

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	Triple Crown Operating LLC
Well Name	BARRICKLOW 1-33
Doc ID	1786465

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4340	4354	Miss	

OPERATOR

Company: Triple Crown Operating
 Address:

Contact Geologist: Rod Andersen
 Contact Phone Nbr: 316-204-3359
 Well Name: Barricklow #1-33
 Location: 1440 FNL _1200 FEL 33-20-22
 API:
 Pool: Infield
 State: Kansas

Field: Barricklow
 Country: USA

Scale 1:240 Imperial

Well Name: Barricklow #1-33
 Surface Location: 1440 FNL _1200 FEL 33-20-22
 Bottom Location:
 API:
 License Number:
 Spud Date: 6/2/2016 Time: 12:00 AM
 Region:
 Drilling Completed: 6/10/2016 Time: 12:00 AM
 Surface Coordinates:
 Bottom Hole Coordinates:
 Ground Elevation: 2179.00ft
 K.B. Elevation: 0.00ft
 Logged Interval: 0.00ft To: 0.00ft
 Total Depth: 4480.00ft
 Formation: Mississippian
 Drilling Fluid Type: Chemical/Fresh Water Gel

SURFACE CO-ORDINATES

Well Type: Vertical
 Longitude:
 Latitude:
 N/S Co-ord:
 E/W Co-ord:

LOGGED BY

Company: Eurypterid LLC
 Address:

Phone Nbr: 316-204-3359
 Logged By: Geologist

Name: Rod Andersen

CONTRACTOR

Contractor: WW Drilling
 Rig #: 12
 Rig Type: mud rotary
 Spud Date: 6/2/2016
 TD Date: 6/10/2016
 Rig Release:

Time: 12:00 AM
 Time: 12:00 AM
 Time:

