KOLAR Document ID: 1790560

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	5			
Name:			If pre 1967, supply original completion date:			
Address 1:	Spot Desc	Spot Description:				
Address 2:			Sec	_ Twp S. R.	East We	
City: State:	_	Feet from North / South Line of Section Feet from East / West Line of Section				
Contact Person:	_					
Phone: ()		Footages	Calculated from No	earest Outside Sector		
7 Hone. ()		Country			vv	
					I #:	
Check One: Oil Well Gas Well OG	D&A Catho	odic Water	Supply Well	Other:		
SWD Permit #:	ENHR Permit #:		Gas Stora	age Permit #:		
Conductor Casing Size:	Set at:		Demented with:		Sack	
Surface Casing Size:	Set at:		Demented with:		Sack	
Production Casing Size:	Set at:	(Cemented with:		Sack	
List (ALL) Perforations and Bridge Plug Sets:						
Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if addition	Casing Leak at:onal space is needed):	(Interval)	-	(Stone Corral Forma	ation)	
Is Well Log attached to this application?	Is ACO-1 filed? Ye	s No				
If ACO-1 not filed, explain why:						
Plugging of this Well will be done in accordance with K.S	S.A. 55-101 <u>et. seq</u> . and the R	ules and Regula	tions of the State	Corporation Com	mission	
Company Representative authorized to supervise plugging o	perations:					
Address:	Cit	y:	State:	Zip:	++	
Phone: ()						
Plugging Contractor License #:	Na	nme:				
Address 1:	Add	dress 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: 1790560

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 additiona			
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:+				
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	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 in connection with this form; 2) if the form being filed is a Form			
·	acknowledge that, because I have not provided this information, owner(s). To mitigate the additional cost of the KCC performing ess of the surface owner by filling out the top section of 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-1				
Submitted Electronically				

Form	CP1 - Well Plugging Application	
Operator	Roberts Resources, Inc.	
Well Name	MARY 1	
Doc ID	1790560	

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
5457	5700	Arbuckle	

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

August 19, 2024

Kent Roberts Roberts Resources, Inc. PO BOX 75187 WICHITA, KS 67275-5187

Re: Plugging Application API 15-097-21508-00-01 MARY 1 NE/4 Sec.16-29S-18W Kiowa County, Kansas

Dear Kent Roberts:

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 February 15, 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 February 15, 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