

emailed to district 4 office on 10/23/13

approved 10/28/2013

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 #: 8996  
Name: Mid continent Resources Inc.  
Address 1: P.O. Box 399  
Address 2: \_\_\_\_\_  
City: Garden City State: Ks. Zip: 67846 + \_\_\_\_\_  
Contact Person: Jody Smith  
Phone: (620) 275-2963

API No. 15 - 167-19090 - 0000  
If pre 1967, supply original completion date: \_\_\_\_\_  
Spot Description: \_\_\_\_\_  
C N2 NE SW Sec. 16 Twp. 14 S. R. 14  East  West  
2,310 Feet from  North /  South Line of Section  
1,980 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Russell  
Lease Name: Coady TWIN Well #. #8

Check One:  Oil Well  Gas Well  OG  D&A  Cathodic  Water Supply Well  Other: \_\_\_\_\_  
 SWD Permit #: \_\_\_\_\_  ENHR Permit #: \_\_\_\_\_  Gas Storage Permit #: \_\_\_\_\_  
Conductor Casing Size: \_\_\_\_\_ Set at: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks  
Surface Casing Size: 85/8 Set at: 254 Cemented with: 150 Sacks  
Production Casing Size: 51/2 Set at: 3304 Cemented with: 150 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: 1892 ( G.L. /  K.B.) T.D.: 3305 PBTD: 3275 Anhydrite Depth: \_\_\_\_\_  
(Stone Corral 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):

Per KCC Instructions.

**KCC WICHITA**  
**OCT 29 2013**  
**RECEIVED**

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: Joe Smith

Address: P.O. Box 399 City: Garden City State: Ks. Zip: 67846 + \_\_\_\_\_  
Phone: (620) 275-2963

Plugging Contractor License #: 32382 Name: Swift Services, Inc.  
Address 1: P.O. Box 466 Address 2: \_\_\_\_\_

City: Ness City State: Ks Zip: 67560 + \_\_\_\_\_  
Phone: (785) 798-2300

Proposed Date of Plugging (if known): \_\_\_\_\_

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent  
Date: 10/28/2013 Authorized Operator / Agent: [Signature]  
(Signature)

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

D.4

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 (Cathodic Protection Borehole Intent)  T-1 (Transfer)  CP-1 (Plugging Application)

OPERATOR: License # 8996  
Name: Mid continent Resources Inc.  
Address 1: P.O. Box 399  
Address 2: \_\_\_\_\_  
City: Garden City State: Ks. Zip: 67846 + \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
C N2 NE SW Sec. 16 Twp. 14 S. R. 14  East  West  
County: Russell  
Lease Name: Coady TWIN Well #: #8

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

**Surface Owner Information:**

Name: Janet Coady  
Address 1: 19650 E. Greenwood Dr.  
Address 2: \_\_\_\_\_  
City: Aurora State: Colo. Zip: 80013 + \_\_\_\_\_

When filing a Form T-1 involving multiple surface owners, attach an additional 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 (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 plat are 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.*

**Select one of the following:**

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface 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, payable to the KCC, which is enclosed with this form.

*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-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-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: 10/28/2013 Signature of Operator or Agent: [Signature] Title: foreman

**KCC WICHITA**

**OCT 29 2013**

**RECEIVED**



Mark Sievers, Chairman  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner

Corporation Commission

Sam Brownback, Governor

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

MID-CONTINENT RESOURCES, INC.  
PO BOX 399  
GARDEN CITY, KS 67846

October 28, 2013

Re: COADY TWIN #8  
API 15-167-19090-00-00  
16-14S-14W, 2310 FSL 1980 FWL  
RUSSELL 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 April 26, 2014. 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: #4  
2301 E. 13th  
Hays, KS 67601  
(785) 625-0550