

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	Farmer, John O., Inc.
Well Name	SCHOEN A 1
Doc ID	1681568

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3790	3794	Arbuckle	

Form 1002A OPERATOR Jones, Shelburne & Farmer, Inc.
 ADDRESS Russell, Kansas

640 Acres N

160					
160					
160					
160					
160					

Locate well correctly

COUNTY Norton SEC. 35 TWP. 3 RGE. 24
 COMPANY OPERATING Jones, Shelburne & Farmer, Inc.
 OFFICE ADDRESS Russell, Kansas
 FARM NAME Section A WELL NO. 1
 DRILLING STARTED 9-29-29 5 DRILLING FINISHED 10-5-29
 DATE OF FIRST PRODUCTION _____ COMPLETED _____
 WELL LOCATED 3 1/4 N. 1/2 North of South
 Line and _____ ft. East of West Line of Quarter Section
 Elevation (Relative to sea level) DERRICK FLOOR 2460 ROUNDED
 CHARACTER OF WELL (Oil, gas or dryhole) oil

CIL OR GAS SANDS OR ZONES

Name	From	To	Name	From	To
1			4		
2			5		
3			6		

Perforating Record If Any

Formation	From	To	No. of Shots	Formation	From	To	Size of Shot

Shot Record

Formation	From	To	Size of Shot

CASING RECORD

Amount Set	Amount Pulled	Packer Record									
Size	Wt.	Thd.	Make	Fl.	In.	Fl.	In.	Size	Length	Depth Set	Make
5 1/8											
5 1/8											
5 1/8											

NOTE: Were bottom hole plugs used? _____ If so, state kind, depth set and results obtained
 Rotary Tools were used from _____ feet to _____ feet and from _____ feet to _____ feet
 Cable tools were used from _____ feet to _____ feet and from _____ feet to _____ feet
 Type Rig _____

INITIAL PRODUCTION TEST
 Describe initial test: whether by flow through tubing or casing or by pumping _____
 Amount of Oil Production _____ bbls. Size of choke, if any _____ Length of test _____ Water
 Production _____ bbls. Gravity of oil _____ Type of Pump if pump is used, describe _____

FORMATION RECORD
 Give detailed description and thickness of all formations drilled through, contents of sand, whether dry, water, oil or gas.

Formation	Top	Bottom	Formation	Top	Bottom
Inc. shale & shells	0	900			
shale-shells-sand	970	1600			
shale & shells	1600	1650			
shale & sand	1650	1700			
sand	1700	1790			
Red bed	1790	2040			
shale & shells	2040	2047			
Anhydrite	2047	2080			
shale & shells	2080	2510			
lime & shale	2510	3180			
shale & lime	3180	3790			
Dolomite	3790	3790			
			TOP 1		
			Klontton 2479 R. B.		
			Rehner 3494		
			Rownto 3521		
			Lansing 3536		
			Arbuckle 3790		
			T. F. 3794		

I, the undersigned, being first duly sworn upon oath, state that this well record is true, correct and complete according to the records of this office, and to the best of my knowledge and belief.

 Name and title of representative of company
 Subscribed and sworn to before me this _____ day of _____ 19____
 My Commission expires _____

 Notary Public

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

January 19, 2023

Marge Schulte
Farmer, John O., Inc.
370 W WICHITA AVE
PO BOX 352
RUSSELL, KS 67665-0352

Re: Plugging Application
API 15-137-00515-00-00
SCHOEN A 1
NE/4 Sec.35-03S-24W
Norton County, Kansas

Dear Marge Schulte:

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

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 4 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 4's phone number is (785) 261-6250. Failure to notify DISTRICT 4, 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 July 18, 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 July 18, 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 4