KOLAR Document ID: 1674254

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 19	67, supply original comp	letion date:			
Address 1:		Spot Des	scription:				
Address 2:		·_	Sec Tw	vp S. R	East West		
City: State: Zip: +			Feet from North / South Line of Section				
Contact Person:			Feet from	East /	West Line of Section		
Phone: ()		Footage	s Calculated from Neare				
Pnone: ()		_ _	NE NW	SE SW			
			ame:				
		Lease IV	ame.	vveii #	··		
Check One: Oil Well Gas Well OG	D&A Cat	thodic Wate	er Supply Well C	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.: Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if addition	Casing Leak at:			Stone Corral Formatio	on)		
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	S.A. 55-101 et. seg. and the	Rules and Regul	lations of the State Cor	poration Commi	ission		
Company Representative authorized to supervise plugging o	_	•	·	•			
Address:					+		
Phone: ()		- ,		'			
Plugging Contractor License #:		Name:					
Address 1:							
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

KOLAR Document ID: 1674254

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 (Ca	athodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License #	Well Location:			
Name:	SecTwpS. R			
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 additiona			
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:+				
provided the following to the surface owner(s) of the land upon Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing	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. 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 in connection with this form; 2) if the form being filed is a Form			
·	acknowledge that, because I have not provided this information, owner(s). To mitigate the additional cost of the KCC performing ess of the surface owner by filling out the top section of 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				
Submitted Electronically				

Form	CP1 - Well Plugging Application	
Operator	Kloberdanz, Paul E.	
Well Name	HEFLEY 1-A	
Doc ID	1674254	

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
2445	2450	Cleveland	

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

April 17, 2023

Patrick Garbutt Kloberdanz, Paul E. PO BOX 57756 OKLAHOMA CITY, OK 73157-7756

Re: Plugging Application API 15-035-23783-00-00 HEFLEY 1-A SW/4 Sec.09-32S-07E Cowley County, Kansas

Dear Patrick Garbutt:

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

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 2 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 2's phone number is (316) 337-7400. Failure to notify DISTRICT 2, 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 October 14, 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 October 14, 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 2