ELEVATIONS

K.B. Elevation: 0.00ft Ground Elevation: 2179.00ft
 K.B. to Ground: 8.00ft

NOTES

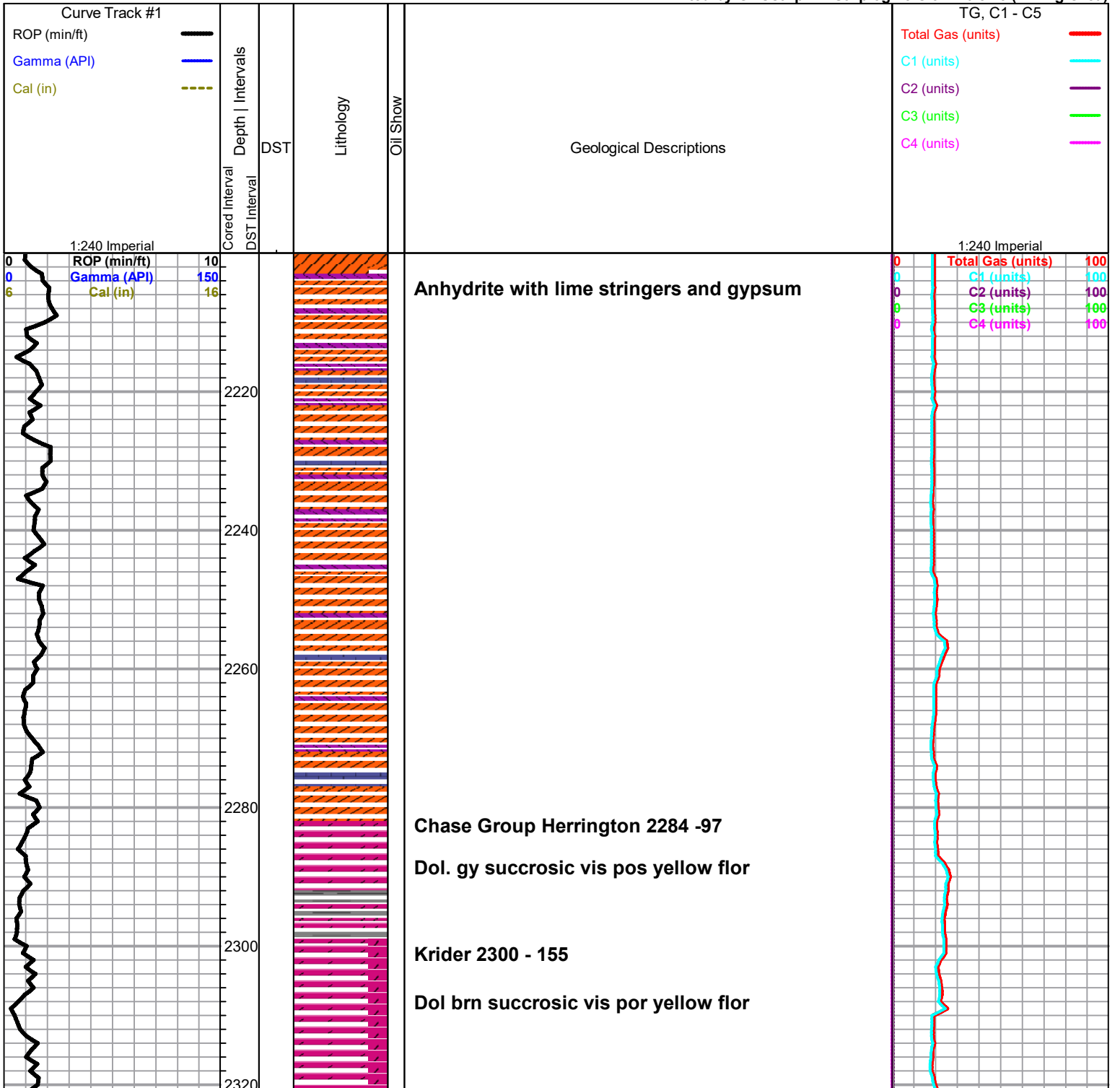
ROCK TYPES



OTHER SYMBOLS

- Oil Show**
- Good Show
 - Fair Show
 - Poor Show
 - Spotted or Trace
 - Questionable Stn
 - D Dead Oil Stn
 - Fluorescence
 - * Gas
- DST**
- DST Int
 - DST alt
 - Core
 - tail pipe

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Dol brn succrosic vis pos yellow flor

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Towanda 2414 -227

Dol gy-brn succrosic por yellow flor

