

KCC LICENSE: 33097 SOUTHERN STAR CENTRAL GAS PIPELINE
CONTRACTOR LICENSE: 32775 MCLEAN'S CP INSTALLATION, INC
KCC API: 15-155-21760-00-00
WELL NAME: C60540 #01
NESESESE 461 FSL, 38 FEL SEC.30-T23S-R5W, RENO CO., KCC DIST. 2

CB-1, GMD2

EQUUS BEDS GROUNDWATER MANAGEMENT DISTRICT NO. 2

313 Spruce Street
Halstead, Kansas 67056
Phone: (316) 835-2224 Fax: (316) 835-2225

FORM CP-10
APPLICATION FOR PERMIT TO DRILL AND CONSTRUCT
A CASED CATHODIC PROTECTION BOREHOLE
Referencing Kansas Corporation Commission Regulations
K.A.R. 82-3-700 through K.A.R. 82-3-710

Permit Application Number CPB - 92

RECEIVED
SEP 25 2018
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
WICHITA, KS

To the Equus Beds Groundwater Management District No. 2:

Applicant: MCLEANS CP INSTALLATION, INC.

Address: 4520 STATE HIGHWAY 136 AMARILLO TX 79108
(P.O. Box or Street) (City) (State) (Zip Code)

Telephone: 806 383-5047
(Area Code) (Telephone)

Application to the Equus Beds Groundwater Management District No. 2 for a permit to drill and construct a cathodic protection borehole in and through the Equus Beds aquifer in the county of RENO, state of Kansas, to the extent and in the accordance with the following:

1. The location of the proposed cathodic protection borehole is in the SE quarter of the SE quarter of the SE quarter of Section 30, Township 23 south, Range 5W west/east, and more particularly described as being near a point 461 feet north and 38 feet west of the apparent southeast corner of said section.
2. The proposed use of the cathodic protection borehole is to provide cathodic protection of the applicant's PIPELINE C60540, RECT 73 facility from electrochemical corrosion.
3. The land surface elevation is 1513 feet above mean sea level and the method of measurement used was (a) ☐ surveyed, (b) ☐ topographic map, or (c) ☒ other KCC.
4. The depth to surface or top of bedrock or shale is 80 feet below land surface (bls).
5. The depth to the water table of the fresh water aquifer is 10 feet bls.
6. Aquifer salinity as indicated by chloride concentration is 325 mg/L and was determined by: (a) ☐ published report, (b) ☐ test well data, or (c) ☒ other SDK Laboratories. *from domestic well located ~200' south of proposed site. T. Bese, GMD2*
7. The total depth of the cathodic protection is 330 feet bls.
8. A non metallic surface casing equipped with centralizers will be installed in the surface casing borehole when drilling has penetrated 100 feet bls, which is a minimum of 20 feet below bedrock or shale surface as listed in paragraph #4.

