#### KOLAR Document ID: 1671655

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

This Form

## WELL PLUGGING APPLICATION

Form

March 2010 This Form must be Typed Form must be Signed All blanks must be Filled

Form CP-1

| KSONA-1, Certification | of Complia | nce | with | the | Kans | sas ( | Surface | Owner | Notification | Act, |
|------------------------|------------|-----|------|-----|------|-------|---------|-------|--------------|------|
|                        |            |     |      |     |      |       |         |       |              |      |

MUST be submitted with this form.

| SWD Permit #:     Conductor Casing Size:   Set at:     Cemented with:   Sacks Surface Casing Size:   Set at:   Cemented with:   Sacks Cemented with:   Sacks Cemented with:   Sacks   Production Casing Size:   Set at:   Cemented with:   Cemented with:   Sacks   Production Casing Size:   Set at:   Cemented with:   Sacks   Set at:   Cemented with:   Sacks Sacks Sacks Cemented with:   Sacks   Production Casing Size:   Cemented with:   Sacks Sacks Sacks Cemented with:   Sacks   Sacks Sacks Cemented with:   Sacks   Sacks Cemented with:   Sacks   Sacks Cemented with:   Sacks   Sacks Sacks Sacks Cemented with:   Sacks   Sacks Sacks Sacks Cemented with:   Sacks   Sacks Sacks Sacks Sacks Sacks List (ALL) Perforations and Bridge Plug Sets:   Elevation: (  | OPERATOR: License #:  |  | API No. 15                   |                |                   |            |
|---|---|--|------------------------------|----------------|-------------------|------------|
| Address 2:<br>Address 2:<br>Address 2:<br>Address 2:<br>State: Zp: + Sec. Twp. S. R.   Est! West<br>Perform   North / South Line of Section<br>Perform   North / South Line of Section<br>Perform   North / South Line of Section<br>Perform   Net   NW   SE   SW<br>County: Lesse Name: Well #:<br>Lesse Name: Well #:<br>Candidor Gasing Size: Set   Candidor   Water Supply Well   Other:<br>State: Set   Candidor   Well #:<br>Candidor Gasing Size: Set at: Candidor   Water Supply Well   Other:<br>State: Set at: Candidor   Set   Set | Name:   |  | If pre 1967, supply original | completion da  | ate:              |            |
| Address :   | Address 1:  | Spot Description:  |                              |                |                   |            |
| City:   | Address 2:  | Sec  | Twp                          | S. R Eas       | t West            |            |
| Contact Person:   |   |  | Feet                         | from No        | orth / South Line | of Section |
| Phone: ()       Fortages Calculated from Nearest Outside Section Corner:         Phone: () NK       SE         SWD       SW         County:       Lease Name:         Well #:   |   | Feet   | from Ea                      | st / West Line | of Section        |            |
| County:   |   | Footages Calculated from Nearest Outside Section Corner: |                              |                |                   |            |
| Lease Name:       Well #:         Check One:       Oil Well       Gas Well       OG       DBA       Cathodic       Water Supply Well       Other:         GNUC Permit #:  | Phone: ( )  |  |                              |                |                   |            |
| Check One: Check Oral Casing Size: SWD Pormit #: Check Oral Casing Size: Set at: Check Oral Casing Size: Set at: Check Oral Casing Size: Set at: Check Oral Casing Size: Check Oral Casing Size: Set at: Check Oral Casing Size: Set at: Check Oral Casing Size: Check Oral Casing Size: Set at: Check Oral Casing Size: Check Oral C                       |   |  | -                            |                |                   |            |
| SWD       Permit #:   |   |  | Lease Name:                  |                | vveii #:          |            |
| Conductor Casing Size:       Set at:       Cemented with:       Sacks         Surface Casing Size:       Set at:       Cemented with:       Sacks         Production Casing Size:       Set at:       Cemented with:       Sacks         Production Casing Size:       Set at:       Cemented with:       Sacks         List (ALL) Perforations and Bridge Plug Sets:       Set at:       Cemented with:       Sacks         Elevation:       (](F.B) T.D.;       PBTD;       Anhydrite Depth:       (Stone Carral Formation)         Condition of Well:       G Good       Poor       Junk in Hole       Casing Leak at:       (Interval)         Proposed Method of Plugging (attach a separate page if additional space is needed):       (Interval)       (Interval)         Proposed Method of Plugging (attach a separate page if additional space is needed):       Is ACO-1 filed?       Yes       No         Is Well Log attached to this application?       Yes       No       Is ACO-1 filed?       Yes       No         If ACO-1 not filed, explain why:       Elevations:  | Check One: Oil Well Gas Well OG                               | D&A Cathodic   | Water Supply Well            | Other:         |                   |            |
| Surface Casing Size: Set at: Cemented with: Sacks   Production Casing Size: Set at: Cemented with: Sacks   List (ALL) Perforations and Bridge Plug Sets: Sacks Sacks   Elevation:  (  | SWD Permit #:   | ENHR Permit #:   | Gas St                       | orage Permit   | : #:              |            |
| Production Casing Size:       Set at:       Cemented with:       Sacks         List (ALL) Perforations and Bridge Plug Sets:       Sacks       Sacks         Elevation:       (KB) T.D.:       PBTD:       Anhydrite Depth:       (store Corral Formation)         Condition of Well:       Good       Poor       Junk in Hole       Casing Leak at:       (merval)         Proposed Method of Plugging (attach a separate page if additional space is needed):       (merval)       (merval)         Is Well Log attached to this application?       Yes       No       Is ACO-1 filed?       Yes       No         Is Well Log attached to this application?       Yes       No       Is ACO-1 filed?       Yes       No         It ACO-1 not filed, explain why:       Plugging of this Well will be done in accordance with K.S.A. 55-101 gt, seq. and the Rules and Regulations of the State Corporation Commission       Company Representative authorized to supervise plugging operations:   | Conductor Casing Size:  | _ Set at:  | Cemented with:               |                |                   | Sacks      |
| List ( <i>ALL</i> ) Perforations and Bridge Plug Sets:  Elevation:  | Surface Casing Size:  | _ Set at:  | Cemented with:               |                |                   | Sacks      |
| Elevation:       (  | Production Casing Size:                                       | _ Set at:  | Cemented with:               |                |                   | Sacks      |
| Condition of Well: Good Poor Junk in Hole Casing Leak at:   | List (ALL) Perforations and Bridge Plug Sets:                 |  |                              |                |                   |            |
| Condition of Well: Good Poor Junk in Hole Casing Leak at:   |   |  |                              |                |                   |            |
| Condition of Well:GoodPoorJunk in HoleCasing Leak at:   | Elevation: (  | PBTD: Anl  | nydrite Depth:               |                |                   |            |
| Proposed Method of Plugging (attach a separate page if additional space is needed):   Is Well Log attached to this application?    Is Well Log attached to this application?    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:    Plugging Contractor License #:    Plugging Contractor License #:      Name:   Address 1:   Address 2:   State:   Zip:   +   |   |  |                              | (Stone Cor     | rral Formation)   |            |
| 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:  |   | (Inte  | erval)                       |                |                   |            |
| 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:  Address:  Phone:  Address 1:  Address 1:  Address 2:  City:  State:  Zip:  +  Phone:  City:  State:  Zip: +  Phone:  City:  State:  State:  Zip: +  Phone:  City:  State:  State: State:  State:  State:                      | Proposed Method of Plugging (attach a separate page if additi | onal space is needed):                                   |                              |                |                   |            |
| 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:  Address:  Phone:  Address 1:  Address 1:  Address 2:  City:  State:  Zip:  +  Phone:  City:  State:  Zip: +  Phone:  City:  State:  State:  Zip: +  Phone:  City:  State:  State: State:  State:  State:                      |   |  |                              |                |                   |            |
| 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:  Address:  Phone:  Address 1:  Address 1:  Address 2:  City:  State:  Zip:  +  Phone:  City:  State:  Zip: +  Phone:  City:  State:  State:  Zip: +  Phone:  City:  State:  State: State:  State:  State:                      |   |  | _                            |                |                   |            |
| 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:   | Is Well Log attached to this application?                     | Is ACO-1 filed? Yes                                      | No                           |                |                   |            |
| Company Representative authorized to supervise plugging operations:   | If ACO-1 not filed, explain why:                              |  |                              |                |                   |            |
| Company Representative authorized to supervise plugging operations:   |   |  |                              |                |                   |            |
| Company Representative authorized to supervise plugging operations:   | Plugging of this Well will be done in accordance with K       | S A EE 101 at sog and the Buller                         | and Poquiations of the Stat  | la Corporatio  | n Commission      |            |
| Address:  |   |  | -                            | •              |                   |            |
| Phone: ()   |   |  |                              |                |                   |            |
| Plugging Contractor License #:       Name:         Address 1:       Address 2:         City:  |   |  |                              |                | · +               |            |
| Address 1:       Address 2:   |   |  |                              |                |                   |            |
| City: State: Zip: +   |   |  |                              |                |                   |            |
| Phone: ()   |   |  |                              |                |                   |            |
|   | •   |  | State                        | ə Zıp          | +                 |            |
| Proposed Date of Plugging (If Known):   |   |  |                              |                |                   |            |
|   | 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: 1671655