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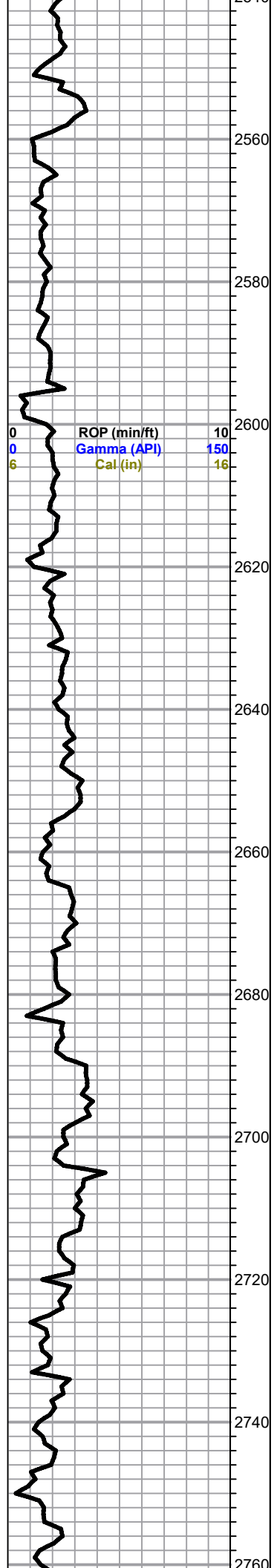
Ls crm fxln

Sh gy

Ls fxln

0	ROP (min/ft)	10
0	Gamma (API)	150
6	Cal (in)	16

0	Total Gas (units)	100
0	C1 (units)	100
0	C2 (units)	100
0	C3 (units)	100
0	C4 (units)	100



0	ROP (min/ft)	10
0	Gamma (API)	150
6	Cal (in)	16



Sh gy

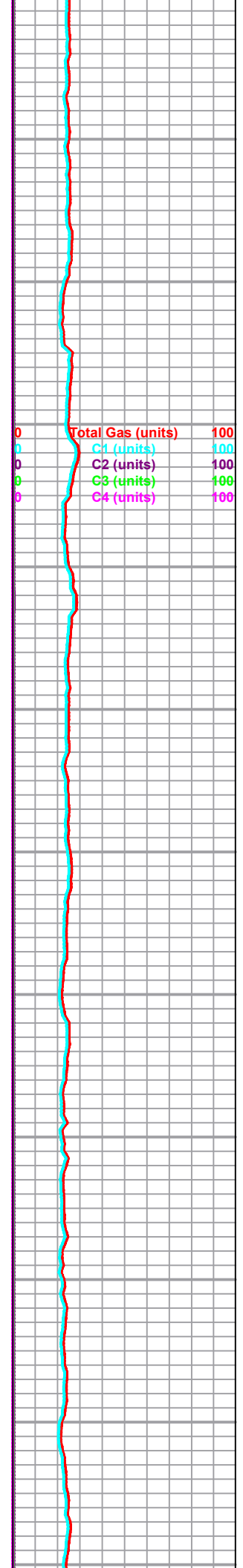
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Ft Riley 2460 -273
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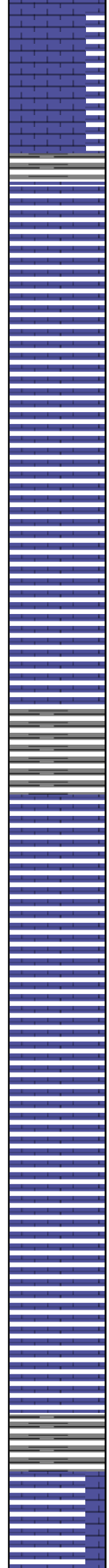
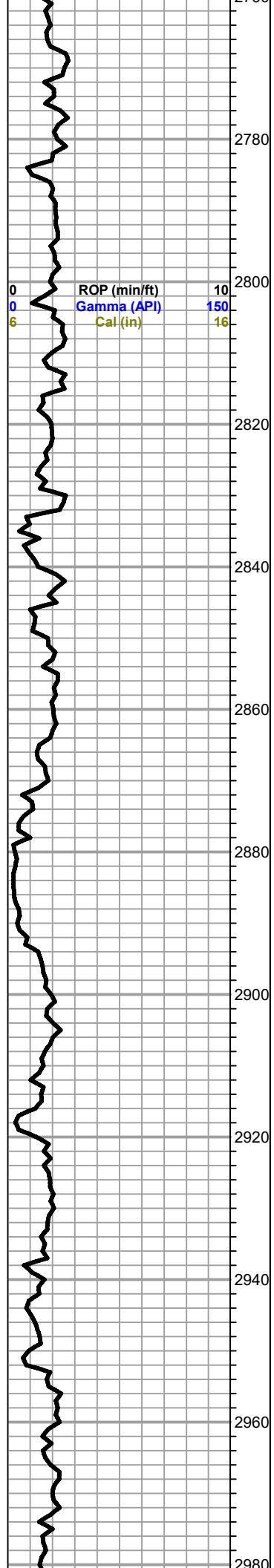
sh gy

