## 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 #: 32864  |                           | _   API No. 15 - 055-00226 - 6-200  |                |  |                        |  |   |             |
|---|---------------------------|---|----------------|--|------------------------|--|---|-------------|
| Name: XTO Energy, Inc  Address 1: 210 Park Ave., Ste. 2350  Address 2: City: Oklahoma City State: OK Zip: 73102 + Contact Person: Karen Byers, Sr. Engineering Technician  Phone: (405 ) 319-3212 |                           | If pre 1967, supply original completion date:   |                |  |                        |  |   |             |
|   |                           | Spot Description:   |                |  |                        |  |   |             |
|   |                           | <u>C_sw</u> Sec. <u>5</u> Twp. <u>22</u> S. R. <u>32</u> E  | ast West       |  |                        |  |   |             |
|   |                           | 1,320 Feet from North / South Line of Section  1320 Feet from East / West Line of Section  Footages Calculated from Nearest Outside Section Corner: |                |  |                        |  |   |             |
|   |                           |   |                |  | Phone: (403 ) 313-3212 |  | NE  NW  SE  SW                                      |             |
|   |                           |   |                |  |                        |  | County: Finney Lease Name: Greathouse A Well #: 1-5 | <del></del> |
|   |                           | Lesse Name: Orcatilodsc A Well #: 155   |                |  |                        |  |   |             |
| Check One: Oil Well Gas Well OG   | D&A Catt                  | hodic Water Supply Well Other:  |                |  |                        |  |   |             |
| SWD Permit #:   | ENHR Permit#:             |   |                |  |                        |  |   |             |
|   |                           | Cemented with:  |                |  |                        |  |   |             |
|   |                           | Cemented with: 300  |                |  |                        |  |   |             |
|   |                           | Cemented with: 400  |                |  |                        |  |   |             |
| List (ALL) Perforations and Bridge Plug Sets:   |                           |   |                |  |                        |  |   |             |
| Open perfs 2630'-45', 2652'-62', 2681   | '-84', & squeezed         | d perfs 2646'-49', 2670'-73', 2692'-95'   |                |  |                        |  |   |             |
|   |                           |   |                |  |                        |  |   |             |
| Elevation: 2893 ( GL/ K.A.) T.D.: 2726'   | PRTD: 2695                | Anhydrite Depth: 1990'  |                |  |                        |  |   |             |
|   |                           | (Stone Corral Formation)  |                |  |                        |  |   |             |
| Condition of Well: Good Poor Junk in Hole   | _                         | (Intervel)  |                |  |                        |  |   |             |
| Proposed Method of Plugging (attach a separate page if additional Load hole w/ 9 ppg 36 vis mud. pump a 1   |                           | om 2690'-2590'. Pump another 100' cement plu  | ıa from        |  |                        |  |   |             |
| 2040'-1940'. Cut & pull csg at freepoint,   | pump a 100' cmt p         | lug from 50' below to 50' above csg stub. Pum   | pa             |  |                        |  |   |             |
| 200' cement plug from 1200' - 1000'. Pur  | np 464' cement plu        | ug from 468' - 4' below ground level. Weld on IE  | ) plate.       |  |                        |  |   |             |
| Is Well Log attached to this application? Yes No  | Is ACO-1 filed?           | res No  |                |  |                        |  |   |             |
| If ACO-1 not filed, explain why:  |                           |   |                |  |                        |  |   |             |
|   |                           |   |                |  |                        |  |   |             |
| Diversing of this Wall will be done in secondaries with M. C.   | 5 FF 404 A A A A A A      | Bulanced Baselists of the October 1   |                |  |                        |  |   |             |
| Company Representative authorized to supervise plugging of  |                           | Rules and Regulations of the State Corporation Commission  n or Mark Gosch  |                |  |                        |  |   |             |
| Address: 805 South Hwy 25   |                           | city: Lakin State: KS Zip: 67860 +  | 0383           |  |                        |  |   |             |
| Phone: (620) 355-7838   | C                         | State: NO Zip: 07000 +  | 0303           |  |                        |  |   |             |
| Plugging Contractor License #: Not selected at  | this time                 |   |                |  |                        |  |   |             |
| •••   |                           | Name:   |                |  |                        |  |   |             |
|   |                           | ddress 2:   |                |  |                        |  |   |             |
|   |                           |   | ·              |  |                        |  |   |             |
| Phone: ( )  |                           |   |                |  |                        |  |   |             |
| Proposed Date of Plugging (if known):   |                           | Dr/   | \              |  |                        |  |   |             |
| Payment of the Plugging Fee (K.A.R. 82-3-118) will be gua   | ranteed by Operator or As |   | EIVED          |  |                        |  |   |             |
| Date: 5/8/12 Authorized Operator / Agent  | 1/.                       | Suero MAY   | 1 0 2012       |  |                        |  |   |             |
| Additional Operator / Agent   | . <del></del>             | (Signeture)   |                |  |                        |  |   |             |
| Mail to: KCC - Conserv  | ation Division, 130 S. Ma | arket - Room 2078, Wichita, Kansas 67202 KCC  | <b>WICHITA</b> |  |                        |  |   |             |
|   |                           | γ, , , , , , , , , , , , , , , , , , ,  |                |  |                        |  |   |             |

# 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 # 32864 Name: XTO Energy, Inc  | Well Location:C_sw Sec.5 Twp. 22 S. R. 32 ☐ East West  |  |
|--|--|--|
| Address 1: 210 Park Ave., Ste. 2350  | County: Finney Lease Name: Greathouse A well #: 1-5  |  |
| Address 2:   | Lease Name:Well #:   |  |
| City: Oklahoma City State: OK zip: 73102 +   | If filing a Form T-1 for multiple wells on a lease, enter the legal description of<br>the lease below:   |  |
| Contact Person:  | 170 (0000 0010)  |  |
| Phone: ( ) Fax: ( )  |  |  |
| Email Address:   |  |  |
| Surface Owner Information:   |  |  |
| Name: Ralph A Greathouse Trust Marital Share   | When filing a Form T-1 involving multiple surface owners, attach an additional<br>sheet listing all of the information to the left for each surface owner. Surface<br>owner information can be found in the records of the register of deeds for the |  |
| Address 1: 4012 Capitol Dr.  |  |  |
| Address 2:   | county, and in the real estate property tax records of the county treasurer.   |  |
| City: Fort Collins State: CO Zip: 80526 + 2910   |  |  |
|  | batteries, pipelines, and electrical lines. The locations shown on the plat<br>the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.   |  |
| I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be lo CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and | cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form<br>being filed is a Form C-1 or Form CB-1, the plat(s) required by this   |  |
| I have not provided this information to the surface owner(s). I acknowledge that I am being charged a \$30.00 handling.  I have not provided this information to the surface owner(s). I acknowledge that I am being charged a \$30.00 handling.                     |  |  |
| task, i acknowledge that I am being charged a \$50.00 hardling   | ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.  |  |
|  | fee, payable to the KCC, which is enclosed with this form.  fee with this form. If the fee is not received with this form, the KSONA-1   |  |
| 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-1.  I hereby certify that the statements made herein are true and correct to   | fee, payable to the KCC, which is enclosed with this form.  fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.   |  |

KCC WICHITA

MAY 1 0 2012



Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner

#### Corporation Commission

Sam Brownback, Governor

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

XTO ENERGY INC. 210 PARK AVE STE 2350 OKLAHOMA CITY, OK 73102-5683 May 15, 2012

Re: GREATHOUSE A #1-5 API 15-055-00226-00-00 5-22S-32W, 1320 FSL 1320 FWL FINNEY 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 November 11, 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