



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

Submitted Electronically



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 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 Submitted Electronically

I

Form	CP1 - Well Plugging Application
Operator	Blue Ridge Petroleum Corporation
Well Name	TJ 1-18
Doc ID	1042232

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3746	3752	Lansing H	
3782	3787	Lansing J	



SUPERIOR
Hays,
Kansas

**COMPENSATED
DENSITY/NEUTRON
LOG**

Company BLUERIDGE PETROLEUM CORP.
Well TJ #1-18
Field OVERLOOK NORTH
County SHERIDAN
State KANSAS

Company BLUERIDGE PETROLEUM CORPORATION
Well TJ #1-18
Field OVERLOOK NORTH
County SHERIDAN State KANSAS

Location: API # : 15-179-21254-00-00
790' FSL & 140' FEL
SE - NE - SE - SE
SEC 18 TWP 8S RGE 26W
Permanent Datum GROUND LEVEL Elevation 2443
Log Measured From KELLY BUSHING 8' A.G.L.
Drilling Measured From KELLY BUSHING
Other Services
DIL/MEL
SONIC
Elevation
K.B. 2451
D.F. 2449
G.L. 2443

Date	5-14-10		
Run Number	ONE		
Depth Driller	3890		
Depth Logger	3887		
Bottom Logged Interval	3863		
Top Log Interval	3300		
Casing Driller	8 5/8" @ 211		
Casing Logger	222		
Bit Size	7 7/8		
Type Fluid in Hole	CHEMICAL MUD	CHLORIDES 2000 PPM	
Density / Viscosity	9.2/53		
pH / Fluid Loss	10.0/8.4		
Source of Sample	FLOWLINE		
Rim @ Meas. Temp	.11 @ 83F		
Rmf @ Meas. Temp	.08 @ 83F		
Rmc @ Meas. Temp	.13 @ 83F		
Source of Rmf / Rmc	MEASURED		
Rim @ BHT	.07 @ 115F		
Time Circulation Stopped	2 HOURS		
Time Logger on Bottom			
Maximum Recorded Temperature	115F		
Equipment Number	680		
Location	HAYS, KANSAS		
Recorded By	JASON CAPPELLUCCI		
Witnessed By	JOSH AUSTIN		

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All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

THANK YOU FOR USING SUPERIOR WELL SERVICES HAYS, KANSAS (785)628-6395
DIRECTIONS
STUDLEY KS. - 5 W. TO RD. 100 E - S. INTO

