KOLAR Document ID: 1788434

Form CP-1 March 2010

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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.	

Name: If pre 1967, supply original completion date: Address 1:	OPERATOR: License #:		API No. 15				
Address I	Name:		If pre 1967,	supply original comp	letion date:		
Address 2	Address 1:		Spot Descr	Spot Description:			
City:	Address 2:			Sec Tw	/p S. R	East West	
Contact Person:				Feet from	North /	South Line of Section	
Phone: (Feet from	East /	West Line of Section	
County:			Ŭ			n Corner:	
Lease Name: Well #: Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:	Phone: ()						
Check One: OII Well Gas Vell Set at Genented with: Sacks Surface Casing Size: Set at Genented with: Sacks Surface Casing Size: Set at Genented with: Sacks Surface Casing Size: Set at Genented with: Sacks Surface Casing Vell Gas Vell Set at Genented with: Sacks Surface Casing Vell Generation Sacks Elevation: (Generation Generation G							
SWD Permit #:			Lease Nam	le:	VVell #	:	
SWD Permit #:	Check One: Oil Well Gas Well O	G D&A C	athodic 🗌 Water S	Supply Well	Other:		
Conductor Casing Size:Set at:Cemented with:Sacks Surface Casing Size:Set at:Cemented with:Sacks Production Casing Size:Set at:Cemented with:Sacks Production Casing Size:Set at:Cemented with:Sacks List (<i>ALL</i>) Perforations and Bridge Plug Sets: Elevation:(RBRBTD:Anhydrite Depth:		_ ENHR Permit #:.					
Surface Casing Size:	Conductor Casing Size:	Set at:	Ce	emented with:		Sacks	
Production Casing Size:				emented with:		Sacks	
List (<i>ALL</i>) Perforations and Bridge Plug Sets: Elevation:((Stone Corral Formation) Condition of Well: (Stone Corral Formation) Condition of Well: (nterval) 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 gt, seg. 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: State: Zip:+ + Phone: (State: Zip:+ + Phone: (State: Zip: + +				emented with:		Sacks	
Elevation: (
Condition of Well:GoodPoorJunk in HoleCasing Leak at:							
Condition of Well:GoodPoorJunk in HoleCasing Leak at:		2222					
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:	Elevation: (G.L. /K.B.) T.D.:	PBTD:	Anhydrite Depth: _		Stone Corral Formation	on)	
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: Name:	Condition of Well: Good Poor Junk in Hol	le Casing Leak at:					
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: + Plugging Contractor License #: Address 1: Address 1: City: State: Zip: + City: State: Zip: + Phone: ()	Proposed Method of Plugging (attach a separate page if ad	ditional space is needed):	(interval)				
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: + Plugging Contractor License #: Address 1: Address 1: City: State: Zip: + City: State: Zip: + Phone: ()							
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Company Representative authorized to supervise plugging operations:	If ACO-1 not filed, explain why:						
Company Representative authorized to supervise plugging operations:							
Company Representative authorized to supervise plugging operations:	Diversing of this Well will be done in accordance with	KSA EE 101 of oog ond th	a Pulse and Perculati	and of the State Com	noration Commi		
Address: City: State: Zip: + Phone:)			•				
Phone: ()							
Plugging Contractor License #:			City	State	Zip	+	
Address 1: Address 2: City:			Nome				
City:							
Phone: ()							
	•			Sigie:	zıp:	+	
Proposed Date of Plugging (# known):							
	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: 1788434

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Form KSONA-
July 202
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 #	Well Location:			
Name:				
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 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: State: Zip:+				

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.

Submitted Electronically

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

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

August 01, 2024

Lance Town TDR Construction, Inc. 4453 SHAWNEE RD WELLSVILLE, KS 66092-8756

Re: Plugging Application API 15-059-23252-00-00 MOLDENHAUER 28 NW/4 Sec.32-15S-21E Franklin 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 January 28, 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 28, 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 3



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

Laura Kelly, Governor