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WICHITA, KS

9. Casing centralizers will be installed on the surface casing beginning at the surface casing's total depth and at 40 feet intervals along the complete length of the surface casing at depths of 100, 60, 20, _____, _____, _____, _____, _____ feet bls.
10. The diameter of the surface casing borehole will be a minimum of six inches larger than the outside diameter of the surface casing. The diameter of the borehole containing the surface casing will be 17.5 inches and the outside diameter of the surface casing will be 10.75 inches.
11. The standard dimension ratio (SDR) of the surface casing calculated by dividing the surface casing's outside diameter (OD) of 10.75 inches by its minimum wall thickness (MWT) of .511 inches equals 21.
12. A pitless surface casing adapter will be installed in the surface casing 0 feet bls.
13. The annular space between the surface casing and the borehole will be grouted using: (a) ☐ cement, (b) ☒ neat cement, (c) ☐ bentonite clay grout, (d) ☐ bentonite cement, or (e) ☐ other _____ from a total surface casing depth of 100 feet bls to 3 feet bls.
14. The top of the surface casing will be fitted with a watertight cap and will: (a) ☐ terminate _____ feet above land surface, (b) ☐ terminate in a water resistant and structurally sound vault _____ feet bls, or (c) ☒ be buried 3 feet bls.
15. The anodes will be installed beginning at a depth of 205 feet bls to a total depth of 325 feet bls. *125 per 8-20-18 email from Dana Hoyer, McLean's CP*
16. Anode conductor (backfill) material will be installed beginning at a depth of 105 feet bls to a total depth of 330 feet bls.
17. An anode vent pipe will be installed and completed 3 feet above land surface.
18. A concrete base or pad will / will not be constructed around the above ground surface casing or vault.
19. Will the use of a drilling pit threaten to contaminate fresh and usable groundwater?
☐ Yes ☒ No. If Yes, complete sections (a) and (b).
- a. The pit will be: (i) ☐ constructed so that the bottom and sides have a hydraulic conductivity no greater than 1×10^{-7} cm/sec., (ii) ☐ constructed above ground, or (iii) ☐ a portable above ground tank, and
- b. The applicant has submitted a surface pond application to the Director, Conservation Division, Kansas Corporation Commission. ☐ Yes ☐ No.
20. Has the applicant filed a completed Form KSONA-1 and plat map with this application? ☒ Yes ☐ No
21. Does the Form KSONA-1 indicate that the applicant has provided the surface owner with a copy of this application, including the Form KSONA-1 and plat map? ☒ Yes ☐ No.
22. A construction plan is submitted with the application and shows or illustrates the information contained in paragraphs #4 through #18.

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23. The cathodic protection borehole will be abandoned and plugged if it: (a) is not completed due to unforeseen circumstances, (b) either contaminates or threatens to contaminate a fresh water aquifer, (c) encounters uncontrollable artesian flow, (d) has exhausted its anodes and replacement anodes are not installed within one year, or (e) has not been used for one year and the applicant does not demonstrate intentions to use it.
24. The applicant understands and agrees to comply with K.A.R. 82-3-700 through 82-3-710. Further, the applicant may request an exception to these regulations pursuant to K.A.R. 82-3-100(b).

25. Dated at Lawrence, Kansas, this 17th day of August, 2018.

Tina M. Granger
(Applicant)
By [Signature]
(Signature)
Office Manager
(Title)

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KANSAS CORPORATION COMMISSION
SEP 25 2018
CONSERVATION DIVISION
WICHITA, KS

APPLICANT DO NOT CONTINUE BELOW DOUBLE LINE

For Equus Beds Groundwater Management District #2 Use

- 1) Application received on 8/17/2018, revised 8/20/2018
Additional forms received 9-17-18
- 2) Application reviewed by Tim Boese

Manager
(Title)

- 3) The application is hereby denied. The denial was based on the following findings:

- 4) The application meets or exceeds Cathodic Regulations K.A.R. 82-3-700 through K.A.R. 82-3-710 and is hereby approved by the Equus Beds Groundwater Management District No. 2 this 17th day of September, 2018.

Tim Boese

Tim Boese, Manager
Equus Beds Groundwater Management District No. 2

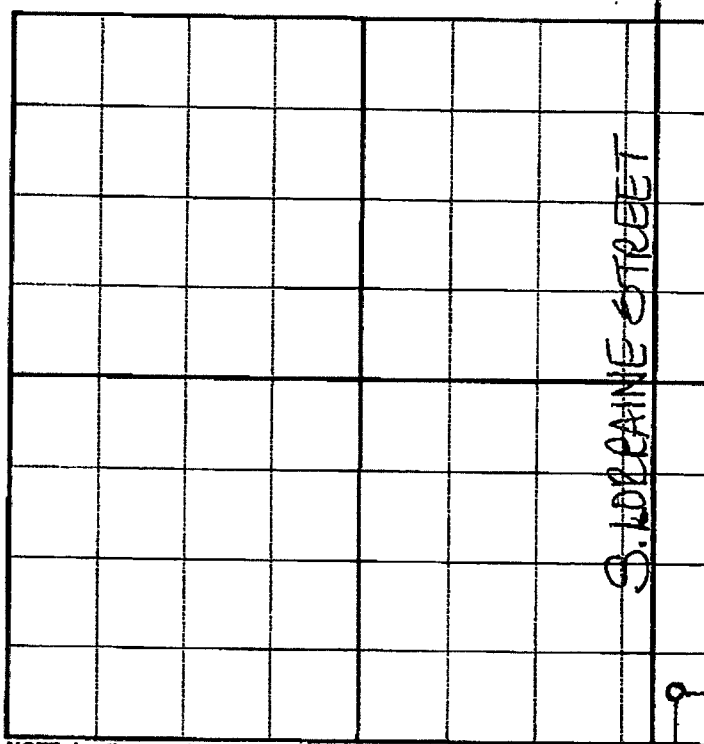
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CONSERVATION DIVISION
WICHITA, KS