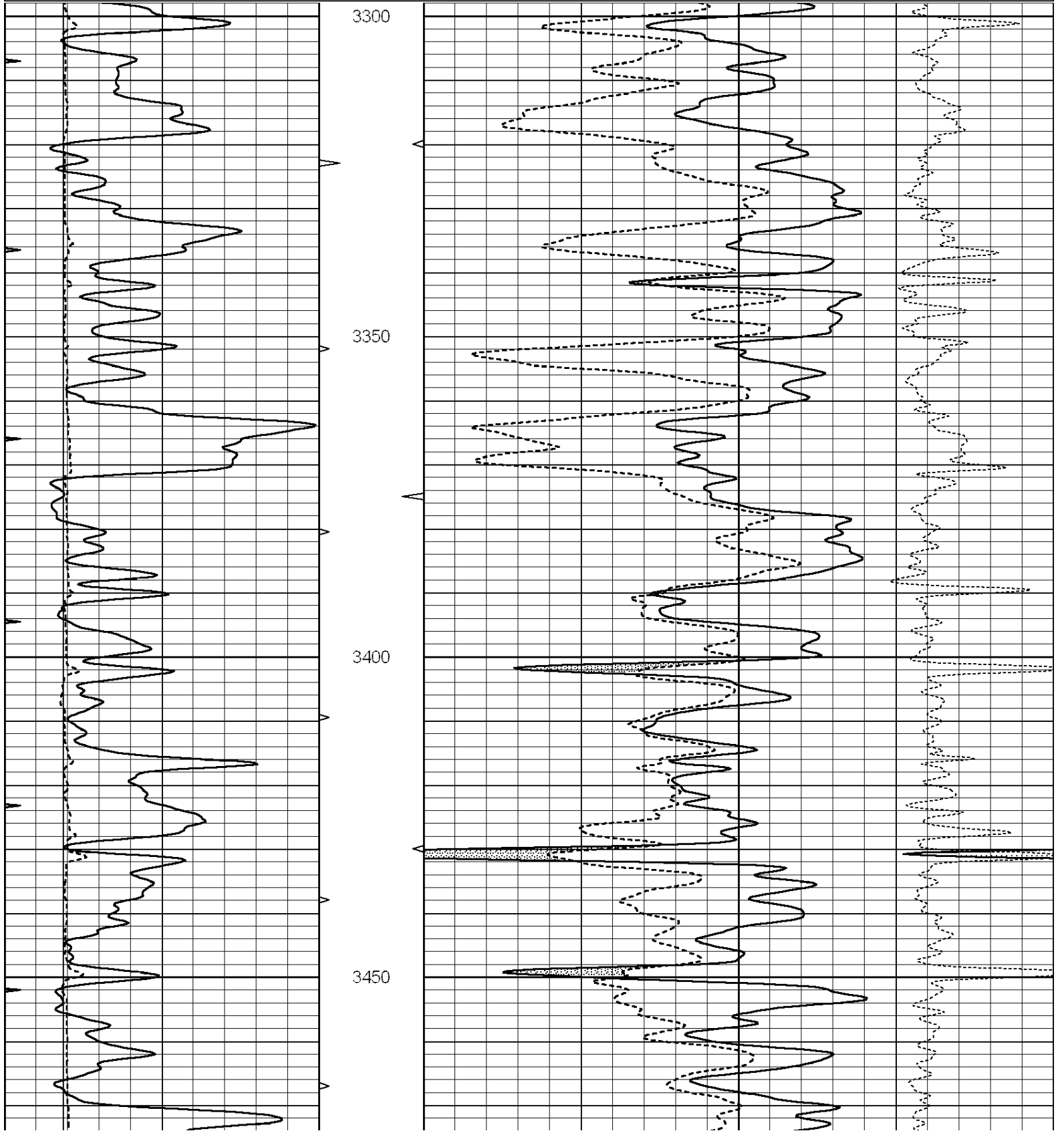


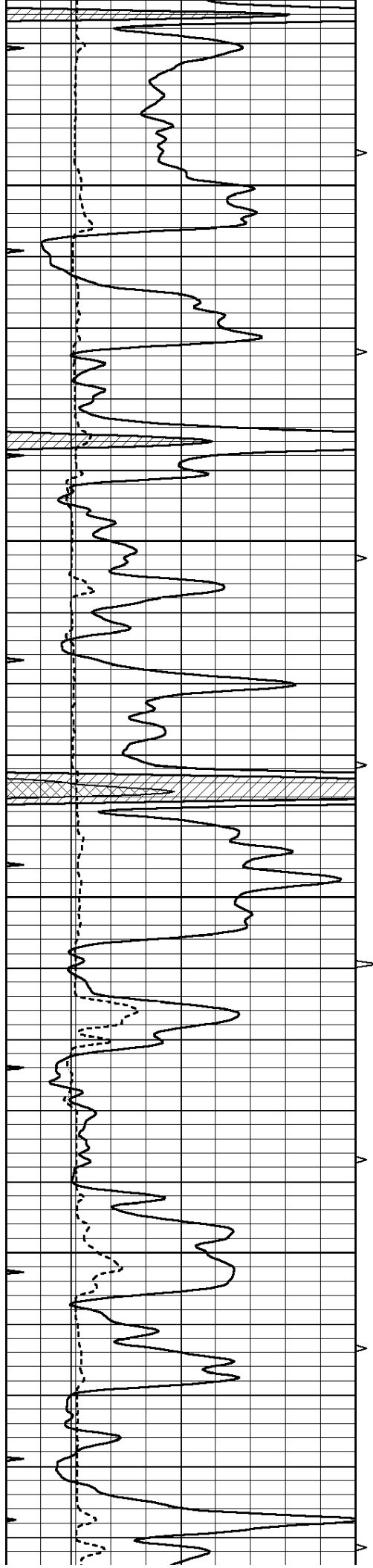
SUPERIOR
Hays,
Kansas

MAIN SECTION

Database File: 005130ddn.db
 Dataset Pathname: pass4.1
 Presentation Format: _den_neu
 Dataset Creation: Fri May 14 15:24:10 2010 by Calc Open-Cased 090629
 Charted by: Depth in Feet scaled 1:240

