KOLAR Document ID: 1695387

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

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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 (C	Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #	Well Location:
Name:	SecTwpS. R East
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 the lease below:
Contact Person:	
Phone: () Fax: ()	
Email Address:	
Surface Owner Information:	
Name:	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.
Address 1:	
Address 2:	
City: State: Zip:+	
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and 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.
provided the following to the surface owner(s) of the land up Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing	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 g in connection with this form; 2) if the form being filed is a Form operator name, address, phone number, fax, and email address.
the KCC will be required to send this information to the surface	acknowledge that, because I have not provided this information, owner(s). To mitigate the additional cost of the KCC performing ress of the surface owner by filling out the top section of this form the KCC, which is enclosed with 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	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.
Submitted Electronically	

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

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

February 20, 2023

TJ Dixon
Dixon Operating Company, LLC
1625 N WATERFRONT PKWY STE 220
WICHITA, KS 67206-6620

Re: Plugging Application API 15-185-24026-00-00 POUND 3-34 SE/4 Sec.34-22S-12W Stafford County, Kansas

Dear TJ Dixon:

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 August 19, 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 August 19, 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