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 #:			API No. 15 - 09	1-23333	3-00-00		
Name: Galamba Real Estat	ie		If pre 1967, supply	original com	pletion date:	:	
Address 1: P.O. Box 24286			Spot Description: _				
Address 2:			<u>S2_S2_NW</u>	Sec. 7	Twp. <u>15</u> s.	R. <u>25</u> ✓	East West
City: Overland Park State: Ks			2,970		_	_	
Contact Person: Stephen Galamba			3,960				
Phone: (816) 225-6441			Footages Calculate	_	rest Outside	-	∌r:
7			County:	Johnso] 344	
			Lease Name: Gala				7-7
Check One: ✓ Oil Well Gas Well OG	D&A	Cathodic	Water Supply W	/ell	Other:		
SWD Permit#:		_	_				
Conductor Casing Size:			_	•			
Surface Casing Size: 8 5/8"							
Production Casing Size: 4 1/2"							
List (ALL) Perforations and Bridge Plug Sets:							
Proposed Method of Plugging (ettach a separate page if additional pump cement through pipe from to su		•	and pressure	cement		•	ived (ION COMMISSION
Is Well Log attached to this application? Yes 🗸 No	Is ACO-1 filed	? 🗸 Yes 🗌	No No		10-114,		
If ACO-1 not filed, explain why:					MAR 0		
					С	ONSERVATIO WICHITA	N DIVISION I, KS
Plugging of this Well will be done in accordance with K.S	i.A. 55-101 <u>et. seq</u> .		_			ommission	
Company Representative authorized to supervise plugging of	perations:	Consc	olidated Oil We			•	
Address: 1322 S. Grant PO Box 884		City:	Chanute	_ State:	Ks_z _{ip:} _	66720	-+
Phone: (620) 431-9210							
Plugging Contractor License #: 33961		Name:	Consolid	dated Oi	Well Se	rvices LL(<u> </u>
Address 1: 1322 S. Grant		Address	2: PO Box 88	B4			
City: Chanute				_ State:	Ks_ zip:_	66720	_+
Phone: (620) 431-9210			1 .	k			
Proposed Date of Plugging (if known):		/~~					<u> </u>
Payment of the Plugging Fee (K.A.R. 82-3-118) will be guard Date: Authorized Operator / Agen		ator or Agent	Lutcer		(

Mail to: KCC - Conservation Division, 266 N Main St, Ste 220, Wichita, KS 67202-1513



Kansas Corporation Commission Oil & Gas Conservation Division

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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 (Ca	athodic Protection Borehole Intent)					
OPERATOR: License #	Well Location:S2S2NW_Sec7Twp15S. R25X East ☐ West Johnson					
Address 1.	County:					
Address 2: Overland Park State: Ks Zin: 66283	Lease Name: Galamba Well #:					
Oily State Zip	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:					
Contact Person: Stephen Galamba	ule lease below.					
Phone: (816) 225-6441 Fax: ()						
Email Address: NA						
Surface Owner Information: Name: Galamba Real Estate						
rvatile.	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.					
Address 1: P.O. Box 24286						
Address 2:						
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodi the KCC with a plat showing the predicted locations of lease roads, tank to are preliminary non-binding estimates. The locations may be entered on Select one of the following:	batteries, pipelines, and electrical lines. The locations shown on the plat					
	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form cing filed is a Form C-1 or Form CB-1, the plat(s) required by this					
	ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and					
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 the Date: Signature of Operator of Agent:	he best of my/knowledge and belief. Jetter Agent					