## 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 #: 5055	API No. 15 - 187-20,929-00-00  If pre 1967, supply original completion date:  Spot Description:	
Name: C. H. Todd, Inc.		
Address 1; 1000 N. Tyler Rd., Ste. 100		
Address 2:	NE_SW_NE Sec. 16 Twp. 30 S. R. 41East  West	
City: Wichita State; KS Zip: 67212 +	Feet from Feet from Feet from Feet from Footages Calculated from Nearest Outside Section Corner:    V NE NW SE SW	
Contact Person: Gordon Stockemer		
Phone: (316 ) 721-2020		
	County: Stanton	
	Lease Name: Robb-Trust Well #: 16-32	
Check One: 🗸 Oil Well 📗 Gas Well 📗 OG 📗 D&A 📗 Ce	athodic Water Supply Well Other:	
	Gas Storage Permit #:	
	Cemented with: Sacks	
	Cemented with: 745 Sacks	
Production Casing Size: 4-1/2" Set at: 5560'		
	Centence with 200 Sacrs	
List (ALL) Perforations and Bridge Plug Sets:  Ste. Genevieve 5498-5535', CIBP 5490' & 5484', Key	res 5452-58'	
Elevation: 3410' ( GL./ ( K.B.) T.D.: 5563' PBTD: 5484'	Aphydrita Depthy 1650'	
Elevation: 0410 [Elevation: 0500 PB1B]	(Stone Cornal 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):	(	
Plug well as per KCC recommendations. All cmt to be plow depth.	e 60/40 Poz w/4% gel. Cut wellhead, cap below	
Is Well Log attached to this application? Yes V No Is ACO-1 filed?	Yes 🚺 No	
If ACO-1 not filed, explain why:		
Previously filed.		
Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the	- · · · · · · · · · · · · · · · · · · ·	
Company Representative authorized to supervise plugging operations: David B. F		
	City: Wichita State: KS Zip: 67202 +	
Phone: ( 316 ) 250-2045		
Plugging Contractor License #: TBD based on availability		
Address 1:	Address 2:	
City:		
Phone: ( )		
Proposed Date of Plugging (if known): July 18, 2011	DEOCHUS	
	RECEIVED	
Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or	Agent JUL 1 1 2011	
Date: 7/7/11 Authorized Operator / Agent:	(Signature)	
Mail to: KCC - Conservation Division, 130 S.	Market - Room 2078, Wichita, Kansas 67202 KCC WICHIT	

### 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.

Address 1: 100 S. Main, Ste. 415  Address 2: City Wichita State: KS Zip 67202 . If filing a Form F1 for multiple wells on a lease, enter the legal description the lease below.  Surface Owner Information: Name: Mildred H. Robb Trust No.1, dated 2/1/94  Address 1: do David D. Robb  Address 2: P. O. Box 941  City: Salina State: KS Zip: 67402 .  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 at the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submittee 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 file is a Form C-1 to Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.  If have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information to the surface owner(s). To miligate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 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 am being charged a \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.	Name: C. H. Todd, Inc.  Note: St. 100 S. Main, Ste. 415  Address 1: 100 S. Main, Ste. 415  County: Stanton  Lease Name: Robb Trust  Lease Name: Robb T		Mall Loadion.
Address 2: City Wichita State: KS Zip: 67202 + If filing a Form T-1 for multiple wells on a lease, enter the legal description contact Person: David B. Pauly  Phone: (316 ) 250-2045 Fax: (316 ) 264-5852  Email Address: dpauly6920 @ 5 bc g w b w w w w w w w w w w w w w w w w w	Address 2:  City: Wichita	OPERATOR: License # 5555	NE SW NE soo 16 Time 30 S. D. 41 The SW Nest Work
Address 2:	Address 2:	Name: 0.11. 100 S. Main. Ste. 415	Stanton
Contact Person:  David B. Pauly  Phone: (316) 250-2045	Contact Person:  David B. Pauly  Phone: (316 ) 250-2045	Address 1: 100 G. Walli, G.G. 410	Robb Trust 44-1 16-32
Surface Owner Information:  Name: Mildred H. Robb Trust No.1, dated 2/1/94  Address 1: _Clo David D. Robb  Address 2: _P. O. Box 941  City: Salina	Surface Owner Information: Name: Mildred H. Robb Trust No.1, dated 2/1/94  Address 1: _Clo David D. Robb  Address 2: _P. O. Box 941  City: Salina	Address 2:	Lease Name: Well #:
Surface Owner Information:  Name: Mildred H. Robb Trust No.1, dated 2/1/94  Address 1: _Clo David D. Robb  Address 2: _P. O. Box 941  City: Salina	Surface Owner Information: Name: Mildred H. Robb Trust No.1, dated 2/1/94  Address 1: _Clo David D. Robb  Address 2: _P. O. Box 941  City: Salina	City: Vicinita State: NO Zip: 07202 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Surface Owner Information: Name: Mildred H. Robb Trust No.1, dated 2/1/94  Address 1: do David D. Robb  Address 2: P. O. Box 941  City: Salina  State: KS  Zip: 67402  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 are the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plater 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 sowner(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 with this form, the KCC will be required to send this information to the surface owner(s). The filed is a Form C-1 form CB-1, the plat(s) required by this form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.  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 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.  Intereby certify that the statements made herein are true and correct to the best of mx knowledge and belief.	Surface Owner Information:  Name: Mildred H. Robb Trust No.1, dated 2/1/94  Address 1: do David D. Robb  Address 2: P. O. Box 941  City: Salina  State: KS Zip: 67402  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 platare 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 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.  If they end to send 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 am being charged a \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.  It choosing the second option, submit payment of the \$30.00 handling fee, payable to the KCC, which is enclosed with this form, the KSONA form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.	Contact Person: David B. Fadiy	-
Surface Owner Information: Name: Mildred H. Robb Trust No.1, dated 2/1/94  Address 1: Oo David D. Robb  Address 2: P. O. Box 941  City: Salina  State: KS  Zip: 67402  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 are the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plater 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 sowner(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 1 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 with this form, the KCC will be required to send this information to the surface owner(s). The filed is a Form C-1 or Form CB-1, the plat(s) required by this task, I acknowledge that I am being charged a \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.  If thereby certify that the statements made herein are true and correct to the best of my knowledge and belief.	Surface Owner Information: Name: Mildred H. Robb Trust No.1, dated 2/1/94  Address 1: do David D. Robb  Address 2: P. O. Box 941  City: Salina  State: KS  Zip: 67402  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 platare 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 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 am being charged a \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.  If thereby certify that the statements made herein are true and correct to the best of my knowledge and belief.	Phone: (316) 250-2045 Fax: (316) 204-3652	-
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Sam Brownback, Governor, Mark Sievers, Chairman, Ward Loyd, Commissioner, Thomas E. Wright, Commissioner

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

C. H. TODD, INC. 1000 N TYLER STE 100 WICHITA, KS 67212-3276 July 13, 2011

Re: ROBB TRUST #16-32 API 15-187-20929-00-00 16-30S-41W, 1650 FNL 1650 FEL STANTON COUNTY, KANSAS

#### Dear Operator:

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.

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. 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 January 9, 2012. 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

Steve Bond

**Production Department Supervisor** 

District: #1 210 E Frontview, Suite A Dodge City, KS 67801 (620) 225-8888