KOLAR Document ID: 1777604

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	If pre 1967, supply original completion date:			
Address 1:		Spot De	scription:			
Address 2:			Sec Twp S. R East West			
City: State:			Feet from	North /	South Line of Section	
Contact Person:			Feet from	East / V	West Line of Section	
Phone: ()		Footage	es Calculated from Neare		Corner:	
rione. ()		Country	NE NW	SE SW		
			lame:			
Check One: Oil Well Gas Well OG	D&A C	athodic Wate	er 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: Sa			
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 additi	Casing Leak at:			Stone Corral Formation)	
	_					
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.	3.A. 55-101 <u>et.</u> <u>seq</u> . and th	ne Rules and Regu	lations of the State Cor	poration Commiss	sion	
Company Representative authorized to supervise plugging of	perations:					
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

KOLAR Document ID: 1777604

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 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:				
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 C-1 or Form CB-1, the plat(s) required by this form; and 3) my or	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.			
the KCC will be required to send this information to the surface this task, I acknowledge that I must provide the name and address and that I am being charged a \$30.00 handling fee, payable to the surface of the second option, submit payment of the \$30.00 handling fee.	iee 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 Submitted Electronically	wiii be returnea.			

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

May 15, 2024

Lance Town Somerset Energy, Inc. 4453 Shawnee Road Wellsville, KS 66092-0716

Re: Plugging Application API 15-121-02497-00-02 YOUNG N 40 NE/4 Sec.20-16S-24E Miami County, Kansas

Dear Lance Town:

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 November 11, 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 November 11, 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