

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

# KANSAS CORPORATION COMMISSION

## ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:

(See Instructions on Reverse Side)

- ☐ Open Flow
- ☐ Deliverability

Test Date:  
09/27/07

API No. 15

Company <b>Pioneer Exploration, LTD.</b>			Lease <b>Schmidt</b>		Well Number <b>#3-2</b>
County <b>Sumner</b>	Location <b>NE-NE-NE</b>	Section <b>9</b>	TWP <b>35 S</b>	RNG (E/W) <b>3 W</b>	Acres Attributed
Field <b>Fall Creek</b>		Reservoir <b>Mississippi</b>		Gas Gathering Connection <b>Western Gas Resources</b>	
Completion Date <b>12/30/1994</b>		Plug Back Total Depth <b>4331'</b>		Packer Set at <b>4251'</b>	
Casing Size <b>7"</b>	Weight <b>20# &amp; 23#</b>	Internal Diameter <b>6.33"</b>	Set at <b>4747'</b>	Perforations <b>4308'</b>	To <b>4318'</b>
Tubing Size <b>2-3/8"</b>	Weight <b>4.70 #</b>	Internal Diameter <b>1.995"</b>	Set at <b>4270'</b>	Perforations	To
Type Completion (Describe) <b>Single Gas</b>		Type Fluid Production <b>Oil &amp; Water</b>		Pump Unit or Traveling Plunger? Yes / No <b>Yes-Pump</b>	
Producing Thru (Annulus / Tubing) <b>TBG</b>		% Carbon Dioxide <b>0.32%</b>		% Nitrogen <b>10.2%</b>	Gas Gravity - G <sub>g</sub> <b>.72</b>
Vertical Depth(H)		Pressure Taps		(Meter Run) (Prover) Size	

Pressure Buildup: Shut in 09/26 20 07 at \_\_\_\_\_ (AM) (PM) Taken 09/27 20 07 at \_\_\_\_\_ (AM) (PM)

Well on Line: Started \_\_\_\_\_ 20 at \_\_\_\_\_ (AM) (PM) Taken \_\_\_\_\_ 20 at \_\_\_\_\_ (AM) (PM)

## OBSERVED SURFACE DATA

Duration of Shut-in 24 Hours

Static / Dynamic Property	Orifice Size (inches)	Circle one: Meter Prover Pressure psig (Pm)	Pressure Differential in Inches H <sub>2</sub> O	Flowing Temperature t	Well Head Temperature t	Casing Wellhead Pressure (P <sub>w</sub> ) or (P <sub>i</sub> ) or (P <sub>c</sub> )		Tubing Wellhead Pressure (P <sub>w</sub> ) or (P <sub>i</sub> ) or (P <sub>c</sub> )		Duration (Hours)	Liquid Produced (Barrels)
						psig	psia	psig	psia		
Shut-In								45			
Flow											

## FLOW STREAM ATTRIBUTES

Plate Coefficient (F <sub>p</sub> ) (F <sub>p</sub> ) Mcfd	Circle one: Meter or Prover Pressure psia	Press Extension $\sqrt{P_m \times h}$	Gravity Factor F <sub>g</sub>	Flowing Temperature Factor F <sub>tt</sub>	Deviation Factor F <sub>pv</sub>	Metered Flow R (Mcfd)	GOR (Cubic Feet/ Barrel)	Flowing Fluid Gravity G <sub>m</sub>

## (OPEN FLOW) (DELIVERABILITY) CALCULATIONS

(P<sub>c</sub>)<sup>2</sup> = \_\_\_\_\_ : (P<sub>w</sub>)<sup>2</sup> = \_\_\_\_\_ : P<sub>d</sub> = \_\_\_\_\_ % (P<sub>c</sub> - 14.4) + 14.4 = \_\_\_\_\_ : (P<sub>a</sub>)<sup>2</sup> = 0.207  
(P<sub>g</sub>)<sup>2</sup> = \_\_\_\_\_

(P <sub>c</sub> ) <sup>2</sup> - (P <sub>a</sub> ) <sup>2</sup> or (P <sub>c</sub> ) <sup>2</sup> - (P <sub>g</sub> ) <sup>2</sup>	(P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>	Choose formula 1 or 2: 1. P <sub>c</sub> <sup>2</sup> - P <sub>a</sub> <sup>2</sup> 2. P <sub>c</sub> <sup>2</sup> - P <sub>g</sub> <sup>2</sup> divided by: P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>	LOG of formula 1, or 2, and divide by: P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>	Backpressure Curve Slope = "n" or Assigned Standard Slope	n x LOG	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)

Open Flow

Mcfd @ 14.65 psia

Deliverability

Mcfd @ 14.65 psia

The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Executed this the 5th day of October, 20 07.

