KOLAR Document ID: 1759855

## 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	letion date:	
Address 1:		Spot Desci	ription:		
Address 2:			Sec Tv	vp S. R	East West
City: State:			Feet from	North /	South Line of Section
Contact Person:			Feet from	East /	West Line of Section
Phone: ( )		Footages (	Calculated from Neare		1 Corner:
Priorie: ( )			NE NW	SE SW	
			ne:		
		Lease Nan	ie	vveii #.	
Check One: Oil Well Gas Well OC	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 Formation	7)
Is Well Log attached to this application? Yes North No	o Is ACO-1 filed?	Yes No			
Plugging of this Well will be done in accordance with K Company Representative authorized to supervise plugging	-				ssion
Address:		City:	State:	Zip:	+
Phone: ( )					
Plugging Contractor License #:		Name:			
Address 1:		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: 1759855

## 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
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:+	
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and a batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
Select one of the following:	
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 C-1 or Form CB-1, the plat(s) required by this form; and 3) my one of the surface owner(s).	Act (see Chapter 55 of the Kansas Statutes Annotated), I have son 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.  acknowledge that, because I have not provided this information, e owner(s). To mitigate the additional cost of the KCC performing
this task, I acknowledge that I must provide the name and add and that I am being charged a \$30.00 handling fee, payable to	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-	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.
Submitted Electronically	

211 W. 14TH STREET, CHANUTE, KS 66720 620-431-9210 OR 800-467-8676

**AUTHORIZTION** 

TICKET NUMBER 2005

LOCATION 0 + + awg Mader

## TREATMENT REPORT & FIELD TICKET

							CONTRACTOR OF THE PERSONS	DESCRIPTION OF THE PROPERTY OF
DATE	CUSTOMER#	magaan aWE	LL NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
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DISPLACEMENT		DISPLACEME	NT PSI	MIX PSI_ Mixed by app	d & pum	Ped 25	x sel	to sed +
DISPLACEMENT		DISPLACEMENT PUMPLE FOR	p rate.	MIX PSI_ Mixed by app	d & pum	Ped 25	x sel	to ixed to 50 poz, p clear
DISPLACEMENT		DISPLACEMENT PUMPLE FOR	p rate. lowed Marker	MIX PSI_ Mixed by app Following	d & pum	Ped 25	x sel	to xcd to 50 poz, p clear p ment
DISPLACEMENT		DISPLACEMENT OF THE PUMP OF TH	p rate. lowed Marker	MIX PSI_ Mixed by app Following	d & pum o 5 bbl owed k	Ped 2s clean w Ly 131 Flyshed Circula	x sel	to ixed to 50 poz, p clear punent
DISPLACEMENT		DISPLACEMENT OF THE PUMP OF TH	prate. lowed Marker ed dye	MIX PSI_ Mixed by app Following	d & pum 5 bbl pued k 1 face casing,	Ped 2s clean w 131 Flyshed Cifcula	x sel	to xcd to 50 poz, p clear p ment

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ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
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5407A	MINES	ton mileage	a mana tamo	235,00
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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 26, 2024

Mark Burris N & B Enterprises, Inc. 928 BRIERWOOD DRIVE IOLA, KS 66502-0345

Re: Plugging Application API 15-001-29207-00-00 MCFADDEN 1 NE/4 Sec.13-24S-18E Allen County, Kansas

Dear Mark Burris:

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 August 24, 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 24, 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 3