

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1039587

Form CP-1
March 2009
This Form must be Typed
Form must be Signed
All blanks must be Filled



## WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

| OPERATOR: License #: 33190   |                                     | API No. 🎏 15-023-209                          | 93-00-00                         |               |  |
|--|-------------------------------------|---|----------------------------------|---------------|--|
| Name: Noble Energy, Inc.   |                                     | If pre 1967, supply original completion date: |                                  |               |  |
| Address 1: 1625 Broadway, Ste 2200   |                                     | Spot Description:                             |                                  |               |  |
| Address 2:   |                                     | SW-SE-SW-NW Sec. 21 Tw                        | vр. <u>4</u> S. R. <u>41</u> 🔲 Е | .ast 🗹 West   |  |
| City: State:   |                                     |   |                                  |               |  |
| Contact Person: Jennifer Barnett   |                                     | Footages Calculated from Neare                |                                  |               |  |
| Phone: (303 ) _228-4342  |                                     |   | SE Sw                            |               |  |
|  |                                     | County: Cheyenne                              |                                  |               |  |
|  |                                     | Lease Name: DOUTHIT                           | Well #: <u>12-21</u>             |               |  |
| Check One: ☐ Oil Well  | D&A Cathodi                         | ic Water Supply Well C                        | Other:                           |               |  |
| SWD Permit #:  | ENHR                                | Gas Storage                                   | Permit #:                        |               |  |
| Conductor Casing Size: Set   | t at:                               | Cemented with:                                |                                  | Sacks         |  |
| Surface Casing Size: Set   | t at: <u>121</u>                    | Cemented with:41                              |                                  | Sacks         |  |
| Production Casing Size: 4.5 Set  | t at:1468                           | Cemented with: 86                             |                                  | Sacks         |  |
| List (ALL) Perforations and Bridge Plug Sets:  |                                     |   |                                  |               |  |
| PerforationTop PerforationBa   | ase Formation                       | n BridgePlugDepth                             |                                  |               |  |
| Elevation: 3443 ( G.L. / K.B.) T.D.: 1482  | PBTD: A                             |   | Stone Corral Formation)          |               |  |
| Condition of Well: Good Poor Junk in Hole  | Casing Leak at:                     | . (   | stone corrar r ormanorry         |               |  |
| Proposed Method of Plugging (attach a separate page if additional s 1) MiRU workover ig 2) TiH with open-ended 2-3/8" tubing workstring to approx. 175' 3) RU Excell Cementing 4) Pump plug of 18 sacks or until clean cement to surface 5) Dig out surface casing 6) Cut 6 below OL and cap, mark with API #, and back fill | •                                   | nlerval)                                      |                                  | ,             |  |
|  |                                     | <b>—</b>                                      |                                  |               |  |
|  | 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. 5   | i5-101 <u>et, seq</u> . and the Rul | es and Regulations of the State Cor           | poration Commission              |               |  |
| Company Representative authorized to supervise plugging operate  | tions: <u>Gerald Lauer</u>          |   |                                  |               |  |
| Address: 505 B East 8th Avenue   |                                     | Yuma State: CO                                | O zip: _80759 +                  | ·             |  |
| Phone: ( 970 ) 848-0331  |                                     |   |                                  |               |  |
| Plugging Contractor License #: 8273  | Nam                                 | e: Excell Services, Inc.                      |                                  |               |  |
| Address 1: 36629 US HWY 385  | Addr                                | ess 2:  |                                  |               |  |
| City: WRAY   |                                     | State: CC                                     | D Zip: 80758 4                   | + <u>9667</u> |  |
| Phone: ( 970_ ) _332-3156  |                                     |   |                                  |               |  |
| 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

RECEIVED
AUG 3 0 2010
KCC WICHITA

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1 July 2010 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.

| OPERATOR: License #  | Well Location:  |  |  |
|--|---|--|--|
| Name:Noble Energy, Inc.  | SW SE SW NW Sec.21 Twp. 4 S. R. 41 East  West   |  |  |
| Address 1: 1625 Broadway, Suite 2200   | County: Cheyenne  Lease Name: Douthit Well #: 12-21   |  |  |
| Address 2:   | Lease Name: Douthit Well #: 12-21   |  |  |
| City: Denver State: CO Zip: 80202 + Contact Person: Jennifer Barnett   | If filing a Form T-1 for multiple wells on a lease, enter the legal description o the lease below:  |  |  |
| Phone: (303) 228-4342 Fax: (303) 228-4286  |   |  |  |
| Email Address: jbarnett@nobleenergyinc.com   |   |  |  |
| Name:Thaddius Jacob Douthit III, Trustee of the Thad J. Douthit Jr. Revocable Trust  Address 1:820 RS 877  Address 2:  City:St. Francis State:KS Zip:67756+  | When filing a Form T-1 involving multiple surface owners, attach an addition 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 (Cathoc the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on | batteries, pipelines, and electrical lines. The locations shown on the pla  |  |  |
| Select one of the following:   |   |  |  |
|  | ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form Deing filed is a Form C-1 or Form CB-1, the plat(s) required by this  |  |  |
|  | cknowledge that, because I have not provided this information, the<br>ner(s). To mitigate the additional cost of the KCC performing this<br>fee, payable to the KCC, which is enclosed with this form.  |  |  |
| If choosing the second antion, submit nevment of the \$20.00 handling  | fee with this form. If the fee is not received with this form, the KSONA-<br>1 will be returned.  |  |  |
| form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1  |   |  |  |
| form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1  I hereby certify that the statements made herein are true and correct to  |   |  |  |
| form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1  |   |  |  |

AUG 3 0 2010