IN ALL CASES, PLEASE FULLY COMPLETE THIS FORM.

Operator: SOUTHERN STAR CENTRAL GAS PIPELINE County: RENO
 Facility Name: C60540 Location of Well: 461 feet from ☐ N / ☒ S Line of Section
 Borehole Number: 01 38 feet from ☒ E / ☐ W Line of Section
 Sec. 30, Twp. 23, Rng. 5 ☐ E ☒ W
 Is Section ☒ Regular or ☐ Irregular
 If Section is Irregular, locate well from nearest corner boundary.
 Section corner used: ☐ NE ☐ NW ☐ SE ☐ SW

PLAT

Show location of the Cathodic Borehole. Show footage to the nearest lease or unit boundary line. Show the predicted locations of lease roads, tank batteries, pipelines, and electrical lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032). You may attach a separate plat if desired.



NOTE: In all cases, locate the spot of the proposed drilling location.



1. The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.;
2. The distance of the proposed drilling location from the section's south / north and east / west line;
3. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

Form CP-20
Revised 04-21-2011

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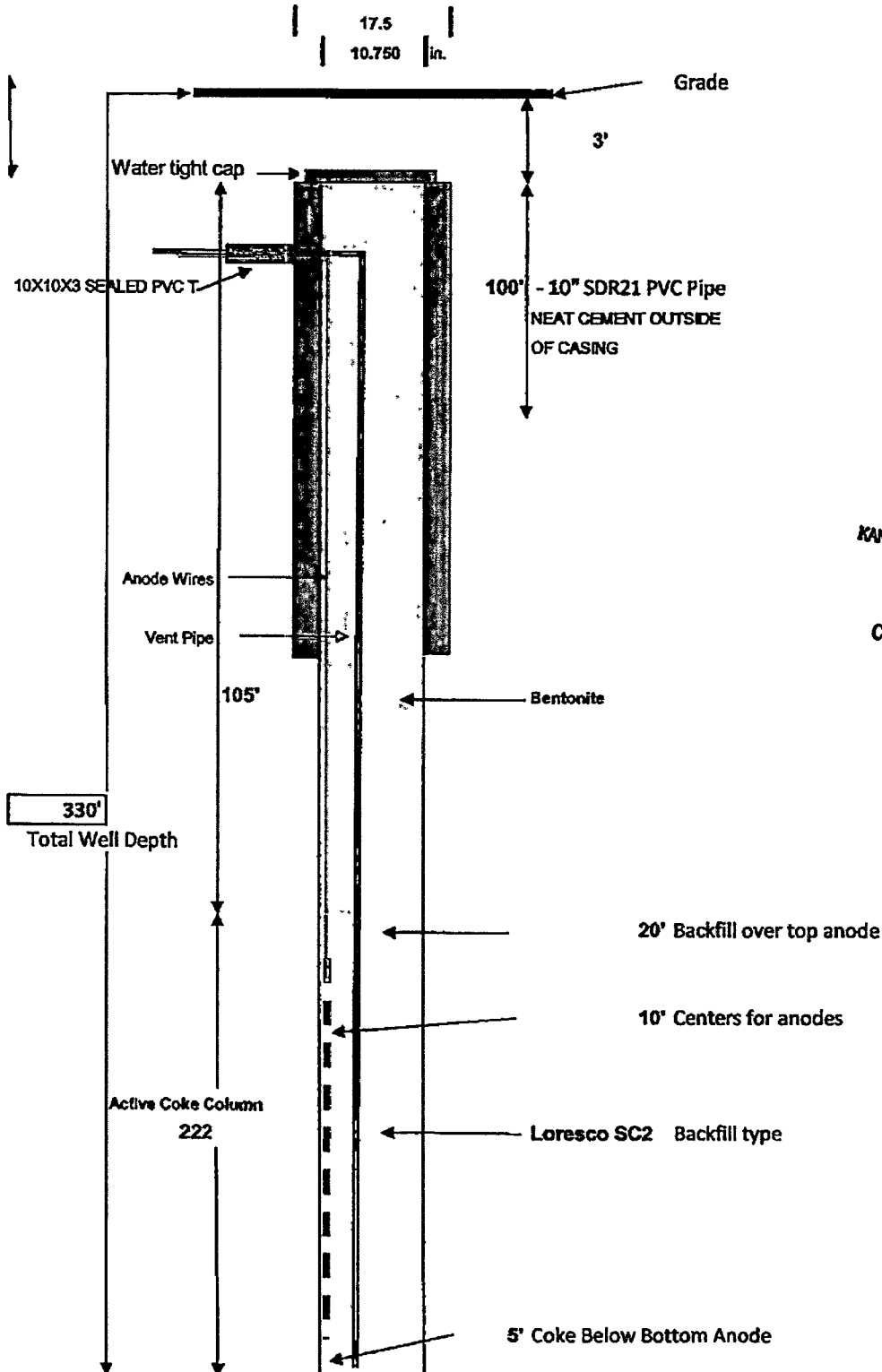
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Equus Beds GMD #2