Ls tan fxln

Sh gy



0	Total Gas (units)	100
0	C1 (units)	100
0	C2 (units)	100
0	C3 (units)	100
0	C4 (units)	100

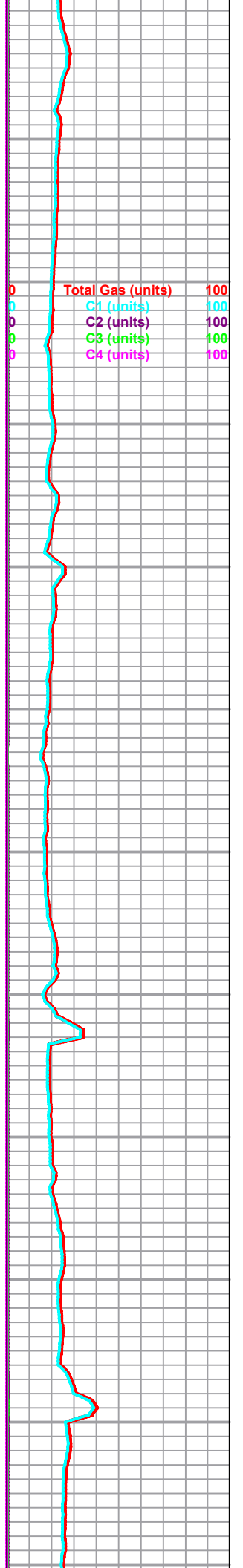


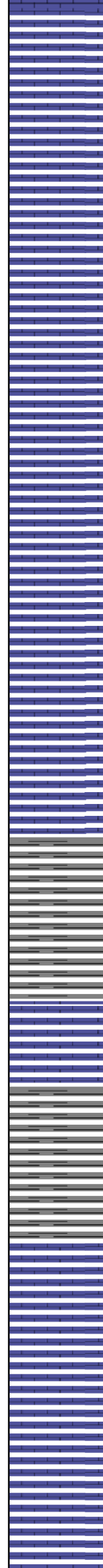
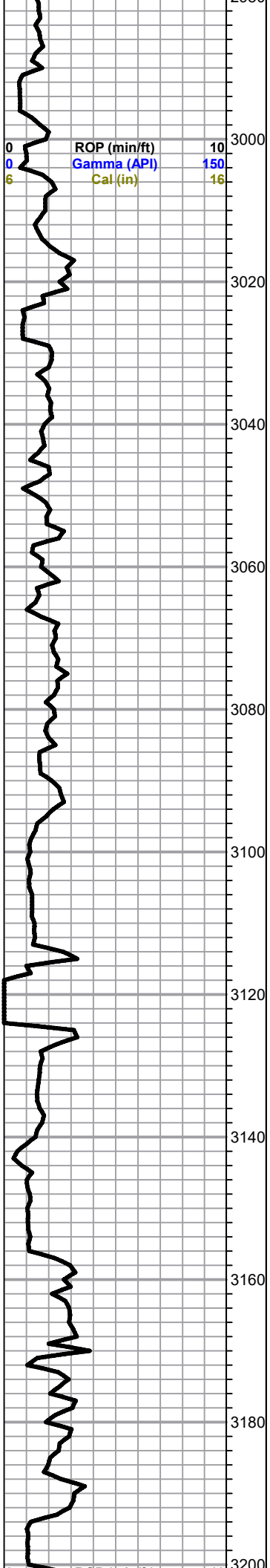
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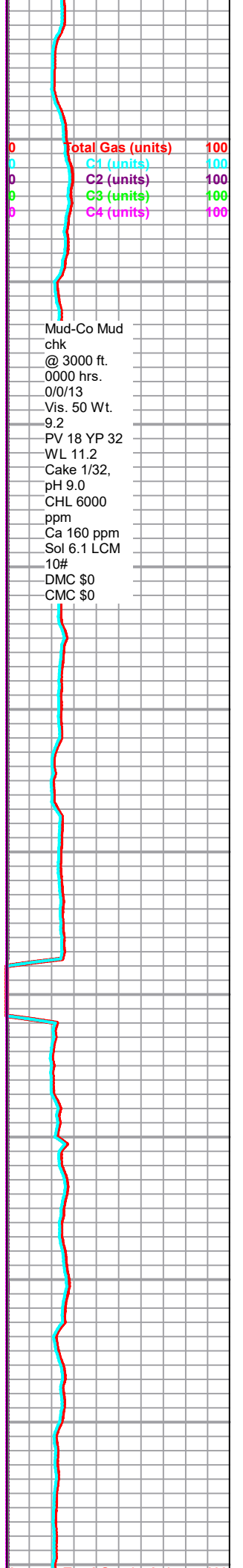
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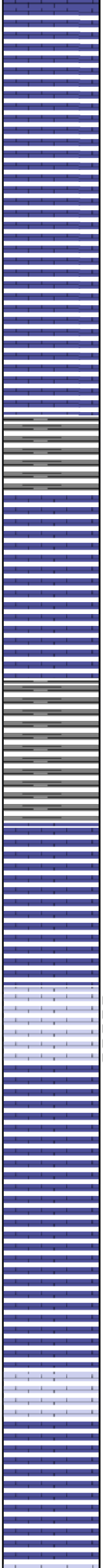
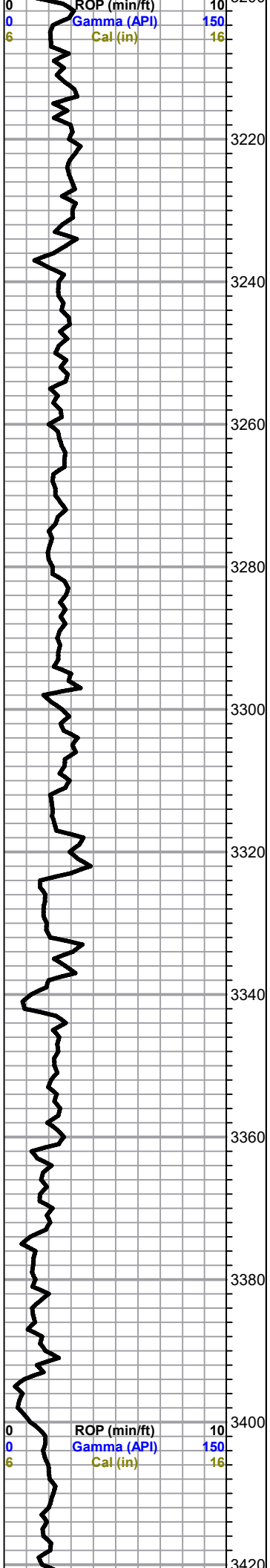
Ls crm fxln

