

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-1
July 2014

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 # 7023
Name Dennis Klima
Address 1 PO Box 48
Address 2 800 Coolidge
City Great Bend State KS Zip 67530 +
Contact Person Dennis Klima
Phone (620) 793-8888

API No 15 - 009-01018-00-01
If pre 1967, supply original completion date _____
Spot Description _____
C SE SE NW Sec. 2 Twp. 18 S. R. 14 East West
2,970 Feet from North / South Line of Section
2,970 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barton
Lease Name: Tindall Well # 3

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: 8.625 Set at: 816 Cemented with: 0 Sacks
Production Casing Size: 4.5 Set at: 3348 Cemented with: 0 Sacks

List (ALL) Perforations and Bndge Plug Sets:

Elevation: 1854 (GL / KB) TD. 3409 PBDT _____ Anhydrite Depth _____
(Stone Coral 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):

Cement top to bottom.

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

Unknown

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. Klima Well Service

Address: PO Box 48 City: Great Bend State: KS Zip: 67530 +

Phone (620) 793-8888

Plugging Contractor License # 7023 Name: Dennis Klima

Address 1 PO Box 48 Address 2 _____

City Great Bend State: KS Zip: 67530 +

Phone (620) 793-8888

Proposed Date of Plugging (if known): Unknown

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date _____ Authorized Operator / Agent: _____ (Signature)

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**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 # 7023
Name: Dennis Klima
Address 1: PO Box 48
Address 2: _____
City: Great Bend State: KS Zip: 67530 +
Contact Person: Dennis Klima
Phone: (620) 793-8888 Fax: (_____)
Email Address: _____

Well Location:
C SE SE NW Sec 2 Twp 18 S. R 14 East West
County: Barton
Lease Name: Tindall Well #: 3

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

Surface Owner Information:

Name: Schlessiger Cattle Inc.
Address 1: 1272 NE 120 Rd
Address 2: _____
City: Clafin State: KS Zip: 67525 +

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 must provide the name and address of the surface owner by filling out the top section of this form and 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: 10/17/2014 Signature of Operator or Agent: Dennis Klima Title: President