

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

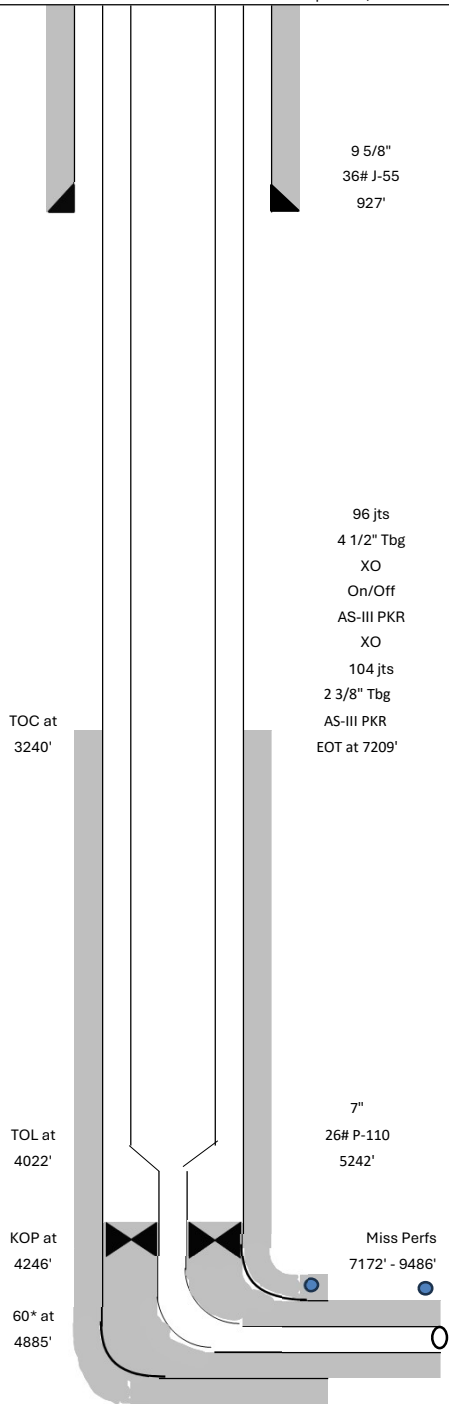
Phone: 918-746-1350
 Fax: 918-746-1379
 Email: info@orrenergy.com



First Place Tower
 15 E 5th St., Suite 500
 Tulsa, OK 74103

For: Andrew Bormann
 Company: SRE
 Subject: Bernice 1-17H P&A
 Location: Harper Co., KS Sec 17 35S 7W

Page: 1
 API#: 15-077-21739
 Date: 7/29/2025
 By: Ben Gifford



Csg/Tbg Data						
Size	Weight	Interval	Top of Cement	Formation	Perforations	
9 5/8"	36#	927'	Surface	Miss	7172'?	to 9486'
7"	26#	5242'	3240'			to
4 1/2"	11.6#	4022' - 9486'				to
						to
						to

Procedure:

- MIRU. BD CSG. NU BOP. RELEASE PKR AND POH WITH TBG. SPOT ADDITIONAL WORK STRING.
- PU 7" TBG SET CIBP. SET AT 4000'. RELEASE TBG. CIRC WITH MUD. CAP WITH 10 SKS CEMENT. POH.
- WELD ON 7" PULL SUB. NU 11" BOP. CUT AND PULL FREE 7" AT +/- 2500'.
- RUN TBG AND SPOT FOLLOWING CEMENT PLUGS:
 - 7" CSG STUB AT +/- 2500' WITH 50 SKS.
 - 1350' WITH 50 SKS. WOC AND TAG TOC.
 - 950' WITH 100 SKS. WOC AND TAG TOC.
 - 64' - 4' WITH 20 SKS.
- RDSU. CUT AND CAP WELL. DIG UP RIG ANCHORS.

Cost:

Rig	50	\$400.00	\$20,000.00
Cement and Trucks, 2 Setups	220 sks		\$9,660.00
CIBP, Cut Csg			\$7,600.00
Mud Haul & Returns, Tank	200 bbl		\$2,900.00
Backhoe, Welder, BOP, Wtr Trk, Workstring			\$4,200.00
7" Tools, 11" BOP			\$4,100.00

Salvage:

7" Csg	2500'	\$4.00	\$10,000.00
4 1/2" Tbg	3879'	\$1.50	\$5,818.50
2 3/8" Tbg	3215'	\$0.50	\$1,607.50

Gross Cost:	Salvage:	Net Cost:
\$48,460.00	\$17,426.00	\$31,034.00

WELLBORE NOTES:
 Plugging orders per Neil Lake with KCC.



Current

Spud: 7/19/2011

Field
County
State
Well
Location
KB
GL

Waldron West
Harper
Kansas
Bernice 1-17H
SEC 17, TWP 35S, RGE 7W
1298'
1278'

Wellbore Schematic

1507-721-73901
API No.

Original Completion (8-24-2011)
Current 10/27/2014
Proposed

Well Bore Data MD TVD

9-5/8" 36# J-55 LT&C Csg @ 927' 927'
Cplg OD=10.625", ID=8.921" Drift=8.765", Collapse=2020 psi, Internal Yield=3520 psi
425 sks Class H cmt @ 12.7 ppg (Yield=1.84).