Sh gy

Ls crm fxln-cxln

Ls crm fxln





Sh gy

Ls crm fxln

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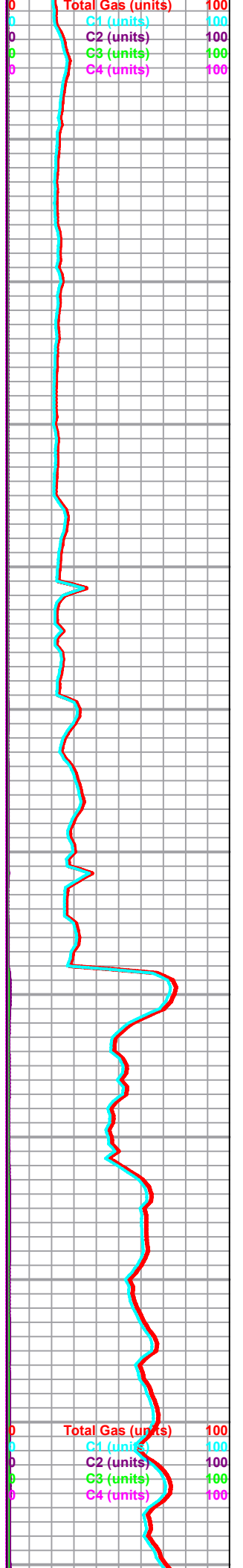
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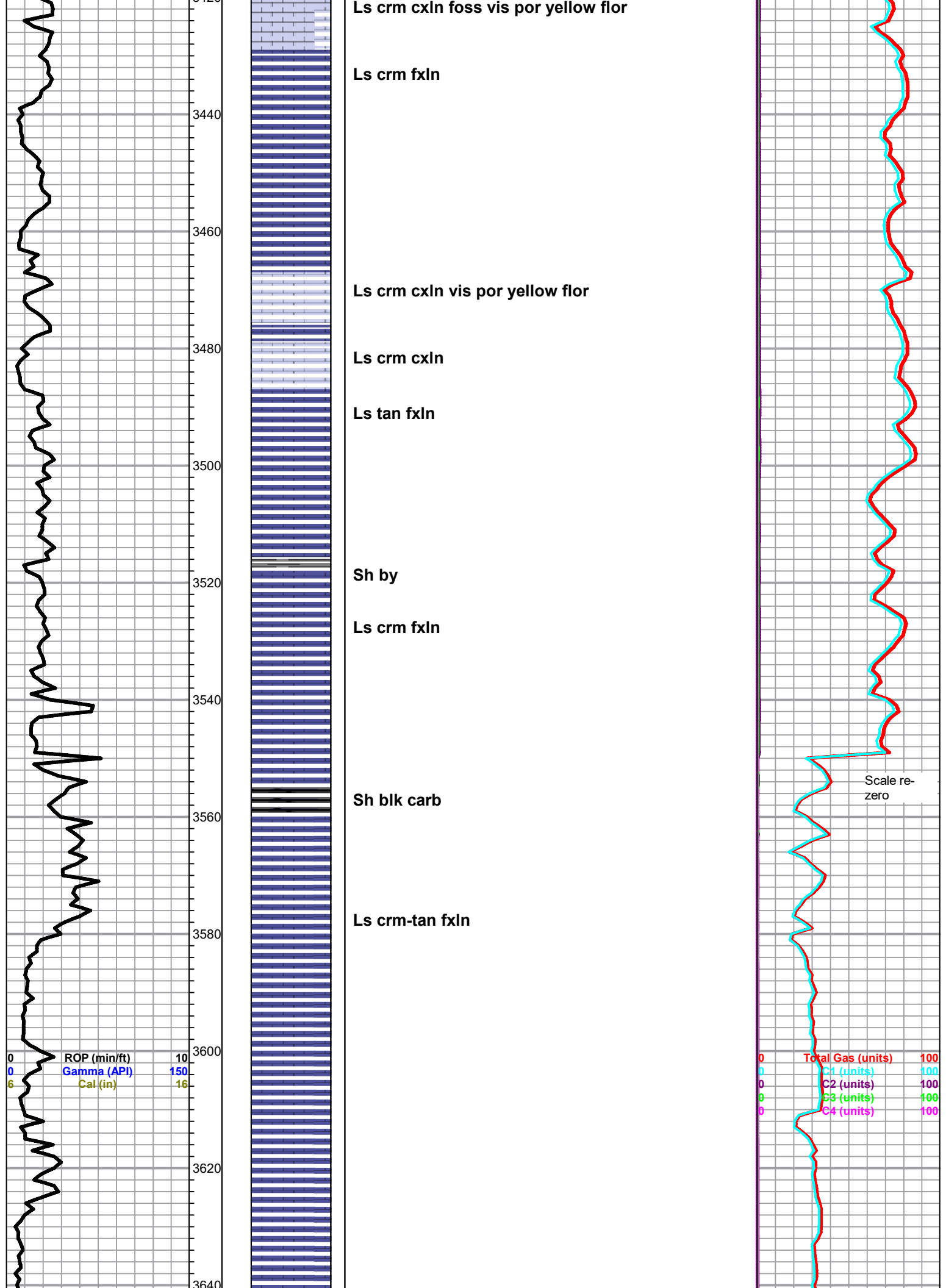
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Ls crm cxln foss vis por yellow flor

