drill-stem tests, including depth
interval tested, cushion used, time tool open, flowing and
shut-in pressures, and recoveries.

Show Geological markers,
logs run, or other
Descriptive information.

Formation description, contents, etc.

Top Bottom

Name

Depth

Check if no Drill Stem Tests Run.
Check if samples sent Geological Survey.

Clay 0
Shale 16
Lime 88
Sand (water) 100
Coal 173
Shale 174
Sand 180
Lime 186
Shale 203
Lime 208
Shale 210
Sandy Shale 251
Shale 264
Lime 321
Shale 337
Sand 340
Shale 361
Laminated Sand 390
Shale w/Lime 395
Lime 509
Sand 528
Shale 551
Lime 563
Shale 574
Lime 575
Shale 588
Sand 593
Laminated Sand 612
Sandy Shale 623
Shale 684

If additional space is needed use Page 2

Report of all strings set — surface, intermediate, production, etc.

CASING RECORD (New) or (Used)

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs./ft.	Setting depth	Type cement	Seals	Type and percent additives
Surface	9 7/8"	7"	17#	20'	Portland	5	
Production	6 1/4"	4 1/2"	9#	1207'	Portland	134	

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Seals cement	Shots per ft.	Size & Type	Depth interval
			3	3 1/2 Alumln.	1110-1126

TUBING RECORD

Size	Setting depth	Packer set at
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ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used

Depth interval treated

300 Gal 15% HCL Fraced w/2000# 20-40 2000# 10-20

12,000#8-12 3000# 6-9 sand 300 bbl gel water

Date of first production 7-22-83

Producing method (flowing, pumping, gas lift, etc.) Pumping

Gravity 35

Estimated Production-L.P.	Oil	40	bbls.	Gas	MC	Water	%	100	bbls.	Gas-oil ratio	CFPS
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Disposition of gas (vented, used on lease or sold)

Vented

49 Perforations

South Kroeker 127

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

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

Laura Kelly, Governor

October 13, 2022

Wes Moots
Colt Energy Inc
PO BOX 388
IOLA, KS 66749-0388

Re: Plugging Application
API 15-125-26142-00-02
KROEKER SOUTH 127
NW/4 Sec.05-33S-15E
Montgomery County, Kansas

Dear Wes Moots:

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 April 11, 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 April 11, 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 3