

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)

MATADOR, INC. PO BOX 337 SEDAN, KS 67361-0337 July 18, 2017

Re: KIRKPATRICK #3

API (151019121516100100)

5-34S-13E, 4879 FSL 1720 FEL CHAUTAUQUA 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 January 14, 2018. 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: #3 1500 W. 7th

Chanute, KS 67220

(620) 432-2300

Rene Stucky

Production Department Supervisor

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 #: 33252	API No. 15 - 019-21516, 0000
Name: Matador, Inc.	If pre 1967, supply original completion date:
Address 1: P. O. Box 337	
Address 2:	Feet from Feet from Feet from Vest Line of Section Footages Calculated from Nearest Outside Section Corner:
Check One: ✓ Oil Well Gas Well GG 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: 7" Set at: 40'	Cemented with: NA Sacks
Production Casing Size: 4 1/2" Set at: 112	29' Cemented with: <u>NA</u> Sacks
List (ALL) Perforations and Bridge Plug Sets: 1122-1128	
Elevation: 830 ([G.L./ [K.B.) T.D.: 1129 PBTD:	
Condition of Well: Good Poor Junk in Hole Casing Le	ak at:
Proposed Method of Plugging (attach a separate page if additional space is nee	(Interval)
Run 1" to TD, gel hole, spot 5 sks cement at pe 600', pull up to 275' cement to surface.	erfs. pull up to 700' spot 5 sks cement. Shoot off 4 1/2" at
Is Well Log attached to this application? Yes V No Is ACO-1 f	iled? 🔽 Yes 🗌 No
If ACO-1 not filed, explain why:	
Company Representative authorized to supervise plugging operations:	
	City: Sedan State: KS Zip: 67361 + 0337
Phone: (620) 725-3366	
Plugging Contractor License #: 32884	
Address 1: 419 S Montgomery	
•	State: Ks Zip: 67361 + 0337
Phone: (<u>620</u>) <u>725-5744</u>	
Proposed Date of Plugging (if known):	
Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Op Date: June 22, 2017 Authorized Operator / Agent: ————————————————————————————————————	erator or Agent (Signature) KANSAS CORPORATION COMMISSION 266 N Main St. Sto. 220 Wijebita, KS 67202 1512
Mail to: KCC - Conservation Division	266 N Main St. Ste 220. Wichita, KS 67202-1513

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

JUL 18 2017

CONSERVATION DIVISION

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 # 33252	Well Location:
Name: Matador, Inc.	NE_NW_NE_Sec. 5 Twp. 34 S. R. 13 X East West
Name: Matador, Inc. Address 1: P.O. Box 337	County Chautauqua
Address 2:	County: Chautauqua Lease Name: Kirkpatrick Well #: 3
City: Sedan State: Ks Zip: 67361 + 0337	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: Tim D. Nordell	the lease below:
Contact Person: Tim D. Nordell Phone: (620) 725-3366 Fax: (none) none	SWSE S32, R33S, T13E and W2 S5, R34S, T13E
Email Address:	W2 33, R343, 113L
Surface Owner Information: Name: David W. Seigel et ux Address 1: Rt 1 Box 111	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.
Address 2:	
City: Wann State: Ok Zip: 74083 +	
	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.
owner(s) of the land upon which the subject well is or will be I	Act (House Bill 2032), I have provided the following to the surface 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 and email address.
KCC will be required to send this information to the surface of	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this is of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.
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June 22, 2017 Date: Signature of Operator or Agent:	President

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