Ls crm fxln

Ls crm cxln vis por yellow flor

Ls crm cxln

Ls tan fxln

Sh by

Ls crm fxln

Sh blk carb

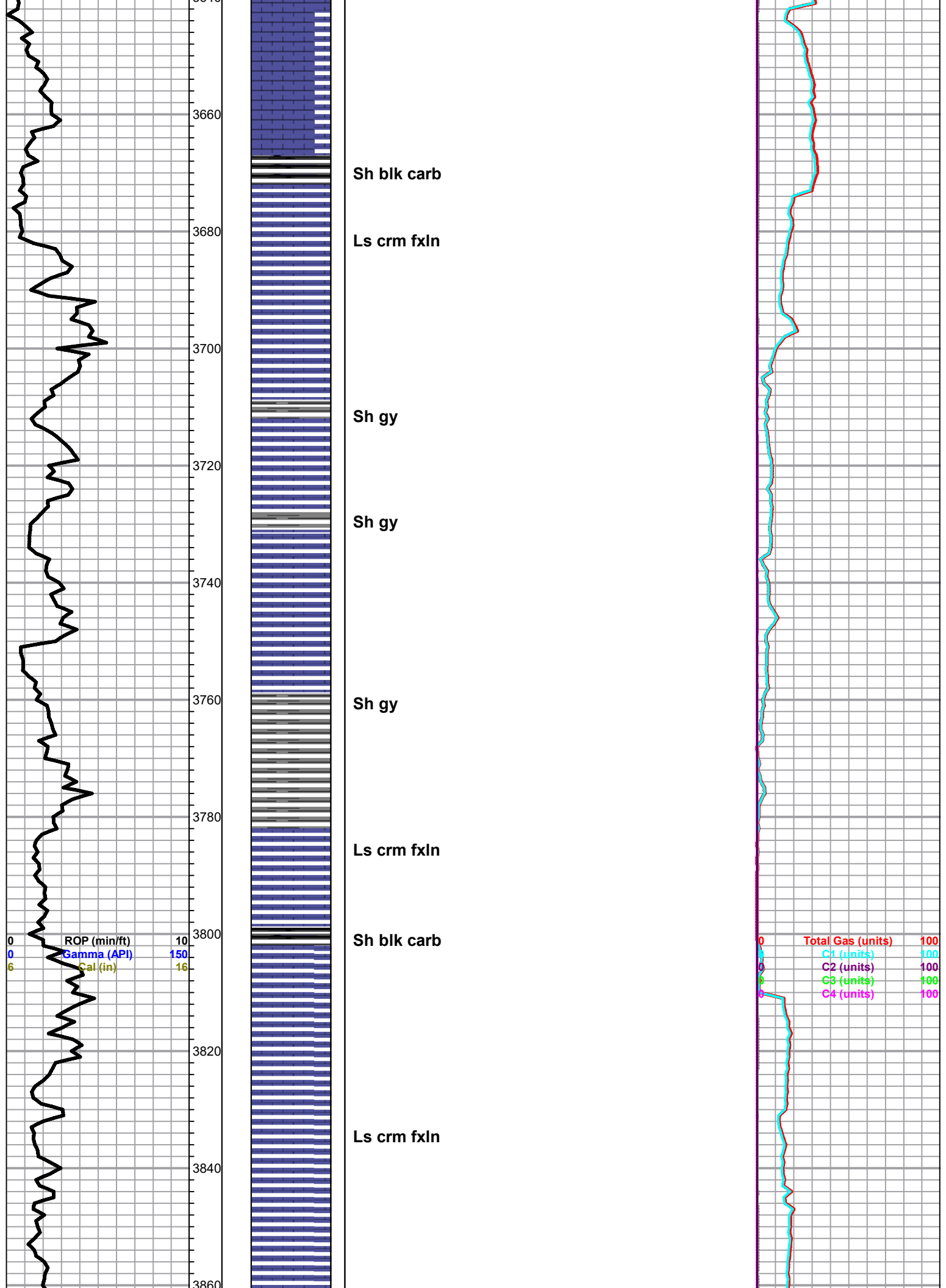
Ls crm-tan fxln

