KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Form CP-1 July 2014 This Form must be Typed Form must be Signed All blanks must be Filled

Form KSONA-1, Certifica	tion of Compliance with t MUST be submitted v		er Notification Act,	All blanks must be Filled	
OPERATOR: License #:	API No. 15 - 091-23332-00-00				
Name: Galamba Real Estate		If pre 1967, supply original completion date:			
Address 1: P.O. Box 24286		Spot Description:			
Address 2:					
City: Overland Park State: Ks Zip: 66283 +		3,300 Feet from North / South Line of Section			
Contact Person: Stephen Galamba		Feet from 🗸 East / West Line of Section			
Phone: (816) 225-6441	· · · · · ·	from Nearest Outside S	,		
Thoms. ()			Nw	, 344	
		- Ovarny		Well #:6-7	
Check One: ✓ Oil Well Gas Well OG	D&A Catho	odic Water Supply Wel	Other:		
SWD Permit #:	ENHR Permit #:		as Storage Permit #: _		
Conductor Casing Size:	_	Cemented v	vith:	Sacks	
Surface Casing Size: 8 5/8"					
Production Casing Size: 4 1/2"		Cemented v			
List (ALL) Perforations and Bridge Plug Sets:					
Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if addition Pump cement through pipe from to su	onal space is needed):	(Interval)	(Stone Corral Fi	·	
			k	Received (ANSAS CORPORATION COMMISSION	
Is Well Log attached to this application? Yes V No	s No	□ NO MAR 0 9 2015			
If ACO-1 not filed, explain why:				CONSERVATION DIVISION WICHITA, KS	
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 of	perations: Co	onsolidated Oil Well			
Address: 1322 S. Grant PO Box 884	Cit	_{y:} Chanute	State: Ks Zip:	<u>66720 + </u>	
Phone: (620) 431-9210		Oppositel		- d 11 O	
Plugging Contractor License #: 33961		ame: Consolidated Oil Well Services LLC			
Address 1: 1322 S. Grant		dress 2: PO Box 884		20722	
City: Chanute		_	State: Ks Zip:	66720 +	
Phone: (<u>620</u>) <u>431-9210</u>	<u>./</u>				
Proposed Date of Plugging (if known):					
Payment of the Plugging Fee (K.A.R. 82-3-118) will be gu Date: Authorized Operator / Ager		ent July C	gallo	· 	

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



KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1 July 2014 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 (Ca	athodic Protection Borehole Intent) T-1 (Transfer) X CP-1 (Plugging Application)		
OPERATOR: License #	Well Location:		
Name: Galamba Real Estate	<u>.S2</u> _ <u>NW</u> Sec7 Twp15 S. R25 🗶 East 🗌 West		
Address 1: P.O. Box 24286	County: Johnson		
Address 2:	Lease Name: Galamba Well #: 6-7		
City: Overland Park State: Ks Zip: 66283 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Stephen Galamba	the lease below:		
Phone: (816) 225-6441 Fax: ()			
Email Address: NA			
Surface Owner Information:			
Name: Galamba Real Estate	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		
Address 1: P.O. Box 24286			
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: Overland Park State: Ks Zip: 66283 +			
the KCC with a plat showing the predicted locations of lease roads, tank the are preliminary non-binding estimates. The locations may be entered on Select one of the following:	the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
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 I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface own	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form cated is a Form C-1 or Form CB-1, the plat(s) required by this d email address. Knowledge that, because I have not provided this information, the ter(s). To mitigate the additional cost of the KCC performing this		
task, I acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KC If choosing the second option, submit payment of the \$30.00 handling fee.	of the surface owner by filling out the top section of this form and CC, which is enclosed with this form.		
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 Agent:	he best of my knowledge and belief. Title:		