BELOW GROUND COMPLETION

Well Name: C60540

County: RENO



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Equus Beds GMD #2



1000 Corey Road
P.O. Box 888
Hutchinson, KS 67504-0888
620-665-6661
FAX: 620-665-0559
TOLL FREE: 877-464-0623
www.sdklabs.com

Page 1 of 1

Sample # 3242.18
Sample: Water
Other ID: No I.D.

Date Received: 07/03/2018
Date/Time Sampled: 7/2/2018 11:30:00
Date Reported: 07/05/2018
Total Fee: \$12.00

Southern Star Central Gas Pipeline
455 Wabash Avenue
Lyons, Ks 67554

ANALYSIS

	Result	Units	Date/Time Analyzed	Analyst
++Chloride - SM 4500-Cl B	325.00	mg/L	7/2/2018 13:45	MDH
Chloride As Salt	536.00	mg/L	7/2/2018 13:45	MDH

**Sample receipt temperature = 29.5 degrees C.

* Duplicate analysis was subcontracted to another laboratory for state compliance - see attached.

Methods of analysis per EPA-800 or EPA 821-946, 3rd Ed., 1988 or Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992.

+Duplicate NELAP/KOHE Accredited Method. Lab Certificate 05-10152. Results meet all requirements of NELAC unless noted.

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WICHITA, KS

Approved By:

Matt Hogan

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Equus Beds GMD #2



The results reported herein only to the samples as received by the laboratory



1000 Coney Road
P.O. Box 886
Hutchinson, KS 67504-0886
620-665-5661
FAX: 620-665-0559
TOLL FREE: 877-464-0623
www.sdklabs.com

Page 1 of 1

Sample #: 3243.18
Sample: Water
Other ID: No I.D.

Date Received: 07/03/2018
Date/Time Sampled: 7/2/2018 11:30:00
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Total Fee: \$12.00

Southern Star Central Gas Pipeline
455 Wabash Avenue
Lyons, Ks 67554

ANALYSIS

	Result	Units	Date/Time Analyzed	Analyst
++Chloride - SM 4500-Cl B	325.00	mg/L	7/2/2018 13:45	MDH
Chloride As Salt	536.00	mg/L	7/2/2018 13:45	MDH

**Sample receipt temperature = 29.5 degrees C.

* Dissolve analysis was subcontracted to another laboratory for state compliance - see attached.