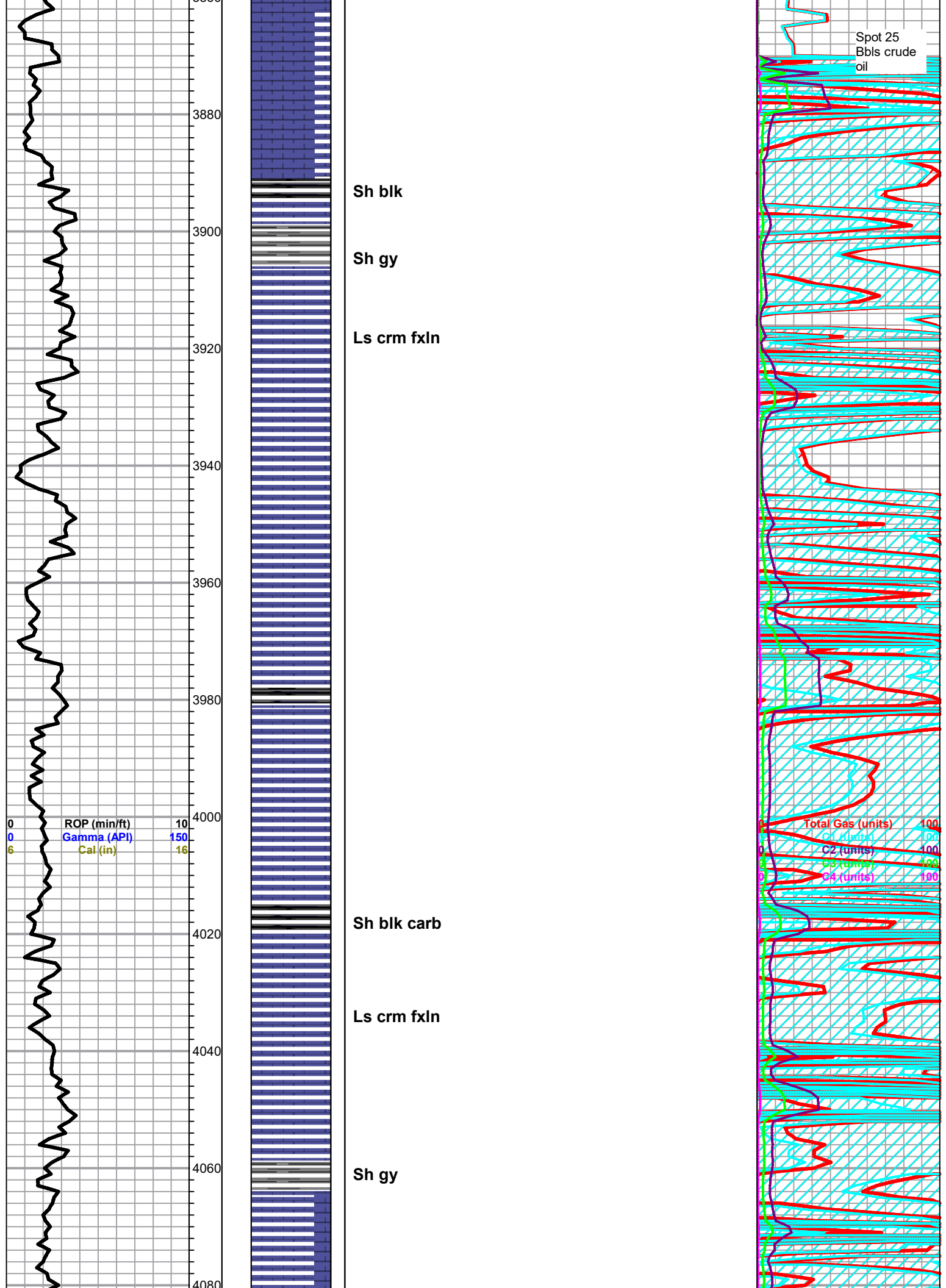
Scale re-zero

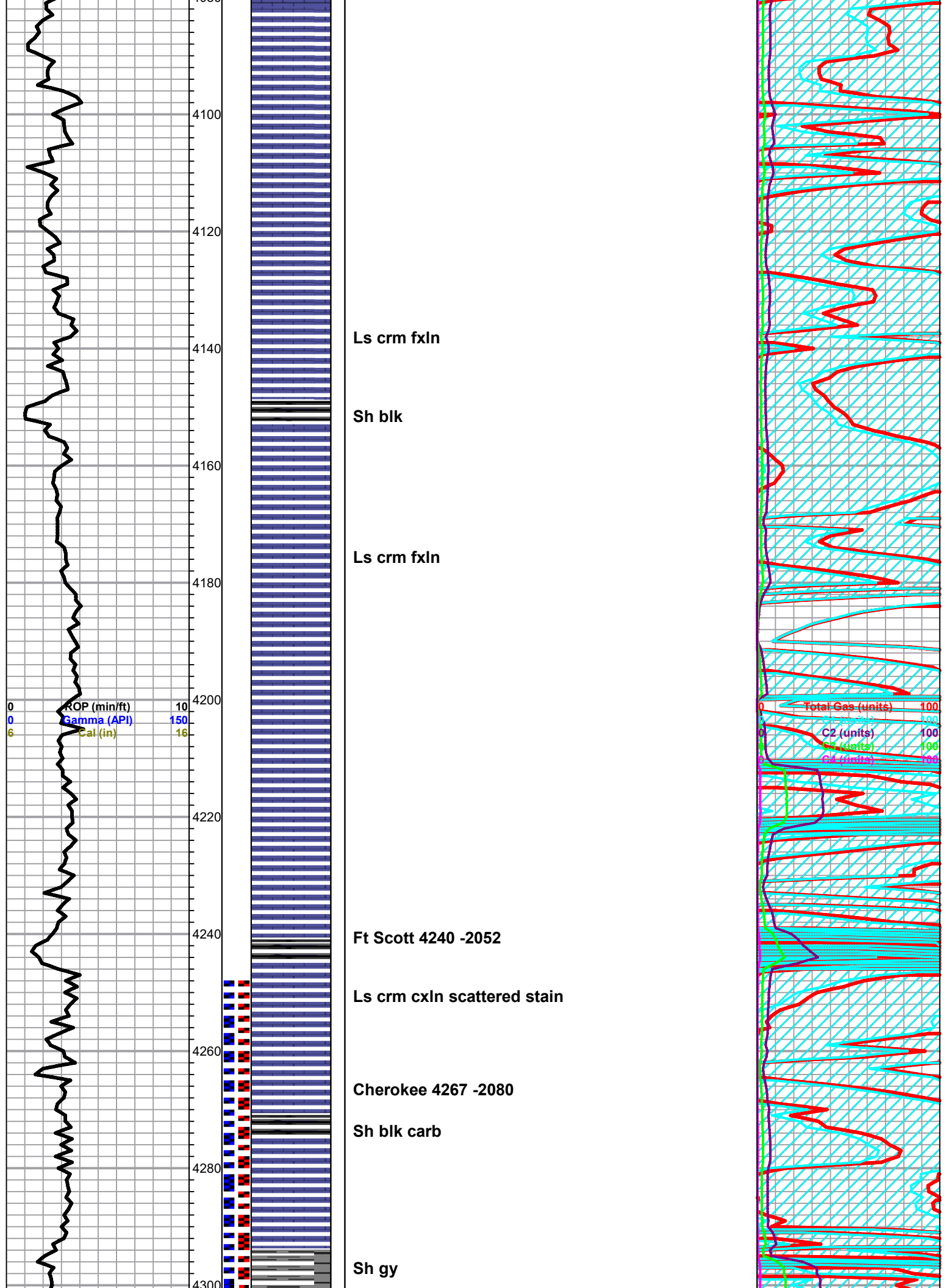
0 ROP (min/ft) 10
 0 Gamma (API) 150
 6 Cal (in) 16

