## 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,
MIST has submitted with this form

OPERATOR: Leanise # 6170  Name Globe Operating, Inc.  Address 7: P.O. Box 12  Address 7: P.O. Box 12  Address 8: P.O. Box 12  Address 8: P.O. Box 12  Centact Person: Richard Staloup  Phone (\$20 ) 792-7607  Centact Person: Richard Staloup  Proposed Male View   Ood	Form KSONA-1, Certifica	ntion of Compliance with t MUST be submitted v	vith this form.		ke
Address 1: P.O. Box 12  Address 2: City. Great Band  State: KS 2tp 67530  Spr. N.E.N.E. Sec. 14. Tup. 20 S. R. 12	OPERATOR: License #: 6170		API No. 15	09-00623-0000	
SW NE NE Sec. 14 Twp. 20. S. R. 12   Esst   West Address 2	Name: Globe Operating, Inc.		If pre 1967, supply original completion date: 12/16/1949		
Address 2: Corns Great Bend State: KS Zip. 67530 +  990	Address 1: P.O. Box 12		-   ' '		
Section   State   Section   Sectio	Address 2:			' \	
Contact Person: Richard Stalcup  Phone: (620 ) 792-7807    Footages Calculated from Nagrest Outside Section Corner:   Section Stalcup   Section   Section	City: Great Bend State: KS	Zip: 67530 +		_4	
Phone: (620 ) 792-7607    County: Barton   Lease Name: Buckbee   Well #: 1	Contact Person: Richard Stalcup			,	
County: Barton Lesse Name: BUCkDee Well #: 1  Check One: Oli Well Gas Well OG D&A Cathodic Veter Supply Well Other: SVIO Permit #: Gas Storage Permit #: Gas Storage Permit #: Sacks Surface Casing Size: S4 5/8" Set at: Cemented with: N/A Sacks Surface Casing Size: 8-5/8" Set at: 3332' Cemented with: N/A Sacks Uset (ALL) Perforations and Bridge Plug Sets: Open hole - 3352'-3372'  Elevation: 1802 (	Phone: (620 ) 792-7607				orner:
Check One.  One Well			Port		
SWD Permit#   BNHR Permit#   Gas Storage Permit#   Sacks   Surface Casing Size:   Set at:   Se			Lease Name: B	uckbee Well #: _1	<u> </u>
Conductor Casing Size: Set at: Cemented with: Sacks Surface Casing Size: 8-5/8" Set at: 323" Cemented with: N/A Sacks Production Casing Size: 5-1/2" Set at: 3352" Cemented with: N/A Sacks Production Casing Size: 5-1/2" Set at: 3352" Cemented with: N/A Sacks Lat (ALL) Perforations and Bridge Plug Sets: Open hole - 3352"-3372'  Elevation: 1802 (	Check One: ✓ Oil Well Gas Well OG	D&A Cath	odic Water Supply	Well Other:	
Surface Casing Size: 8-5/8" Set at: 323' Cemented with: M/A Sacks Production Casing Size: 5-1/2" Set at: 3352' Cemented with: M/A Sacks List (ALL) Perforations and Bridge Plug Sets:  Open hole - 3352'-3372'  Elevation: 1802 (	SWD Permit#:	ENHR Permit #:		Gas Storage Permit #:	
Production Casing Size: 5-1/2" Set at: 3352' Cemented with: N/A Sacks  List (ALL) Perforations and Bridge Plug Sets:  Open hole - 3352'-3372'  Elevation: 1802 ( GL/ (K.8) T.D.: 3372 PBTD: Anhydrite Depth: (Stone Corral Formation)  Condition of Well: Good Poor Junk in Hole Casing Leak at: (Internet)  Proposed Method of Plugging (attach a separate page if additional space is needed):  Cement plugs down tubing according to KCC  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: Richard Stalcup  Address: P.O. Box 12 City: Great Bend State: KS zip: 67530 +  Phone: (620 ) 792-7607  Plugging Contractor License #: 6901 Name: D.S. & W. Well Servicing, Inc.  Address 1: 1822 24th Street Address 2: State: KS zip: 67530 +  RECEIVED  Phone: (620 ) 793-5838  Proposed Date of Plugging (if known): ASAF W. Address 2: State: KS zip: 67530 +  Pagement of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Openator or Agent KCC WIICH!	Conductor Casing Size:		Cemente	ed with:	Sacks
List (ALL) Perforations and Bridge Plug Sets:  Open hole - 3352'-3372'  Elevation: 1802	Surface Casing Size: 8-5/8"	Set at: 323'	Cemente	ed with: N/A	Sacks
Deen hole - 3352'-3372'  Elevetion: 1802	Production Casing Size: 5-1/2"	Set at:3352'	Cemente	ed with: N/A	Sacks
