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 #: 8228	1	API No. 15 - 001	1-02927-00-	00	
Name: WES STEVENS		If pre 1967, supply o	original completion date:	1/1/1954	_
Address 1: 1105 3400 th ST		Spot Description:	N IVA / 4 / 4		_
Address 2:		NM NE NE NM	Sec. 4 Twp. 25 S.	R. 20 ✓ East Wes	st
City: MORAN State: KS	Zíp: 66755 + 3941			South Line of Section	
Contact Person: DAVID KIMZEY				West Line of Section	n
Phone: (620) 496-6257		_	d from Nearest Outside S NW		
		County: ALLEN			
			EVENS v	Vell #: _1	_
Check One: Oil Well Gas Well OG	D&A Cathodic	Water Supply We	ell Other:		_
SWD Permit #:	ENHR Permit#:		Gas Storage Permit#:		
Conductor Casing Size:	Set at:	Cemented	with:	Sack	s
Surface Casing Size: 8 5/8	Set at:20	Cemented	with: _ 5	Sack	3 5
Production Casing Size: 4.50	Set at:850	Cemented	with: 10	Sack	s
List (ALL) Perforations and Bridge Plug Sets:					
Elevation: (GL/GKB) T.D.:			(Stone Corral Fo	rmation)	_
Condition of Well: Good Poor Junk in Hole	(Inte	rval)		•	
Proposed Method of Plugging (attach a separate page if addition RUN 1" PIPE TO T.D. PUMP 30 SX, SURFACE. RUN DOWN BACK SIDE	PULL PIPE TO 500'		PULL PIPE TO	11-5-1	_
Is Well Log attached to this application? Yes V No	Is ACO-1 filed? Ves	No		KCC WICKIN	٠٠.
If ACO-1 not filed, explain why:		,		NOV 05 2015	
		r		RECEIVED	
Plugging of this Well will be done in accordance with K.S. Company Representative authorized to supervise plugging or	- •	• .	ne State Corporation Co	mmission	
	City: C		State: KS Zin: 6	6015	_
Phone: (620) 496-6257			State Zip	, +	-
Plugging Contractor License #: 33977		EK ENERGY I	LC		
D 0 D01/00E	Address				-
	Address			6015	_
Phone: (620) 496-6257			State: 10 Zip: 0		_
Proposed Date of Plugging (if known): 11/11/2015					
Payment of the Plugging Fee (K.A.R. 82-3-118) will be gua		/ -			
Date: 1/2 /30/5 Authorized Operator / Agent	- David	(Sk)na	ture)		-

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.

OPERATOR: License # 8228	Well Location:		
Name: WES STEVENS Address 1: 1105 3400th ST	NW NE NE NW Sec. 4 Twp. 25 S. R. 20		
Address 1: 1105 3400th ST	County: ALLEN		
Address 2:	Lease Name: STEVENS Well #: 1		
City: MORAN State: KS Zip: 66755 + 3941 Contact Person: DAVID KIMZEY	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Phone: (620) 496-6257 Fax: ()	KCC WICHITA		
Email Address: dlk@ckt.net	NOV 05 2015		
Surface Owner Information:	RECEIVED		
Name: WES STEVENS	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: 1105 3400th st			
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: MORAN State: KS Zip: 66755 + 3941			
are preliminary non-binding estimates. The locations may be entered of Select one of the following:	k batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. 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	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this		
	acknowledge that, because I have not provided this information, the		
	wner(s). To mitigate the additional cost of the KCC performing this sof the surface owner by filling out the top section of this form and KCC, which is enclosed with this form.		
task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the	s of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1		
task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the If choosing the second option, submit payment of the \$30.00 handling	s of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1-1 will be returned. If the best of my knowledge and belief.		