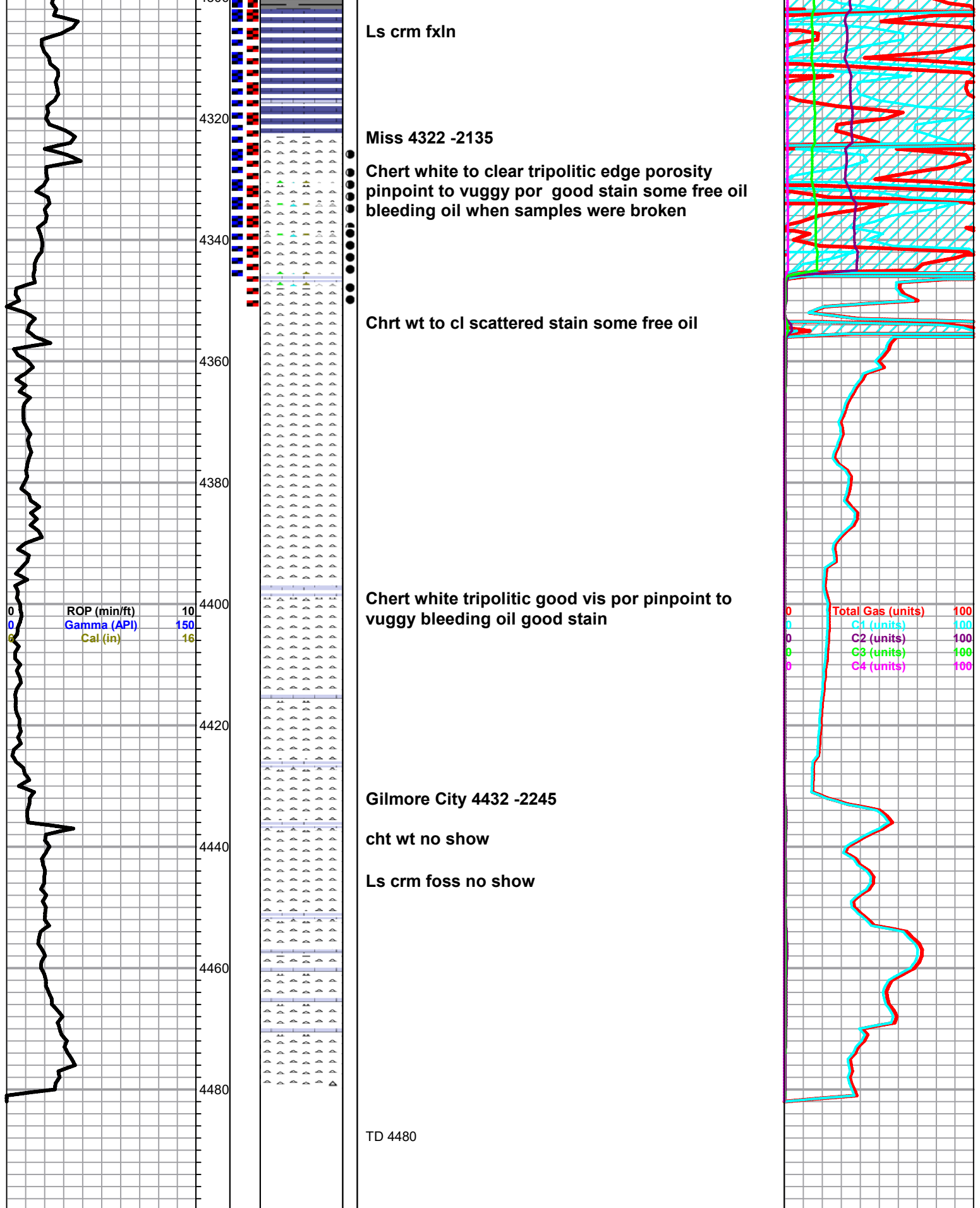
0 Total Gas (units) 100
 0 C1 (units) 100
 0 C2 (units) 100
 0 C3 (units) 100
 0 C4 (units) 100

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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/>

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

Laura Kelly, Governor

July 25, 2024

Doyle Williams
Triple Crown Operating LLC
2201 S. UTICA PL STE 100
TULSA, OK 74114-7099

Re: Plugging Application
API 15-135-25911-00-00
BARRICKLOW 1-33
NE/4 Sec.33-20S-22W
Ness County, Kansas

Dear Doyle Williams:

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

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 1 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 1's phone number is (620) 682-7933. Failure to notify DISTRICT 1, 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 January 21, 2025. 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 January 21, 2025 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 1