Elevation: 1802	List (ALL) Perforations and Bridge Plug Sets:				
Condition of Well:  Good  Door Junk in Hole  Casing Leak at:  (Intervel)  Proposed Method of Plugging (attach a separate page if additional space is needed):  Cement plugs down tubing according to KCC  Is Well Log attached to this application?  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:  Richard Stalcup  Address:  P.O. Box. 12	Open hole - 3352'-3372'				
Company Representative authorized to supervise plugging operations: Richard Stalcup  Address: P.O. Box 12	Cement plugs down tubing according	to KCC	es 🗌 No		
Plugging Contractor License #: 6901  Address 1: 1822 24th Street  City: Great Bend  Phone: ( 620 ) 793-5838  Proposed Date of Plugging (if known): ASAF PV A U/23/10  Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent  D.S. & W. Well Servicing, Inc.  State: KS zip: 67530 +	Company Representative authorized to supervise plugging of Address: P.O. Box 12	perations: Richard Stal	lcup	· · · · · · · · · · · · · · · · · · ·	
Address 1: 1822 24th Street  City: Great Bend  Phone: ( 620 ) 793-5838  Proposed Date of Plugging (if known): ASAF PV A U/23/10  Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent:  Date: 1 9 - 1 0			Name: D.S. & W. Well Servicing, Inc.		
City: Great Bend  Phone: ( 620 ) 793-5838  Proposed Date of Plugging (if known): ASAP PV A U/23/10  Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent  Date: 1 9 - 10 Authorized Operator / Agent: KCC WICHI					
Proposed Date of Plugging (if known): ASAP PV A W/23/10  Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent  Date: 1 9 - 10 Authorized Operator / Agent: KCC WICHI					+_
Proposed Date of Plugging (if known): ASAP IV A W/23/10  NOV 1 2 2010  Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent  Date: 1 9 - 10 Authorized Operator / Agent: KCC WICHI	Phone: ( 620 ) 793-5838				
Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent  Date: 1 9 - 10 Authorized Operator / Agent: KCC WICHI	Proposed Date of Plugging (if known):	-A 4/23/1	0		RECLIVED
Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent  Date: 1 Authorized Operator / Agent: KCC WICH			c 0		NOV 1 2 2010
Date: 11. 1-10 Authorized Operator / Agent: KCC WICHT		11	efit		-
	Date: 11: 1-10 Authorized Operator / Agen	it: Juesa S	(Sig	gnature)	KCC MICHITA

Dut.4

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

## 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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Intent)	Cathodic Protection Borehole Intent) T-1 (Transfer) Z CP-1 (Plugging Application)		
OPERATOR: License # 6170  Globe Operating, Inc.	Well Location: <u>SW_NE_NE_Sec.14</u> Twp. 20 S. R. 12 ☐ East  West		
Training	Barton		
Address 1: P.O. Box 12	County: Barton  Lease Name: Buckbee Well #: 1		
Address 2:			
City: Great Bend State: KS Zip: 67530 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: Richard Stalcup	the lease below.		
Phone: ( 620 ) 792-7607 Fax: ( )			
Email Address:			
Surface Owner Information: Name: Alfred & Iris Pohlman	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 628 N Kennedy	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		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: Ellinwood State: KS Zip: 67526 +			
are preliminary non-binding estimates. The locations may be entered of Select one of the following:	s batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ceing 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 vner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	fee with this form. If the fee is not received with this form, the KSONA-1 1 will be returned.		
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.		
Date: 11-9-10 Signature of Operator or Agent:	Title:RECEIVED		