

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



HALLIBURTON ENERGY SERVICES

HAL-1906-N

CHARGE TO: **R L T Investment**
 ADDRESS:
 CITY, STATE, ZIP CODE:

DUNCAN COPY

TICKET

No. **968266 - 2**

PAGE **1** OF **2**

SERVICE LOCATIONS 1. Proth KS	WELL/PROJECT NO. 2-30	LEASE Keith	COUNTY/PARISH Graham	STATE KS	CITY/OFFSHORE LOCATION	DATE 4-18-96	OWNER Same
2. <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR Mallard Drlg	RIG NAME/NO.	SHIPPED VIA Howe	DELIVERED TO Loc	ORDER NO.	
3. WELL TYPE	WELL CATEGORY 01	JOB PURPOSE 035	WELL PERMIT NO.	WELL LOCATION Land			
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000-117		1			MILEAGE 53387# RDTP	50		mi		2.85	142.50
001-016		1			Pump Charge 1 Trk	4018		ft		1570	1570
007-161		1			Additional Stage	1		stg		1400	1400
26	847.6316	1			Insert Valve Float Shoe	1		eg	5 1/2	350	350
27	815.19313	1			Fill up Unit	1		eg		69	69
71	813.56325	1			Multi Stage Cmt Type-P	1		eg	5 1/2	2450	2450
75	813.16510	1			Free Fall Plug Set	1		eg		460	460
40	806.60022	1			Centralizer's S-4	10		eg	5 1/2	60	600
320	806.71436	1			Cement Baskets	3		eg	5 1/2	104	312
350	890.10802	1			Halliburton weld-A	2		eg	2 lbs	16.75	33.50
314-163		1			Clay-Fix II	2		gal		28	56
		1			Bulk Trk # B 325733						7882.28

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: **4-18-96** TIME SIGNED: **10:00** P.M.

Harold J. Belverine

do do not require IPC (Instrument Protection). Not offered.

SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN	SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	15,325 28
TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			FROM CONTINUATION PAGE(S)	
BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?				
TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
TUBING SIZE	TUBING PRESSURE	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
TREE CONNECTION	TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE	
		<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT) Harold J Belverine	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <i>Harold J Belverine</i>	HALLIBURTON OPERATOR/ENGINEER David L Scott	EMP # B9495	HALLIBURTON APPROVAL D L Scott
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TICKET CONTINUATION

FIELD COPY

TICKET No. 968266

HALLIBURTON ENERGY SERVICES

CUSTOMER R L T Investment

WELL 2-30

DATE 4-18-96

PAGE 2 OF 2

FORM 1911 R-10

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF		U/M	U/M				
504-308	516.00261	1			Standard Cement	160	SKS			9.57	1531.20
508-127	890.50131	1			Calscal Blended 59	8	SKS			25.90	207.20
509-968	516.00158	1			S&H Blended 1090	700	165			15	105.00
507-775	516.00144	1			Halad-322 Blended	90	165			7.00	630.00
507-970	70.15764	1			D-Air-1	38	165			3.25	123.50
Loaded on TRK # 4413 - Split											
504-280		1			Midcon-2 Std	235	SKS			12.96	2,998.60
504-280		1			Midcon-2 Std						
509-406	890.50812	1			Calcium Chloride Blended 390	8	SKS			36.75	294.00
507-210	890.50071	1			Flocele Blended 1/2 #	125	165			1.65	206.25
Loaded on TRK # 7488 - Front											
504-280		1			Midcon-2 Std	40	SKS			12.76	510.40
509-406	890.50812	1			Calcium Chloride Blended 390	1	SKS			36.75	36.75
507-210	890.50071	1			Flocele Blended 1/2 #	25	165			1.65	41.25
Loaded on TRK # 7488 - Back											
500-207		1			SERVICE CHARGE					CUBIC FEET 496	1.35 669.60
500-306		1			MILEAGE CHARGE	TOTAL WEIGHT 44,508	LOADED MILES 25			TON MILES 556.350	.85 528.53

No. B 325733

CONTINUATION TOTAL

7882.28



JOE HALLIBURTON SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

Mid Cont
Proth KS

BILLED ON TICKET NO. *968266*

CUSTOMER

RLT Investment

LEASE

Keith

WELL NO.