#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

# CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

|     | Form KSONA-           |
|-----|-----------------------|
|     | July 202              |
|     | Form Must Be Typed    |
|     | Form must be Signed   |
| All | blanks must be Filled |
|     |                       |

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 #        | Well Location:  |  |  |  |
|----------------------------|---|--|--|--|
| Name:                      |   |  |  |  |
| 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:                      | 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:+         |   |  |  |  |
|                            |   |  |  |  |

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.

## Submitted Electronically

| Form      | CP1 - Well Plugging Application |  |  |
|-----------|---------------------------------|--|--|
| Operator  | Kansas Energy Company, L.L.C.   |  |  |
| Well Name | HATFIELD 30                     |  |  |
| Doc ID    | 1671655                         |  |  |

Perforations And Bridge Plug Sets

| Perforation Top | Perforation Base | Formation | Bridge Plug Depth |
|-----------------|------------------|-----------|-------------------|
| 1166            | 1191             | Peru      |                   |

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

Dwight D. Keen, Chair Susan K. Duffy, Commissioner Andrew J. French, Commissioner November 07, 2022

P.J. Buck Kansas Energy Company, L.L.C. BOX 68 SEDAN, KS 67361-0068

Re: Plugging Application API 15-019-40357-00-00 HATFIELD 30 SW/4 Sec.36-34S-11E Chautauqua County, Kansas

Dear P.J. Buck:

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 May 06, 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 May 06, 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



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

Laura Kelly, Governor