

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 #: 5107
Name: H-30, Inc.
Address 1: 13735 E. Pinnacle Dr.
Address 2: _____
City: Wichita State: KS Zip: 67230 + 1545
Contact Person: Mr. Dean E. Britting
Phone: (316) 644-7299

API No. 15 - 063-20864-00-00
If pre 1967, supply original completion date: N/A
Spot Description: NW SW SW
C NW SW SW Sec. 19 Twp. 14 S. R. 27 East West
990 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Gove
Lease Name: Jacobs Well #: 1-A

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____
Conductor Casing Size: 0 Set at: N/A Cemented with: N/A Sacks
Surface Casing Size: 8.625 Set at: 218' Cemented with: 145 sxs. (60/40 Poz) Sacks
Production Casing Size: 5.50 Set at: 4375 ¹²⁰⁰ 5-18-17 Cemented with: 110 Sacks

List (ALL) Perforations and Bridge Plug Sets:

3932' - 3968' OA (Lansing/Kansas City)

Elevation: 2519' (G.L. / K.B.) T.D.: 4400' PBTD: 4345' Anhydrite Depth: 1963'-1993' (per open hole log)
(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):

Run the tubing to 3900'. Mix and pump 13 sxs. of gel followed by 50 sxs. of cement (60/40 poz - 4% gel) w/ 200# of hulls. Pull up to 2300' and pump 150 sxs. of cement (60/40 poz - 4% gel). Pull up to 1200' and pump 100 sxs of cement (60/40 poz - 4% gel) to surface. Tie on to the Braden head and circulate cement to surface.

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

ACO-1 was filed and accepted by the KCC on April 26, 1985.

Received
KANSAS CORPORATION COMMISSION

MAY 18 2017

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 operations: Jeffrey A. Burk/Agent & Geologist

Address: 7701 E. Kellogg Drive, Suite #625 City: Wichita State: KS Zip: 67207 + 1705

Phone: (316) 250-5655

Plugging Contractor License #: 6426 Name: Express Well Service

Address 1: P.O. Box #19 Address 2: _____

City: Victoria State: KS Zip: 67671 + 0019

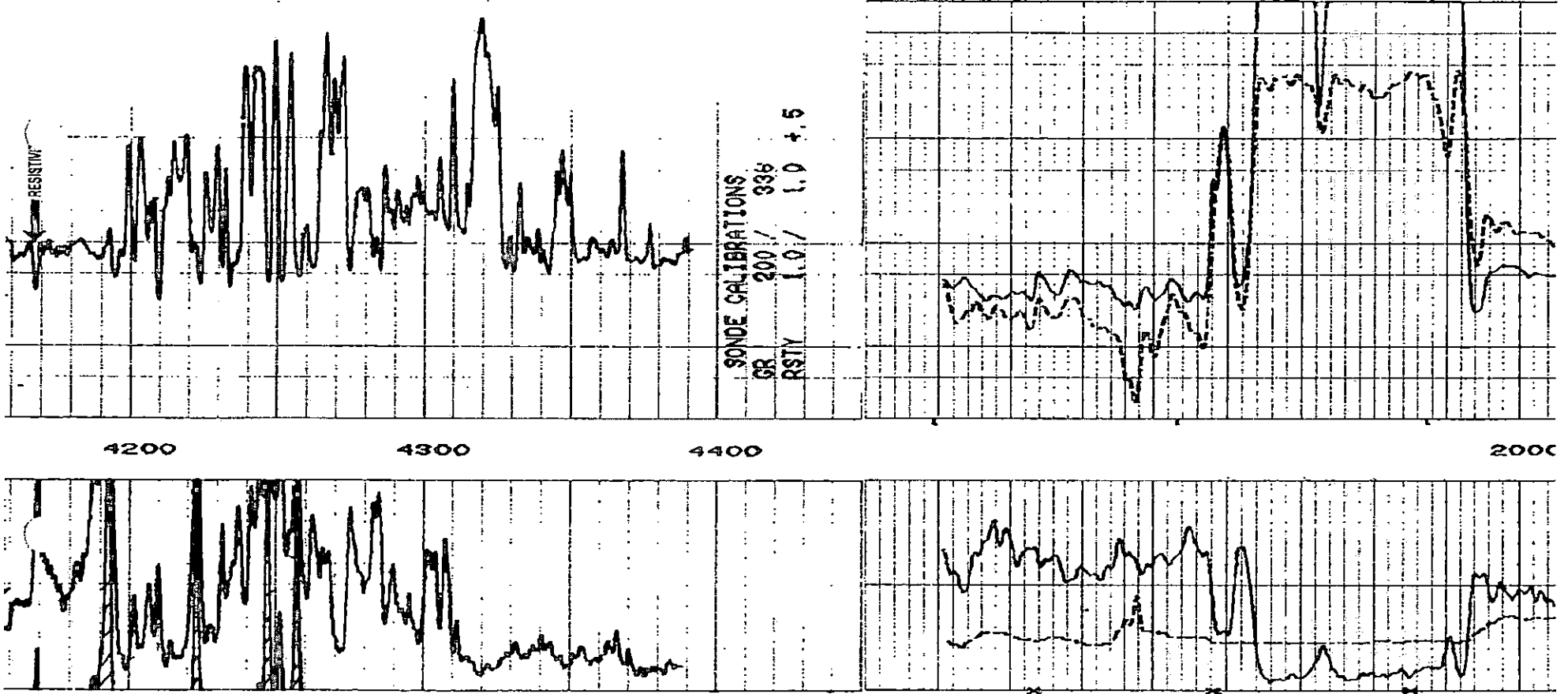
Phone: (785) 735-9405

Proposed Date of Plugging (if known): May 25, 2017

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

Date: 05/18/2017 Authorized Operator / Agent: _____
(Signature)

Received
KANSAS CORPORATION COMMISSION
MAY 18 2017
CONSERVATION DIVISION
WICHITA, KS



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 # 5107
Name: H-30, Inc.
Address 1: 13735 E. Pinnacle Dr.
Address 2: _____
City: Wichita State: KS Zip: 67230 + 1545
Contact Person: Mr. Dean E. Britting
Phone: (316) 644-7299 Fax: (_____) _____
Email Address: dbritting@cox.net (Dean Britting)

Well Location:
C NW SW SW Sec. 19 Twp. 14 S. R. 27 East West
County: Gove
Lease Name: Jacobs Well #: 1-A

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

N/A

Received
KANSAS CORPORATION COMMISSION

MAY 18 2017

CONSERVATION DIVISION
WICHITA, KS

Surface Owner Information:

Name: Terri L. Evans
Address 1: 722 County Road 52
Address 2: _____
City: Gove State: KS Zip: 67736 + 6018

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: 05/18/2017 Signature of Operator or Agent:  Title: Jeffrey A. Burk (Agent/Geologist)



Pat Apple, Chairman
Shari Feist Albrecht, Commissioner
Jay Scott Emler, Commissioner

Corporation Commission

Sam Brownback, Governor

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

H-30, INC.
251 N. WATER, STE 10
WICHITA, KS 67202

May 18, 2017

Re: JACOBS A #1
API 15-063-20864-00-00
19-14S-27W, 990 FSL 4950 FEL
GOVE 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 November 14, 2017. 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,

Rene Stucky
Production Department Supervisor

District: #4
2301 E. 13th
Hays, KS 67601
(785) 625-0550