

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION
Please TYPE Form and File ONE Copy

Form CP-1
September 2003
This Form must be Typed
Form must be Signed
All blanks must be Filled

API # 15 - 003-22032-00-00 (Identifier Number of this well). This must be listed for wells drilled since 1967; if no API # was issued,

indicate original spud or completion date _____.

Well Operator: Southern Star Central Gas Pipeline KCC License #: 33097
(Owner / Company Name) (Operator's)

Address: 4700 Hwy 56 City: Owensboro

State: Kentucky Zip Code: 42301 Contact Phone: (270) 852 - 4490

Lease: Boots Well #: 7 Sec. 16 Twp. 22 S. R. 19 ☒ East ☐ West

- NW - SE - SW Spot Location / QQQQ County: Anderson

1100 Feet (in exact footage) From ☐ North / ☒ South (from nearest outside section corner) Line of Section (Not Lease Line)

3740 Feet (in exact footage) From ☒ East / ☐ West (from nearest outside section corner) Line of Section (Not Lease Line)

Check One: ☒ Oil Well ☐ Gas Well ☐ D&A ☐ Cathodic ☐ Water Supply Well

☐ SWD Docket # _____ ☐ ENHR Docket # _____ ☐ Other: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

Surface Casing Size: 6 1/4" Set at: 48.6' Cemented with: na Sacks

Production Casing Size: 2 1/2" Set at: 849' Cemented with: na Sacks

List (ALL) Perforations and Bridgeplug Sets: 8 SHOTS 823 TO 826.5

Elevation: ☒ G.L. / ☐ K.B. T.D.: _____ PBDT: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: ☒ Good ☐ Poor ☐ Casing Leak ☐ Junk in Hole

Proposed Method of Plugging (attach a separate page if additional space is needed): Tie to 2/12"- establish flow rate & squeeze cement into formation
until desired amount of cement and pressure is achieved, filling well to surface. Cut off pipe 3 ft below surface, cut , cap and backfill.

Is Well Log attached to this application as required? ☐ Yes ☒ No Is ACO-1 filed? ☐ Yes ☐ No

If not explain why? na

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.

List Name of Company Representative authorized to be in charge of plugging operations: _____

Steve Benjamin Phone: (785) 448 - 4804

Address: 19209 Sw Maryland rd City / State: Welda Kansas

Plugging Contractor: Hurricane Well Service KCC License #: 34059
(Company Name) (Contractor's)

Address: 3613 AW rd Madison, Ks. 66860 Phone: (620) 437 - 2661

Proposed Date and Hour of Plugging (if known?): _____

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 6-24-2010 Authorized Operator / Agent: Stephen E. Benjamin
(Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED

JUN 28 2010

KCC WICHITA



Mark Parkinson, Governor Thomas E. Wright, Chairman, Joseph F. Harkins, Commissioner, Ward Loyd, Commissioner

NOTICE OF RECEIPT OF WELL PLUGGING APPLICATION (CP-1)

•SOUTHERN STAR CENTRAL GAS PIPELINE, INC.
4700 HWY 56
OWENSBORO, KY 42301-9303

June 30, 2010

Re: BOOTS #7
API 15-003-22032-00-00
16-22S-19E, 1100 FSL 3740 FEL
ANDERSON COUNTY, KANSAS

Dear Operator:

The purpose of this letter is twofold. First, this letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. **Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.**

This letter is also to notify you that during the central office's review of your CP-1 for license number verification, staff has discovered that you are not the current operator of record of the above well on file with the Conservation Division. **Central office staff is therefore requesting that you verify that you are the operator of record of the above well. The proper procedure for verifying operator authority is by filing a Conservation Division form T-1 (Request for Change of Operator; Transfer of Injection or Surface Pit Permit).** If a T-1 has already been filed with the Conservation Division reflecting the transfer of operator authority, please disregard this paragraph. If a T-1 has not been filed reflecting the transfer, please see the attached letter, which explains the T-1 filing process.

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. Furthermore, this notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

This notice is void after December 27, 2010. The CP-1 filing does not bring the above well into compliance with K.A.R. 82-3-111 with regard to the Commission's temporary abandonment requirements.

Sincerely,

Steve Bond
Production Department Supervisor

District: #3
1500 W. 7th
Chanute, KS 67220
(316) 432-2300