2-30

JOB TYPE

5 1/2 Prod String

DATE

4-18-96

WELL DATA

SEC *30* TWP. *8* RING. *24* COUNTY *Gregg* STATE *KS*

FORMATION NAME _____ TYPE _____ FROM _____ TO _____
 FORMATION THICKNESS _____
 INITIAL PROD. OIL _____ BPD. WATER _____ MCFD
 PRESENT PROD. OIL _____ BPD. WATER _____ MCFD
 COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____
 PACKER TYPE _____ SET AT _____
 BOTTOM HOLE TEMP. _____ PRESSURE _____
 MISC. DATA _____ TOTAL DEPTH _____

CASING	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
	<i>4</i>	<i>155</i>	<i>5 1/2</i>	<i>K13</i>	<i>4018</i>	
LINER						
TUBING						
OPEN HOLE			<i>7 7/8</i>	<i>4018</i>	<i>4019</i>	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						

JOB DATA

DATE	ON LOCATION	JOB STARTED	JOB COMPLETED
<i>4-17</i>	<i>4-18</i>	<i>4:18</i>	<i>4:18</i>
<i>2:30</i>	<i>0:30</i>	<i>0:30</i>	<i>1:50</i>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<i>cmr</i>	<i>5 1/2 Prod String</i>	

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
<i>Float shoe</i>	<i>1</i>	<i>Howo</i>
<i>Centralizers</i>	<i>10</i>	<i>11</i>
<i>Bottom plug 1st Stage</i>	<i>1</i>	<i>11</i>
<i>Top plug 2nd Stage</i>	<i>1</i>	<i>11</i>
<i>Head 3 1/2 in. Cold</i>	<i>1</i>	<i>11</i>
<i>Packer Basker x L</i>	<i>3</i>	<i>11</i>
<i>Other 2LB weld-a</i>	<i>2</i>	<i>11</i>

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. °API
 DISPL. FLUID _____ DENSITY _____ LB/GAL. °API
 PROP. TYPE _____ SIZE _____ LB.
 ACID TYPE _____ GAL. _____ %
 SURFACTANT TYPE _____ GAL. _____ IN
 NE AGENT TYPE _____ GAL. _____ IN
 FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN
 GELLING AGENT TYPE _____ GAL.-LB. _____ IN
 FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN
 BREAKER TYPE _____ GAL.-LB. _____ IN
 BLOCKING AGENT TYPE _____ GAL.-LB. _____
 PERFPAC BALLS TYPE _____ QTY. _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED
<i>1</i>	<i>160</i>	<i>E.A.7</i>	<i>Standard</i>	<i>13</i>
<i>2</i>	<i>235</i>	<i>Portland</i>		<i>13</i>
<i>2</i>	<i>40</i>	<i>Atoll</i>		<i>13</i>

ADDITIONS
5% C/Sol 10% Sol + 6% He Ind-322
1/4" # D-Air 1
3% C/Sol 4% Floc
3% C/Sol 4% Floc

YIELD CU.FT./SK. *1.33*
 MIXED LBS./GAL. *15.4*
 YIELD CU.FT./SK. *3880*
 MIXED LBS./GAL. *11218*

SUMMARY

PRESLUSH: *200* GAL. *10BB's* 1st Stage TYPE *2%* PAD. BBL.-GAL. _____
 LOAD & BKDN: BBL.-GAL. _____
 TREATMENT: BBL.-GAL. _____
 CEMENT SLURRY: *200* GAL. *37* 1st Stage 2nd Stage *153*
 TOTAL VOLUME: BBL.-GAL. _____

PRESSURES IN PSI
 CIRCULATING _____ DISPLACEMENT _____
 BREAKDOWN _____ MAXIMUM _____
 AVERAGE _____ FRACTURE GRADIENT _____
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____
 HYDRAULIC HORSEPOWER _____
 AVAILABLE _____ USED _____
 AVERAGE RATES IN BPM _____
 TREATING _____ DISPL. _____ OVERALL _____
 CEMENT LEFT IN PIPE _____
 FEET _____ REASON _____

REMARKS

