KOLAR Document ID: 1793888

## 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:                                |                        |                       |  |
| 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** 

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## 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 (C  | Cathodic 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   |  |  |  |
| 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:+   |  |  |  |  |
| the KCC with a plat showing the predicted locations of lease roads, tank   | dic Protection Borehole Intent), you must supply the surface owners and a batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.   |  |  |  |
| Select one of the following:   |  |  |  |  |
| provided the following to the surface owner(s) of the land up 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 one of the surface owner(s). | Act (see Chapter 55 of the Kansas Statutes Annotated), I have son which the subject well is or will be located: 1) a copy of the g in connection with this form; 2) if the form being filed is a Form operator name, address, phone number, fax, and email address.  acknowledge that, because I have not provided this information, e owner(s). To mitigate the additional cost of the KCC performing |  |  |  |
| this task, I acknowledge that I must provide the name and add and that I am being charged a \$30.00 handling fee, payable to   | ress of the surface owner by filling out the top section of this form the KCC, which is enclosed with 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-   | fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.   |  |  |  |
| Submitted Electronically   |  |  |  |  |

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

September 11, 2024

Rob Eberhart Bobcat Oilfield Service, Inc. 602 W. AMITY SUITE 103 LOUISBURG, KS 66053-3542

Re: Plugging Application API 15-121-22964-00-00 MCCANN 1 SE/4 Sec.30-16S-22E Miami County, Kansas

Dear Rob Eberhart:

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 March 10, 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 March 10, 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