0	GAMMA RAY (GAPI)	150	AVTX	30	COMPENSATED DENSITY (pu)	-10
6	CALIPER (in)	16	10 (ft3)	0 30	COMPENSATED NEUTRON (pu)	-10
0	MINMK	20	BVTX		-0.25 CORRECTION (g/cc)	0.25
			0 (ft3)	10		



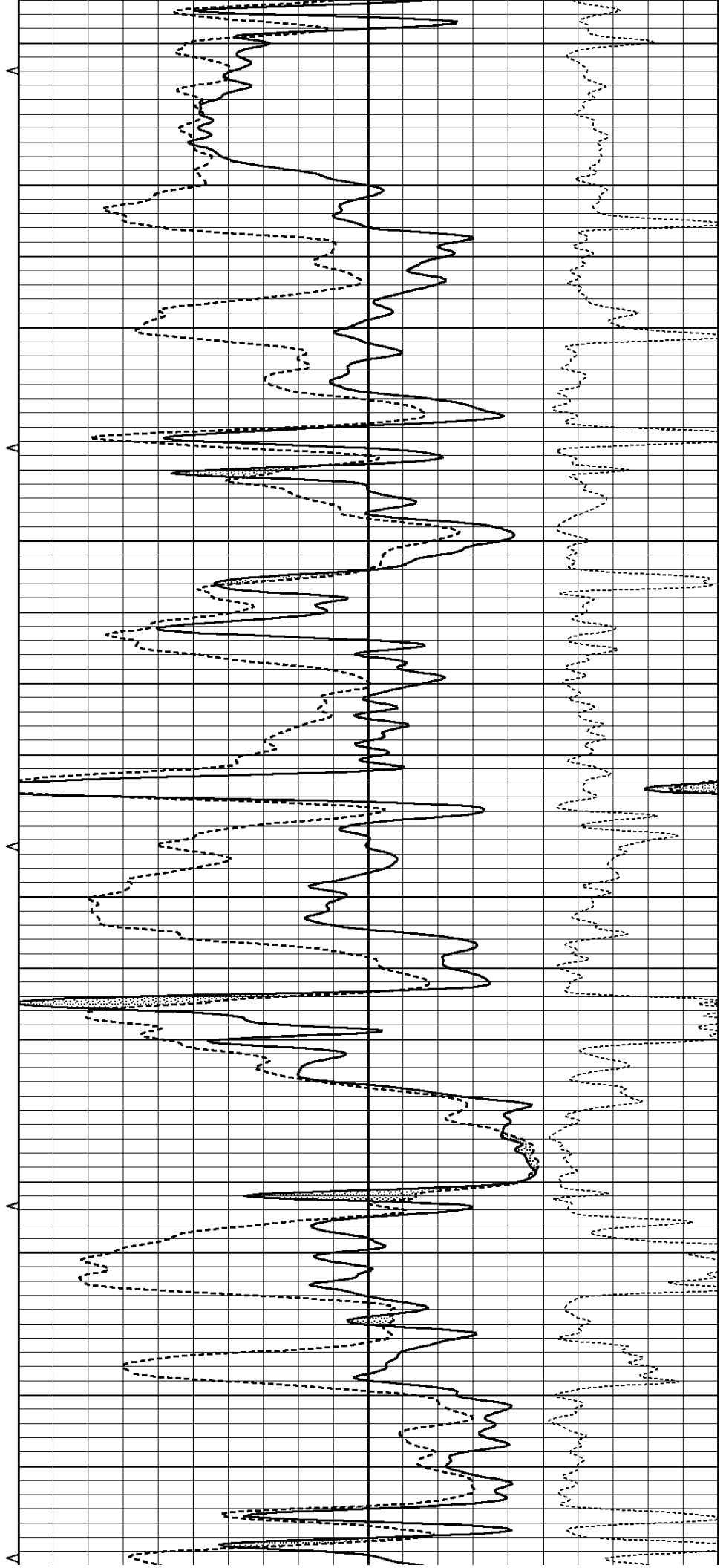


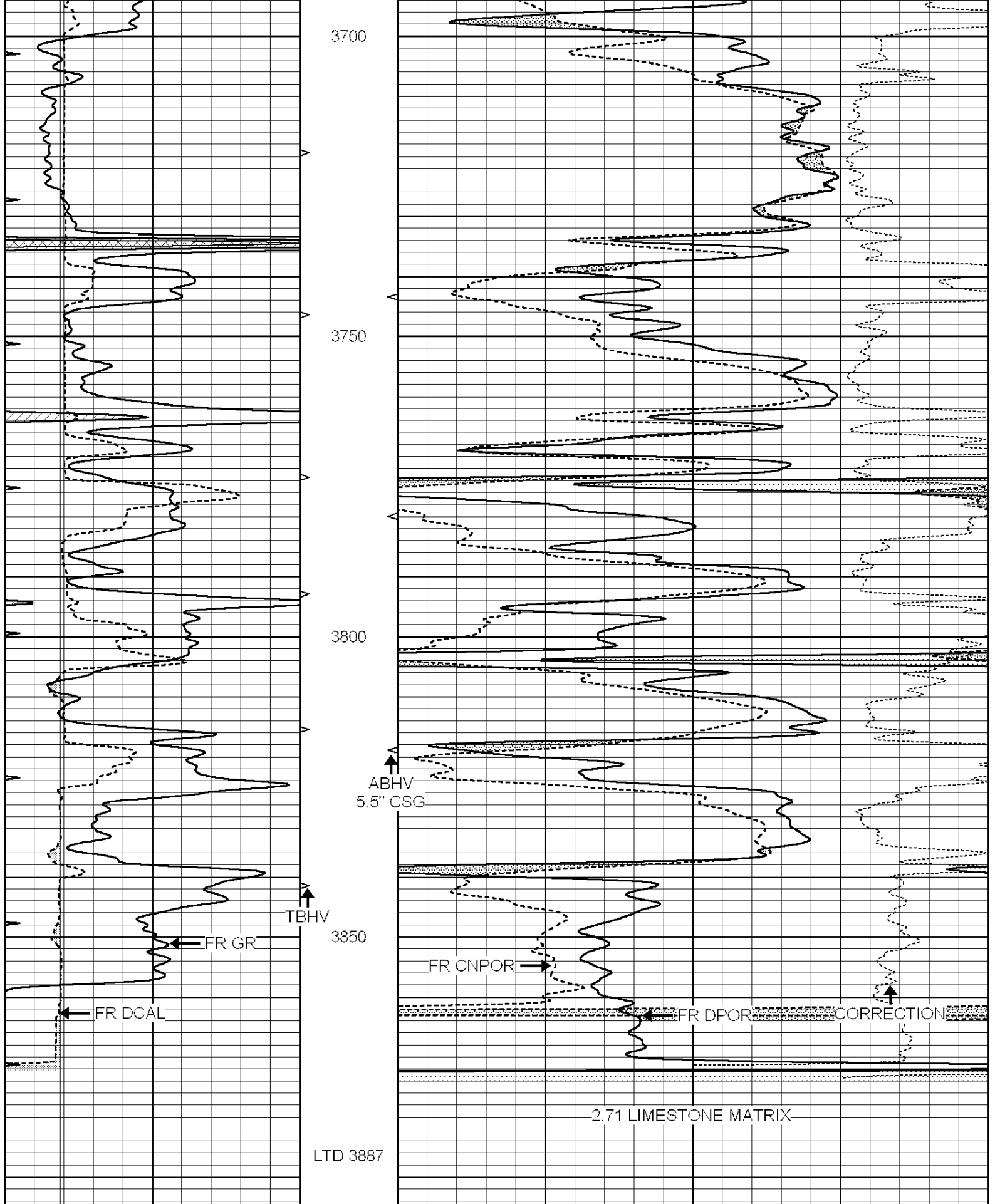
3500

3550

3600

3650





3700

3750

3800

3850

LTD 3887

ABHV
5.5" CSG

TBHV

FR GR

FR ONPOR

FR DCAL

FR DPOR CORRECTION

2.71 LIMESTONE MATRIX

0	GAMMA RAY (GAPI)	150	AVTX	30	COMPENSATED DENSITY (pu)	-10
6	CALIPER (in)	16	10 (ft3)	0 30	COMPENSATED NEUTRON (pu)	-10
0	MINMK	20	BVTX		-0.25	CORRECTION (g/cc)
			0 (ft3)	10		0.25



