

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2010

This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

OPERATOR: License #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____

API No. 15 - _____
If pre 1967, supply original completion date: _____
Spot Description: _____
____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
____ Feet from North / South Line of Section
____ Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: _____
Lease Name: _____ Well #: _____

Check One: Oil Well Gas Well OG D&A Cathodic 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: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

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.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: _____
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

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 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

Well Location:

____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West

County: _____

Lease Name: _____ Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

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.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (see Chapter 55 of the Kansas Statutes Annotated), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee 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 will be returned.

I Submitted Electronically

I

Form	CP1 - Well Plugging Application
Operator	Krehbiel, Jay
Well Name	KOENIG 4
Doc ID	1778119

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3360	3365	Arbuckle	



TREATMENT REPORT

Acid Stage No _____

Date 3/7/2022 District GB F.O No. 50543
 Company Terry Schmitt
 Well Name & No. Koening #4
 Location _____ Field _____
 County Rice State KS
 Casing: Size 4.5" Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes Perforated from _____ ft to _____ ft.
 Tubing: Size & Wt. 2.5" Swung at _____ ft.
 Perforated from _____ ft to _____ ft.
 Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown: _____ Bbl /Gal _____
 _____ Bbl /Gal _____
 _____ Bbl /Gal _____
 _____ Bbl /Gal _____
 Flush _____ Bbl /Gal _____
 Treated from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 Actual Volume of Oil / Water to Load Hole: _____ Bbl /Gal.
 Pump Trucks No. Used: Std 365 Sp _____ Twin _____
 Auxiliary Equipment _____ 327
 Personnel Nathan Tim Joe
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____
 _____ Gals _____ lb

Company Representative Bud Treater Nathan W.

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
8:00	2.5"	4.5"		On Location.
				Pressure up on previous squeeze. Slight leak off
				Isolate leak at 2102' Squeeze with 50sks.
				Test at 1000' down tubing. Slight leak off.
				Isolate casing leak at 256'
				Mix 100sks Common 3% CC.
				Displace to 150'
				Shut in.
				Thank You!
				Nathan W.



FIELD ORDER N° C 80048

BOX 438 - HAYSVILLE, KANSAS 67060
316-524-1225

DATE 9-Mar 20 22

IS AUTHORIZED BY: Terry D Schmidt (NAME OF CUSTOMER)

Address _____ City _____ State KS

TO TREAT WELL AS FOLLOWS Lease Koening #3 Well No. _____ Customer Order No. _____

Sec. Twp. _____ Range _____ County Rice State KS

CONDITIONS As a part of the consideration hereof it is agreed that Copeland Acid is to service or treat at owners risk, the herebefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

_____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
20.0001	20	Mileage P. U.	\$2.50	\$50.00
20.0002	20	mileage pt 3/7-2022	\$4.50	\$90.00
20.0002	20	mileage pt 3/9/2022	\$4.50	\$90.00
10.0002	1	HD Packer Rental 4 1/2" & 5 1/2"	\$1,000.00	\$1,000.00
10.0003	1	AS Plug Rental 4 1/2" & 5 1/2"	\$1,000.00	\$1,000.00
20.0013	1	Operator Charge Per Day 3/7/2022	\$300.00	\$300.00
20.0013	1	Operator Charge Per Day 3/9/2022	\$300.00	\$300.00
20.1001	50	Common Cement Sack	\$16.25	\$812.50
20.1012	3	Calcium Chloride per 50 lb.	\$40.00	\$120.00
20.0004	1	Pump Charge Squeeze	\$1,000.00	\$1,000.00
20.0011	53	Bulk Charge	min	\$150.00
20.0012	49.82	Bulk Truck Miles	min	\$150.00
		Process License Fee on _____ Gallons		
TOTAL BILLING				\$5,068.50

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Joe S.

Station GB _____ Bud _____
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



FIELD ORDER N° C 80051

BOX 438 - HAYSVILLE, KANSAS 67060 316-524-1225

DATE 24-Mar 20 22

IS AUTHORIZED BY: Terry D Schmidt (NAME OF CUSTOMER)

Address City State KS

TO TREAT WELL AS FOLLOWS Lease Koenig Well No. 3 Customer Order No.

Sec. Twp. Range County Rice State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid is to service or treat at owners risk, the herebefore mentioned well and is not to be held liable for any damage that may occur in connection with said service or treatment.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED Well Owner or Operator By Agent

Table with 5 columns: CODE, QUANTITY, DESCRIPTION, UNIT COST, AMOUNT. Rows include items like Mileage P.T., Pump Charge Squeeze, Common Cement Sack, Calcium Chloride per 50 lb., HD Packer Rental, Bulk Charge, Bulk Truck Miles, and Process License Fee on Gallons. Total Billing is \$5,268.66.

