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, Cortification of Compliance with the Kansas Surface Owner Notification Act,

MUST be submitted with this form

OPERATOR: License #: 5156	API No. 15 - 129-20616-00-00
Name: Edgar W. White	If pre 1967, supply original completion date:
Address 1; P. O. Box 450	Spot Description:
ρ	SW SW SE Sec. 6 Twp. 35 S. R. 43 East V West
Address 2: KS 67950 ass	1:330 Feet from North / South Line of Section
City: Eikhart State: KS Zip: 67950 + 045	0 - 2310 Feet from Feet / West Line of Section
Contact Person: Steven A. Helm	Flotages Celculated from Nearest Outside Section Corner:
Phone: (620) 482-0453	
	County: Morton
	Lease Name: Schweizer well # 4
Check One: Oil Well	Cathodic Water Supply Well Other:
_	
•	Cemented with: Sacks
Surface Casing Size: 8-5/8" Set at: 370'	Comented with: 250 Sacks
Production Casing Size: 4-1/2" Set at: 1358'	Cemented with: Cement to surface Sacks
List (ALL) Perforations and Bridge Plug Sets:	1
1299'-1309'	Į.
Elevation: 3572' ((Stone Correl Formation)
If ACO-1 not filed, explain why:	CONSERVATION OF THE PARTY AND
Plugging of this Well will be done in accordance with K.S.A. 55-101 et seg. and	ule Rules and Regulations of the State Corporation Commission
Company Representative authorized to supervise plugging operations: MidCon	
Address: P. O. Box 1833	City: Liberal State: KS Zip: 67901 + 1833
Phone: (620) 624-2228	
Pluggling Contractor License #: 34199	Name: Rawhide Well Service LLC
Address 1: P. O. Box 1988	- Address 2:
City: Cody	State: WY Zip: 82414 +
Phone: (620) 629-1766	· · · · · · · · · · · · · · · · · · ·
Proposed Date of Plugging (if known):	
Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator of Date: 02-11-2016 Authorized Operator / Agent:	r Agent Steward (Signeture)

Mail to: KCC - Conservation Division, 268 N Main St, Ste 220, Wichita, KS 67202-1513

Jay Scott Emler, Chair Shari Feist Albrecht, Commissioner

Pat Apple, Commissioner

Sam Brownback, Governor

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

WHITE, EDGAR W. 701 VILYMACA ST PO BOX 450 ELKHART, KS 67950-0450

February 15, 2016

Re: RED CAVE SCHWEIZER #4 API 15-129-20616-00-00 6-35S-43W, 330 FSL 2310 FEL MORTON 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 August 13, 2016. 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,

District: #1 210 E Frontview, Suite A Dodge City, KS 67801 (620) 225-8888

Rene Stucky Production Department Supervisor

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 # 5156	_ Well Location:
Name; Edgar W. White	SW_SW_SE Sec. 6 Twp. 35 S. R. 43 ☐ East X West
Address 1: P. O. Box 450	County: Marton
Address 2:	
City: Elkhart State; KS Zip: 67950 + 0450	If filling a Form Tel for multiple wells on a lease enter the legal description of
contant Person. Steve Helm	the lease below:
Phone: (620) 482-0453 Fax: (620) 624-2229	Lease Name: Schweizer Well #: 4 - If filling a Form T-1 for multiple wells on a lease, enter the lease below: - the lease below:
mail Address: steve@midconconsulting.com	
	1 N3FD 1/1
	WICHTA KS
Surface Owner Information: Name: Bureau of Land Management	
	When filling a Form T-1 involving multiple surface owners, attach an additional sheet fisting all of the information to the left for each surface owner. Surface
ddress 1: 242 Hwy 56E	 owner information can be found in the records of the register of deeds for the
Address 2:	county, and in the real estate property tax records of the county treasurer.
City: Elkhart State; KS Zip: 67950 +	
the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered	thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat of on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
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