

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 #12

API \$5-019-23265-00-00

32-33S-13E, 566 FSL 2032 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,

Rene Stucky

Production Department Supervisor

District: #3 1500 W. 7th Chanute, KS 67220 (620) 432-2300

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Form CP-1 July 2014 This Form must be Typed Form must be Signed All blanks must be Filled

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 - 019-23265 -
Name: Matador, Inc.	If pre 1967, supply original completion date:
Address 1: P. O. Box 337	Spot Description:
Address 2:	SW_SE_Sec. 32_Twp. 33_S. R. 13FastWest
City: Sedan State: Ks Zip: 67361 + 0 3 3	7 South Line of Section
Contact Person: Tim D. Nordell	Feet from Feet from East / West Line of Section
Phone: (620) 725-3366	Footages Calculated from Nearest Outside Section Corner:
Priorie: (3=3-)	—
	County: Chautauqua Lease Name: Kirkpatrick Well #: 12
	VVOII W.
Check One: ☑ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cath	nodic 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: 1082	Cemented with: NA Sacks
List (ALL) Perforations and Bridge Plug Sets:	
1004-1018	
Condition of Well: Good Poor Junk in Hole Casing Leak at: Proposed Method of Plugging (attach a separate page if additional space is needed): Run 1" to TD, gel hole, spot 5 sks cement at perfs, pull 50', run 1" back in to 275' cement to surface. Is Well Log attached to this application? Yes No Is ACO-1 filed? Yell ACO-1 not filed, explain why:	up to 700' spot 5 sks cement. Shoot off 4 1/2" at
Plugging of this Well will be done in accordance with K.S.A. 55-101 et, seq. and the R Company Representative authorized to supervise plugging operations:	dell
Address: P. O. Box 337 Ci	ty: Sedan State: KS Zip: 67361 + 0337
Phone: (620) 725-3366	
Plugging Contractor License #: 32884 N	
Address 1: 419 S Montgomery Ad	ddress 2: P. O. Box87
City: Sedan	State: Ks Zip: 67361 + 0337
Phone: (620 _) 725-5744	
Proposed Date of Plugging (if known):	
Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Ag	ent In Marchael Received
Date: June 22, 2017 Authorized Operator / Agent:	(Signatura)

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 Drift); 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) X CP-1 (Plugging Application)	
OPERATOR: License # 33252 Name: Matador, Inc.	Well Location:SW_SW_SE_Sec. 32 Twp. 33 S. R. 13 ☒ East ☐ West	
Address 1: P.O. Box 337		
Address 2:	County: Chautauqua Lease Name: Kirkpatrick Well #: 12	
City: Sedan State: Ks Zip: 67361 + 0337	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: SWSE S32, R33S, T13E and W2 S5, R34S, T13E	
Contact Person: Tim D. Nordell Phone: (620) 725-3366		
Email Address:	W2 00, 11040, 110E	
Surface Owner Information: Name: David W. Seigel et ux Address 1: Rt 1 Box 111 Address 2:	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.		
 ☐ 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 		
task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the k		
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 June 22, 2017 Date: Signature of Operator or Agent:	the best of my knowledge and belief. Declared President Title:	

Received KANSAS CORPORATION COMMISSION

JUL 18 2017