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Joe S.

Station GB

Well Owner, Operator or Agent

Remarks

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. _____

Date 4/13/2022 District GB F.O. No. 50554
 Company Terry Schmitt
 Well Name & No. Koenig #4
 Location _____ Field _____
 County Rice State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____

Casing: Size 4.5" Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. 2" Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.

Treated from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Pump Trucks: No. Used: Std. 365 Sp. _____ Twin _____
 Auxiliary Equipment 327
 Personnel Nathan Joe Clarence
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative Jay Treater Nathan W.

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
9:45	2.5"	4.5"		On Location.
				Packer-680'
				Holes-810'-1300'
				Take inj rate at 3bpm-300#
				Mix 10sks of gel with 300# Hulls.
				Pump 5bbls of Sodium Silicate and water and 2bbls water spacer.
				Mix 200sks Common.
				Displace below packer and let set.
				Pull packer.
				Thank You!
				Nathan W.



TREATMENT REPORT

Acid Stage No. _____

Date 4/5/2022 District GB F.O. No. C60542
 Company TERRY D. SCHMIDT
 Well Name & No. KOENING #4
 Location _____ Field _____
 County RICE State KS
 Casing: Size 4 1/2 Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bidown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____
 Treated from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.
 Pump Trucks. No. Used: Std. 320 Sp. _____ Twin _____
 Auxiliary Equipment 327
 Personnel GREG JOE
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____
 _____ Gals. _____ lb.

Company Representative JAY K. Treater GREG C.

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
9:00				ON LOCATION
				HOLES 870-1000. PACKER SET @ 720'
				PUMP 18 BBLS CALCIUM CHLORIDE WATER. INJ RATE 2 BPM 300#
				PSI BACKSIDE TO 500#
				PUMP 150 SKS COMMON 3% CC.
				SHUT VALVE, PUMP LINE AND PUMP CLEAN
				DISPLACE WITH 4.75 BBLS, WAIT 1 HOUR
				OPENED VALVE, STILL HAD PRESSURE, WANTED TO COME BACK. PUMP
				0.25 BBLS AND WAIT 1 HOUR
				OPENED VALVE, STILL, HAD PRESSURE, WANTED TO COME BACK. PUMP
				1 BBL. PSI TO 500#, SHUT VALVE. TOTAL DISPLACEMENT 6 BBLS
3:30				JOB COMPLETE
				THANK YOU!!!



TREATMENT REPORT

Acid Stage No. _____

Date 4/19/2022 District GB F.O. No. C60550
 Company TERRY D. SCHMIDT
 Well Name & No. KOENING #4
 Location _____ Field _____
 County RICE State KS

Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
Blowdown	_____ Bbl./Gal.			
	_____ Bbl./Gal.			
	_____ Bbl./Gal.			
	_____ Bbl./Gal.			
Flush	_____ Bbl./Gal.			

Casing: Size _____ Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Treated from _____ ft. to _____ ft.	No. ft.	0
from _____ ft. to _____ ft.	No. ft.	0
from _____ ft. to _____ ft.	No. ft.	0
Actual Volume of Oil / Water to Load Hole: _____	Bbl./Gal.	
Pump Trucks. No. Used: Std. <u>365</u> Sp. _____ Twin _____		
Auxiliary Equipment <u>360-310T & 129</u>		
Personnel <u>GREG CLARENCE JOE</u>		
Auxiliary Tools _____		
Plugging or Sealing Materials: Type _____	Gals.	lb.

Company Representative JAY K. Treater GREG C.

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	a.m./p.m.	Tubing		
11:00				ON LOCATION
				PACKER SET @ 685', HOLES @ 850-1150
				PSI BACKSIDE TO 300#.
				PUMP 50 BBLS MUD. INJ RATE 3 BPM 450#
				MIX 200 SKS COMMON 4% CC
				SHUT VALVE. WASH PUMP AND LINE OUT.
				DISPLACE WITH 4.5 BBLS H2O
				WAIT 1 HOUR. PUMP 0.5 BBLS WAIT 1 HOUR
3:30				OPEN VALVE, 450#, PSI TO 950#. BLEED OFF PRESSURE SLOWLY, NO RETURNS.
				REVERSE OUT WITH 14 BBLS, PULL PACKER. PSI TO 750#
				SHUT IN WELL
4:00				JOB COMPLETE
				THANK YOU!!!

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

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

Laura Kelly, Governor

May 20, 2024

JAY R KREHBIEL
Krehbiel, Jay
504 N CARRIE ST
MCPHERSON, KS 67460-6513

Re: Plugging Application
API 15-159-19009-00-00
KOENIG 4
NE/4 Sec.15-20S-10W
Rice County, Kansas

Dear JAY R KREHBIEL:

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 November 16, 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 16, 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