

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 #: 5156
Name: Edgar W. White
Address 1: P. O. Box 450
Address 2: _____
City: Elkhart State: KS Zip: 67950 + 0450
Contact Person: Steven A. Helm
Phone: (620) 482-0453

API No. 15 - 129-20339-00-00
If pre 1967, supply original completion date: _____
Spot Description: _____
SW _____ Sec. 18 Twp. 34 S. R. 43 East West
1,320 Feet from North / South Line of Section
1,020 Feet from East / West Line of Section
Per KCC
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Morton
Lease Name: Interstate Red Cave Well #: 1

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: 8-5/8 Set at: 376' Cemented with: Cement to surface Sacks
Production Casing Size: 4-1/2 Set at: 1316' Cemented with: Cement to surface Sacks

List (ALL) Perforations and Bridge Plug Sets:
1288'-1292'

Elevation: _____ (G.L. / K.B.) T.D.: 1316' PBTD: 1316' Anhydrite Depth: _____
(Stone Corral 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):
As per KCC instructions.

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No
If ACO-1 not filed, explain why: _____

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: MidCon Consulting, LLC
Address: P. O. Box 1833 City: Liberal State: KS Zip: 67901 + 1833
Phone: (620) 624-2228
Plugging Contractor License #: 34199 Name: Rawhide Well Service LLC
Address 1: P. O. Box 1988 Address 2: _____
City: Cody State: WY Zip: 82414 + _____
Phone: (620) 629-1768

Proposed Date of Plugging (if known): _____

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

Date: 02-11-2016 Authorized Operator / Agent: _____

Steven A. Helm
(Signature)

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

Received
KANSAS CORPORATION COMMISSION
FEB 12 2016
CONSERVATION DIVISION
WICHITA, KS

NS

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: INTERSTATE RED CAVE #1
API 15-129-20339-00-00
18-34S-43W, 1320 FSL 1020 FWL
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
CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT

Form KSONA-1
July 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 # 5156
Name: Edgar W. White
Address 1: P. O. Box 450
Address 2: _____
City: Elkhart State: KS Zip: 67950 + 0450
Contact Person: Steve Helm
Phone: (620) 482-0453 Fax: (620) 624-2229
Email Address: steve@midconconsulting.com

Well Location:
SW _____ Sec. 18 Twp. 34 S. R. 43 East West
County: Morton
Lease Name: Interstate Red Cave Well #: 1

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

Received
KANSAS CORPORATION COMMISSION
FEB 12 2016
CONSERVATION DIVISION
WICHITA, KS

Surface Owner Information:

Name: Bureau of Land Management
Address 1: 242 Hwy 56E
Address 2: _____
City: Elkhart State: KS Zip: 67950 + _____

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: 02-11-2016 Signature of Operator or Agent:  Title: Operations Manager