Methods of analysis per EPA-800 or EPA 821-846, 2nd Ed., 1986 or Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1982.

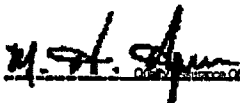
++Describes NELAP/KDHE Accredited Method. Lab Certificate #E-10152. Results meet all requirements of NELAC unless noted.

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WICHITA, KS

Approved By:


Matt Hogan

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Equus Beds GMD #2

The results reported herein apply to the samples as received by the laboratory



**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
APPLICATION FOR SURFACE PIT**

Form CDP-1
July 2014
Form must be Typed

Submit in Duplicate

Operator Name: SOUTHERN STAR CENTRAL GAS PIPELINE, INC.		License Number: 33097	
Operator Address: 4700 HWY 56		OWENSBORO KY 42301 9303	
Contact Person: SETH TURNER		Phone Number: 270-852-5000	
Lease Name & Well No.: C60540 01		Pit Location (QQQQ): NE - SE - SE - SE Sec. 30 Twp. 23 R. 5 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 461 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 38 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section RENO County	
Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit <small>(If WP Supply API No. or Year Drilled)</small>		Pit is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: _____ (bbls)	
Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		Chloride concentration: _____ mg/l <small>(For Emergency Pits and Settling Pits only)</small>	
Is the bottom below ground level? <input type="checkbox"/> Yes <input type="checkbox"/> No		Artificial Liner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How is the pit lined if a plastic liner is not used?			
Pit dimensions (all but working pits): _____ Length (feet) _____ Width (feet) <input checked="" type="checkbox"/> N/A: Steel Pits Depth from ground level to deepest point: _____ (feet) <input type="checkbox"/> No Pit			
If the pit is lined give a brief description of the liner material, thickness and installation procedure. WE ARE USING STEEL PITS		Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring. WE ARE USING STEEL PITS	
Distance to nearest water well within one-mile of pit: 1250 feet Depth of water well 38 feet		Depth to shallowest fresh water 38 feet. Source of information: <input type="checkbox"/> measured <input type="checkbox"/> well owner <input checked="" type="checkbox"/> electric log <input type="checkbox"/> KDWR	
Emergency, Settling and Burn Pits ONLY: Producing Formation: _____ Number of producing wells on lease: _____ Barrels of fluid produced daily: _____ Does the slope from the tank battery allow all spilled fluids to flow into the pit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Drilling, Workover and Haul-Off Pits ONLY: Type of material utilized in drilling/workover: WATER Number of working pits to be utilized: 2 Abandonment procedure: VACUUM OUT FLUIDS/SOLIDS AND DISPOSE AT KDHE APPROVED SITES Drill pits must be closed within 365 days of spud date.	
I hereby certify that the above statements are true and correct to the best of my knowledge and belief.			
9/17/18 Date		SEP 17 2018 Signature of Applicant or Agent Equus Beds GMD #2	
KCC OFFICE USE ONLY			
<input type="checkbox"/> Liner <input type="checkbox"/> Steel Pit <input type="checkbox"/> RFAC <input type="checkbox"/> RFAS			
Date Received: _____ Permit Number: _____ Permit Date: _____ Lease Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

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 # 33097
Name: SOUTHERN STAR CENTRAL GAS PIPELINE, INC.
Address 1: 4700 HWY 56
Address 2: _____
City: OWENSBORO State: KY Zip: 42301 + 9303
Contact Person: SETH TURNER
Phone: (270) 852-5000 Fax: (_____) _____
Email Address: _____

Well Location:
NE SE SE SE Sec. 30 Twp. 23 S. R. 5 ☐ East ☒ West
County: RENO
Lease Name: C60540 Well #: 01

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

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CONSERVATION DIVISION
WICHITA, KS

Surface Owner Information:

Name: TERRY AND CINDY COMBS
Address 1: 3001 S LORRAINE STREET
Address 2: _____
City: HUTCHINSON State: KS Zip: 67501 + _____

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: 9/17/18 Signature of Operator or Agent: _____

Title: Office Manager
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