Witness (if any)

For Commission

For Company

Checked by

Schmidt No. 3-2

Fall Creek Field, Sumner Co., KS

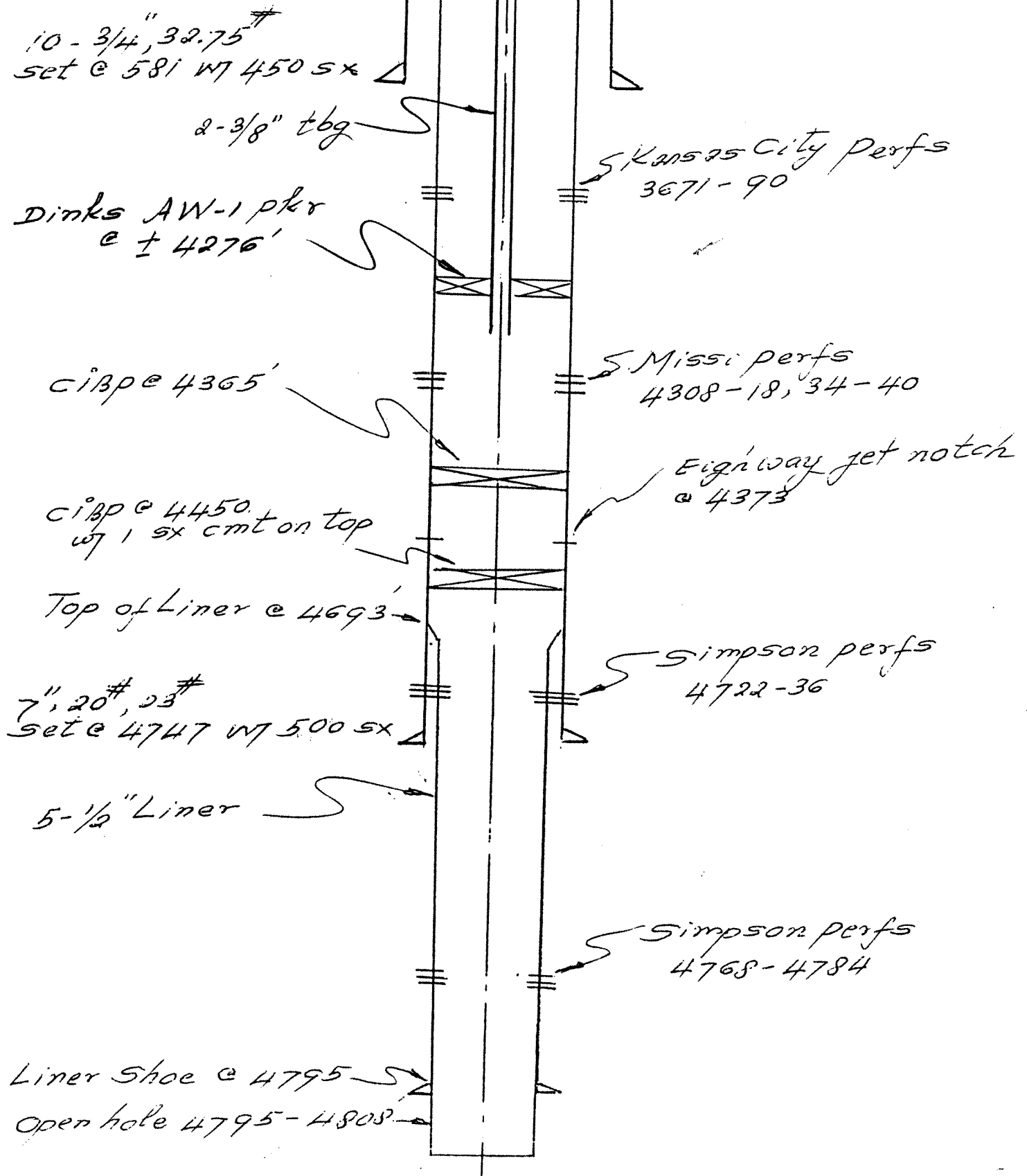
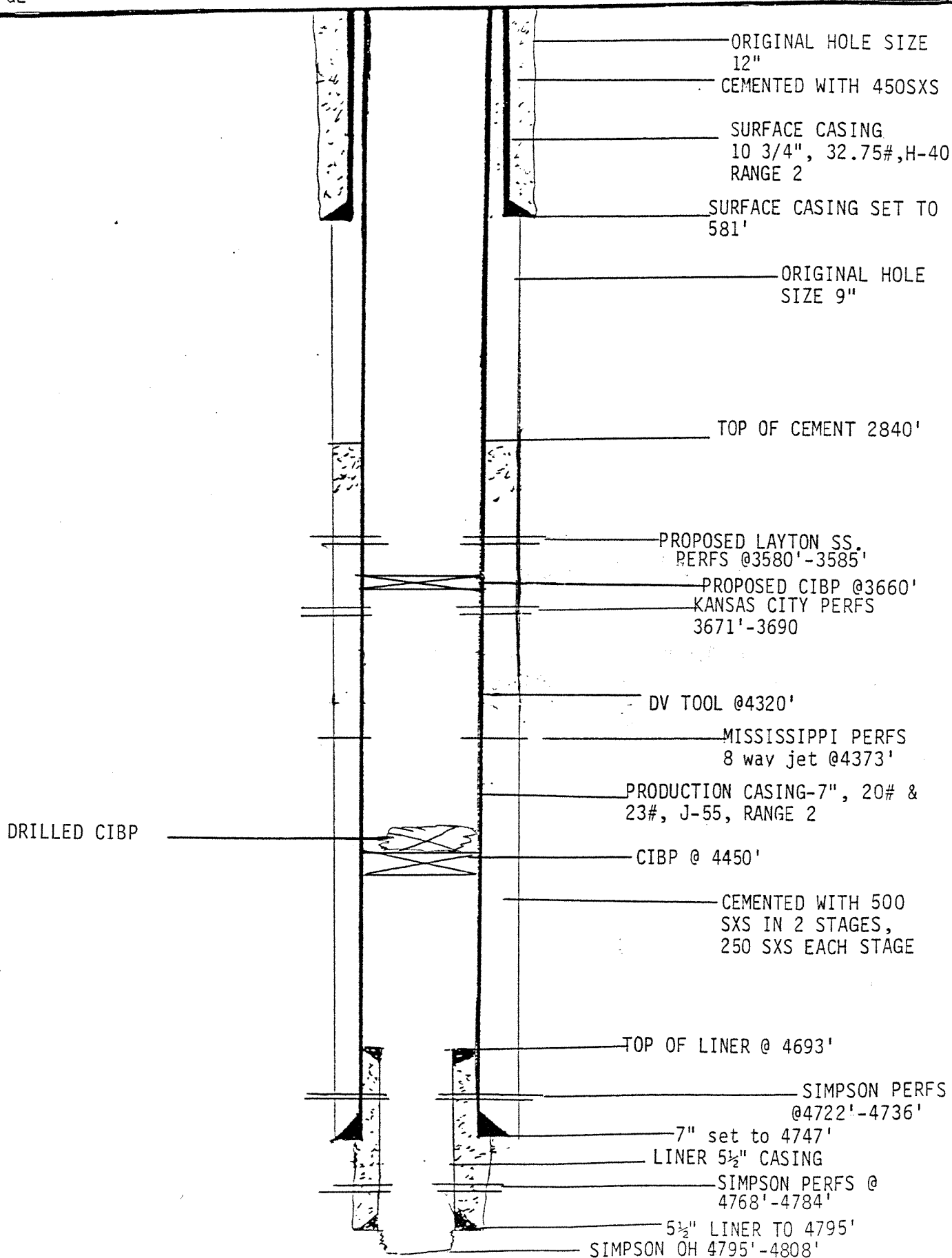


EXHIBIT G  
FALL CREEK UNIT (PETERS) 3-2  
NE NE SE 4-t35s-r3w  
SUMNER COUNTY, KANSAS  
1118'KB  
1110'GL

PROPOSED-AFTER WORKOVER



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

February 04, 2025

Christopher Hayes  
ELK Energy Holdings LLC  
6446 E CENTRAL AVE PMB 320  
WICHITA, KS 67206-1923

Re: Plugging Application  
API 15-191-19034-00-00  
SCHMIDTZ 2  
SE/4 Sec.04-35S-03W  
Sumner County, Kansas

Dear Christopher Hayes:

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

**Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 2 of your proposed plugging plan at least 5 days before plugging the well.** DISTRICT 2's phone number is (316) 337-7400. Failure to notify DISTRICT 2, 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 August 03, 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 August 03, 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 2