Tubing											
Tubing - Production											
Tubing Description		Set Depth (ft)		Run Date		Run Date		Lateral Position		Top (ft)	
Tubing - Production		7,208.5		5/21/2015						19.0	
Jts	Item Desc	OD (in)	ID (in)	NUE Wt (lb/ft)	EUW Wt (lb/ft)	NGSG (in)	Grade	Top Thread	Top Conn (ft)	Lan (ft)	Item (ft)
1	Tubing	4 1/2	3.96	12.60	12.75		J-55		7.26	26.3	
1	Tubing	4 1/2	3.96	12.60	12.75		J-55		41.47	67.7	
3	Tubing	4 1/2	3.96	12.60	12.75		J-55		22.24	90.0	
93	Tubing	4 1/2	3.96	12.60	12.75		J-55		3,878.08	3,968.1	
1	Cross Over	4 1/2							0.83	3,968.9	
1	On-Off Tool	4 1/2							1.98	3,970.9	
1	AS-III packer	4 1/2							8.00	3,978.9	
1	Tubing	3 1/2	2.99	9.20	9.30		J-55		6.14	3,985.0	
1	XN-Nipple	2 7/8	2.31			2			1.12	3,986.1	
1	Cross Over	2 7/8							0.86	3,987.0	
164	Tubing	2 3/8	2.00	4.60	4.70		L-80		3,184.40	7,171.4	
1	AS-III packer	2 3/8							5.76	7,177.1	
1	Tubing	2 3/8	2.00	4.60	4.70		L-80		30.72	7,207.9	
1	Mule Shoe Guide	2 3/8							0.63	7,208.5	

12-1/4" Hole
MW 8.3 ppg

TOC behind 7" @ 3240'
CBL ran on 8/16/2011

Top of Liner @ 4022' 4022'

8-3/4" Hole
MW 9.1 ppg
4929'-9430'

6-1/8" Hole
MW: clear water

Set 2-7/8" x 4-1/2" swellable packer @ 4880'

TD: 9486' MD / 4836' TVD

TOP OF MISS 4919'

109 jts 7" 26# P-110 LT&C 4597' 4572'
13 jts 7" 26# N-80 LT&C Csg @ 5242' 4867'
N-80: Cplg OD=7.656", ID=6.276" Drift=6.151", Collapse=5410 psi, Internal Yield=7240 psi
P-110: Cplg OD=7.656", ID=6.276" Drift=6.151", Collapse=6210 psi, Internal Yield=9950 psi
Cmt'd w/ 270 sks Class A @ 13.6 ppg (Yield=1.43).

2-7/8" x 4-1/2" swellable Packer
6410'

2-7/8" x 4-1/2" swellable Packer
7950'

PBTD @ 9445' 4836'

146 jts 4-1/2" 11.6# N-80 LT&C @ 9486' 4836'
Cplg OD=5.00", ID= 4.000", Drift=3.875", Collapse=6350 psi, Internal Yield=7780 psi
Cmt'd w/ 550 sks Class H @ 13.0 ppg (Yield=1.64).

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1255358

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- ☐ New Well ☐ Re-Entry ☐ Workover
- ☐ Oil ☐ WSW ☐ SWD ☐ SIOW
- ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW
- ☐ OG ☐ GSW ☐ Temp. Abd.
- ☐ CM (Coal Bed Methane)
- ☐ Cathodic ☐ Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- ☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD
- ☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer
- ☐ Commingled Permit #: _____
- ☐ Dual Completion Permit #: _____
- ☐ SWD Permit #: _____
- ☐ ENHR Permit #: _____
- ☐ GSW Permit #: _____

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - _____

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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☐ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

☐ Confidentiality Requested

Date: _____

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
List All E. Logs Run:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center; font-weight: normal;"> Report all strings set-conductor, surface, intermediate, production, etc. </div>							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No (If No, skip questions 2 and 3)

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No (If No, skip question 3)

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No (If No, fill out Page Three of the ACO-1)

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD:				Size:		Set At:		Packer At:		Liner Run:					
										<input type="checkbox"/> Yes <input type="checkbox"/> No					
Date of First, Resumed Production, SWD or ENHR.						Producing Method:									
						<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____							
Estimated Production Per 24 Hours			Oil Bbls.			Gas Mcf		Water		Bbls.		Gas-Oil Ratio		Gravity	

<p style="text-align: center;">DISPOSITION OF GAS:</p> <p> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease </p> <p style="text-align: center;"><i>(If vented, Submit ACO-18.)</i></p>	<p style="text-align: center;">METHOD OF COMPLETION:</p> <p> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled </p> <p style="text-align: center;"> <i>(Submit ACO-5)</i> </p> <p> <input type="checkbox"/> Other <i>(Specify)</i> _____ </p>	<p style="text-align: center;">PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	BERNICE EOR 3507 1-17H
Doc ID	1255358

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	9.625	36	927	Class H	245	
Intermediate	9.63	7	26	5242	Class H	270	
Production	7.63	4.5	11.6	9486	Class H	550	

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

August 29, 2025

Leah Medrana
SandRidge Exploration and Production LLC
1 E SHERIDAN AVE STE 500
OKLAHOMA CITY, OK 73104-2494

Re: Plugging Application
API 15-077-21739-01-01
BERNICE EOR 3507 1-17H
SW/4 Sec.17-35S-07W
Harper County, Kansas

Dear Leah Medrana:

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 February 25, 2026. 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 25, 2026 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