

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.: _____ PBTD: _____ 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 128
Doc ID	1668940

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
1109	1126	Bartlesville	

TYPE

AFFIDAVIT OF COMPLETION FORM

ACO-1 WELL HISTORY

Compt. _____

SIDE ONE

Two (2) copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within thirty (30) days after the completion of a well, regardless of how the well was completed.

F Attach separate letter of request if the information is to be held confidential. If confidential, only file one copy. Information on Side One will be of public record and Side Two will then be held confidential.

Applications must be made on dual completion, commingling, salt water disposal, injection and temporarily abandoned wells.

C Attach one copy only wireline logs (i.e. electrical log, sonic log, gamma ray neutron log, etc.). (Rules 82-2-105 & 82-2-125) KCC# (316) 263-3238.

LICENSE # 5623 EXPIRATION DATE 6-30-84

OPERATOR Bob Williams Enterprises API NO. 15-125-26,267

ADDRESS Route 3, Box 149 Independence, Kansas 67301 COUNTY Montgomery FIELD Bolton

** CONTACT PERSON Mike Williams PHONE 316-331-7191 PROD. FORMATION Bartlesville

PURCHASER Farmland Industries LEASE South Kroeker

ADDRESS Bartlesville Oklahoma WELL NO. 128 WELL LOCATION

DRILLING Kephart Drilling CONTRACTOR Thayer ADDRESS Kansas 165 Ft. from North Line and 880 Ft. from West Line of the NW4 (Qtr.) SEC 5 TWP 33S RGE 15E.

PLUGGING CONTRACTOR ADDRESS

WELL PLAT			
	x		

(Office Use Only) KCC KGS SWD/REP PLG.

TOTAL DEPTH 1200' PBSD 1198'

SPUD DATE 8-16-83 DATE COMPLETED 8-18-83

ELEV: GR 820 DF 821 KB 823

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

THIS AFFIDAVIT APPLIES TO: (Circle ONE) - Oil Gas, Shut-in Gas, Dry, Disposal, Injection, Temporarily Abandoned, OWWO. Other

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

19

(NOTARY PUBLIC)

MY COMMISSION EXPIRES:

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

South Kroeker # 128

FILL IN WELL INFORMATION AS REQUIRED:

WELL NO. 128

Show all important zones of porosity and contents thereof; 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
<p>Check if no Drill Stem Tests Run.</p> <p>See Attached Sheet</p>				
<p>If additional space is needed use Page 2, Side 2</p>				

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	Sacks	Type and percent additives
Surface	9 7/8	7"	7#	20'	Portland	5	
Production	6 1/4"	4 1/2"	9#	1200'	Portland	131	

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval
			3	3 1/2" Alum	1109-1126
TUBING RECORD					
Size	Setting depth	Packer set at			

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used				Depth interval treated
250 Gal 15% HCL				
Fraced with 2000# 20-40 8000# 10-20 9500# 8-12 Sand				
100000 scf nitrogen				
Date of first production		Producing method (flowing, pumping, gas lift, etc.)		Gravity
9-7-83		Pumping		36
Estimated Production -I.P.	Oil	Gas	Water	Gas-oil ratio
	20 bbls.		% 60 bbls.	
Disposition of gas (vented, used on lease or sold)			Perforations	
Vented			1109-1126	

128

OPERATOR _____

LEASE NAME _____

SEC. _____ TWP. _____ RGE. _____

FILL IN WELL LOG AS REQUIRED:

Show all important zones of porosity and contents thereof; 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
Well # 128				
shale	0	93		
sand	93	115		
shale	115	322		
lime	322	337		
shale	337	351		
sand	351	373		
shale	373	478		
lime	478	483		
shale	483	493		
lime	493	502		
shale	502	513		
lime	513	520		
shale	520	523		
lime	523	527		
shale	527	532		
sand	532	550		
shale	550	564		
lime	564	578		
shale	578	582		
lime	582	587		
shale	587	593		
lime	593	598		
sand	598	613		
shale	613	722		
lime	722	743		
shale	743	818		
lime	818	849		
shale	849	862		
lime	862	887		
shale	887	893		
lime	893	898		
shale	898	910		
coal	910	911		
shale	911	931		
lime	931	935		
shale	935	938		
coal	938	939		
oil sand	939	950		
shale	950	967		
lime	967	969		
shale	969	992		
lime	992	993		
shale	993	1025		
sand	1025	1040	(1035-1040 is oil show)	
shale	1040	1044		
coal	1044	1045		
shale	1045	1046		
sand	1046	1056		
shale	1056	1058		
sand	1058	1078		
shale	1078	1080		
sand	1080	1096		
shale	1096	1099.5		
coal	1099.5	1100.5		
shale	1100.5	1107.5		
sand	1107.5	1125	(Cored)	
coal	1125	1126		
shale	1126	1200	Total Depth	

128

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 14, 2022

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

Re: Plugging Application
API 15-125-26267-00-00
KROEKER SOUTH 128
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 12, 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 12, 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