

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 #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____

API No. 15 - _____
If pre 1967, supply original completion date: _____
Spot Description: _____
____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
____ Feet from North / South Line of Section
____ Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: _____
Lease Name: _____ Well #: _____

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: _____ Set at: _____ Cemented with: _____ Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: _____ (G.L. / K.B.) T.D.: _____ PBTD: _____ 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):

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: _____
Address: _____ City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____
Plugging Contractor License #: _____ Name: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____

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: _____ Authorized Operator / Agent: _____
(Signature)

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**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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____

Well Location:
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
County: _____
Lease Name: _____ Well #: _____

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

Surface Owner Information:

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____

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: _____ Signature of Operator or Agent: _____ Title: _____

WELL PLUGGING APPLICATION (FORM CP-1)

Instructions

General Instructions.

1. Form must be typed.
2. Form must be signed.
3. All applicable blanks must be completed.
4. Form must be submitted with a completed Form KSONA-1.

Section 1: Operator Information.

- 1a. **Operator License #.** Enter the operator's license number. To verify KCC operator license information check the Commission's website at http://kcc.ks.gov/conservation/oil_license.cgi or or contact the Conservation Division's Licensing Department at (316) 337-6200.
- 1b. **Operator Name.** Enter the operator's full name as it appears on operator's license.
- 1c. **Address.** Enter the operator's street or P.O. Box mailing address.
- 1d. **City.** Enter the city corresponding to the mailing address.
- 1e. **State.** Enter the state corresponding to the mailing address.
- 1f. **Zip Code.** Enter the zip code corresponding to the mailing address.
- 1g. **Contact Person.** Enter the name of the individual who will be the operator's contact person for this Application, should Conservation Division Staff need to contact the operator about the Application. The contact person may be the operator or the operator's agent.
- 1h. **Phone.** Enter the phone number of the Contact Person, so Conservation Division Staff may easily reach the operator if necessary to discuss the Plugging Application.

Section 2: Well Location Information.

- 2a. **API No.** For all wells drilled in 1967 or later, enter the API Number assigned to the well. API Numbers are available from the KCC Library, (316) 337-6222, or the KGS online database, at <http://www.kgs.ku.edu/Magellan/Qualified/index.html>. If no API Number has been issued for the well, enter the original spud or completion date in the blank provided. If the exact year drilled is not known, enter the following: "Drilled prior to 1967, year unknown."
- 2b. **Spot Description.** Enter the quarter calls for the subject well ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$).
- 2c. **Sec., Twp., and R.** Enter the Section, Township and Range in which the subject well is located and mark the appropriate box to indicate if the range is East or West of the Sixth Principal Meridian.
- 2d. **Footage Location.** Enter the number of feet the well is located from the North or South section line and the East or West section line. Mark the appropriate boxes to indicate which section lines were used.
- 2e. **County.** Enter the county in which the subject well is located.
- 2f. **Lease.** Enter the name of the lease upon which the subject well is located.
- 2g. **Well #.** Enter the well number of the subject well.

Section 3: Well Information.

- 3a. **Well Type (Check One).** Mark the appropriate box to indicate the well type of the subject well. If the well type is not listed, mark "Other" and write the well type in the blank to the right of the box. If the well type is saltwater disposal, enhanced recovery, or gas storage, mark the appropriate box and write the injection docket number in the blank to the right of the box.
- 3b. **Conductor, Surface, and Production Casing.** For all conductor, surface, and production casing in the subject well, enter the size of the casing, the depth at which the casing is set, and the number of sacks of cement used to set the casing.
- 3c. **Perforations and Bridge Plug Sets.** List the depth at which all perforations and bridge plug sets are located in the subject well.
- 3d. **Elevation.** Enter the ground level elevation or the Kelly bushing elevation of the subject well, and mark the appropriate box to indicate which elevation is being entered.
- 3e. **Total Depth (T.D.).** Enter the total depth of the subject well.

- 3f. **Plug Back Total Depth (PBSD).** Enter the plug back total depth of the subject well.
- 3g. **Anhydrite Depth.** Enter the depth at which the top of the Anhydrite (Stone Corral Formation) is located in the subject well, if applicable.
- 3h. **Condition of Well.** Mark the appropriate box or boxes to indicate the subject well's condition.
- 3i. **Proposed Method of Plugging.** Enter a brief but detailed explanation of the method that will be used to plug the subject well. Please attach an additional page if additional space is needed.
- 3j. **Well Log Attached, ACO-1 Filed.** Mark the appropriate box to indicate whether the well log is attached to the plugging application as required, and mark the appropriate box to indicate whether an ACO-1 has been filed for the subject well. If an ACO-1 has not been filed, explain the reason it was not filed in the space provided below

Section 4: Verification; Plugging Contractor; and Plugging Fee.

- 4a. **Company Representative Authorized to Supervise Plugging Operations.** List the name of the company representative authorized to be in charge of the plugging operations at the subject well.
- 4b. **Address/City/State/Zip.** Enter the street or P.O. Box mailing address, city, state, and zip code for the company representative authorized to supervise plugging operations at the subject well, so KCC Staff may mail correspondence regarding the well plugging operations.
- 4c. **Phone Number.** List the phone number for the company representative authorized to supervise plugging operations at the subject well, so KCC Staff may contact the company representative if necessary.
- 4d. **Plugging Contractor License Number.** If the operator of the subject well is not the operator who will perform the actual plugging operations, enter the plugging contractor's KCC license number. To verify KCC operator license information check the Commission's website at http://kcc.ks.gov/conservation/oil_license.cgi, or contact the Conservation Division's Licensing Department at (316) 337-6200.
- 4e. **Plugging Contractor Name.** Enter the full name of the plugging contractor as it appears on the plugging contractor's operator license.
- 4f. **Address/City/State/Zip.** Enter the plugging contractor's mailing address, including the street address or P.O. Box number, city, state, and zip code.
- 4g. **Phone.** Enter the plugging contractor's phone number, so Conservation Division Staff may contact the contractor if necessary to discuss the Plugging Application.
- 4h. **Proposed Date and Hour of Plugging.** If known, enter the date and time when the operator plans to plug the subject well.
- 4i. **Date and Authorized Operator/Agent Signature.** The form must be signed by an authorized agent of the operator. Enter the date the form was signed and completed.

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All blanks must be Filled

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MUST be submitted with this form.

OPERATOR: License #: 1a
Name: 1b
Address 1: 1c
Address 2: 1c
City: 1d State: 1e Zip: 1f + 1f
Contact Person: 1g
Phone: (1h) 1h

API No. 15 - 2a
If pre 1967, supply original completion date: 2a
Spot Description: 2b
2b - - - Sec. 2c Twp. 2c S. R. 2c East West
2d Feet from North / South Line of Section
2d Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: 2e
Lease Name: 2f Well #: 2g

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
3a SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
3b Surface Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

3c

Elevation: 3d (G.L. / K.B.) T.D.: 3e PBTD: 3f Anhydrite Depth: 3g
(Stone Corral Formation)

3h 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):

3i

3j 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: 4a
Address: 4b City: 4b State: 4b Zip: 4b + 4b
Phone: (4c) 4c
Plugging Contractor License #: 4d Name: 4e
Address 1: 4f Address 2: 4f
City: 4f State: 4f Zip: 4f + 4f
Phone: (4g) 4g

Proposed Date of Plugging (if known): 4h

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

Date: 4i Authorized Operator / Agent: _____
(Signature)