KOLAR Document ID: 1751244

## 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 comp	oletion date:	
Address 1:		Spot Descr	ription:		
Address 2:			Sec Tv	vр S. R	East West
City: State:			Feet from	North /	South Line of Section
Contact Person:			Feet from	East /	West Line of Section
Phone: ( )		Footages C	Calculated from Neare		ı Corner:
Priorie: ( )			NE NW	SE SW	
		1	ne:		
		Lease Ivali	ie.	vveii #.	
Check One: Oil Well Gas Well Od	G D&A Ca	athodic Water S	Supply Well	Other:	
SWD Permit #:	ENHR Permit #:		Gas Storage	Permit #:	
Conductor Casing Size:	Set at:	C	emented with:		Sacks
Surface Casing Size:	Set at:	C	emented with:		Sacks
Production Casing Size:	Set at:	c	emented 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 add	e Casing Leak at:			Stone Corral Formatio	7)
Is Well Log attached to this application? Yes No No If ACO-1 not filed, explain why:	o Is ACO-1 filed?	Yes No			
Plugging of this Well will be done in accordance with K Company Representative authorized to supervise plugging	•	-			sion
Address:		City:	State:	Zip:	+
Phone: ( )					
Plugging Contractor License #:		Name:			
Address 1:	<i>F</i>	Address 2:			
City:			State:	Zip:	+
Phone: ( )					
Proposed Data 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: 1751244

## 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:				
Address 1:	County: Well #:			
Address 2:				
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			
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:				
provided the following to the surface owner(s) of the land upor Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing C-1 or Form CB-1, the plat(s) required by this form; and 3) my o  I have not provided this information to the surface owner(s). I the KCC will be required to send this information to the surface	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 gin connection with this form; 2) if the form being filed is a Form perator name, address, phone number, fax, and email address.  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	ee with this form. If the fee is not received with this form, the KSONA-1			
Cashina Libertonically				

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

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Annie Kuether, Commissioner

February 05, 2024

Warren Ward T & W Ward Oil, LLC 918 W. DEWEY AVE BLACKWELL, OK 74631-2005

Re: Plugging Application API 15-191-21057-00-00 HEUSZEL 5 SE/4 Sec.17-35S-02E Sumner County, Kansas

Dear Warren Ward:

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 August 03, 2024. 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 03, 2024 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