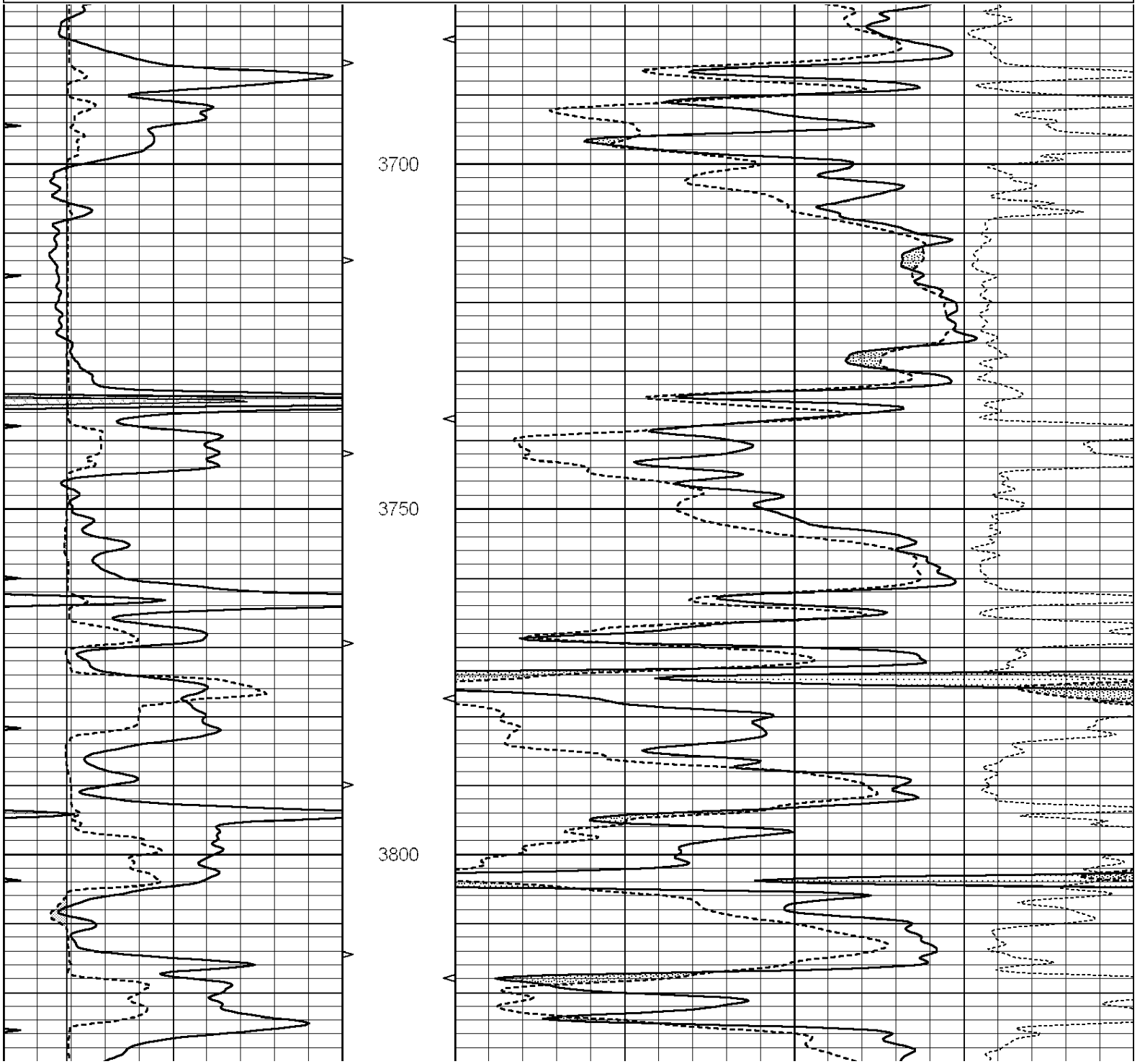
SUPERIOR

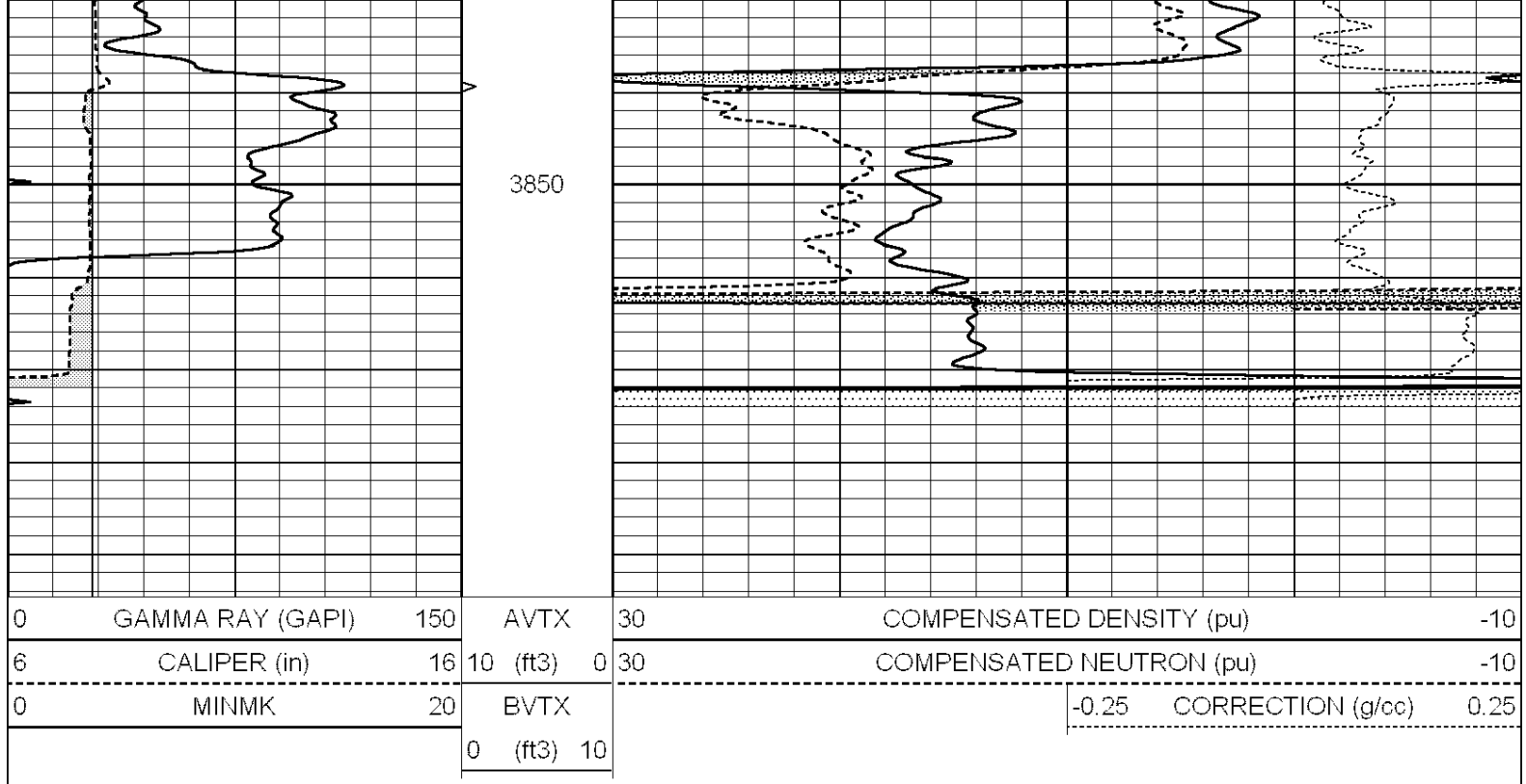
Hays,
Kansas

REPEAT SECTION

Database File: 005130ddn.db
 Dataset Pathname: pass3.1
 Presentation Format: _den_neu
 Dataset Creation: Fri May 14 15:16:44 2010 by Calc Open-Cased 090629
 Charted by: Depth in Feet scaled 1:240

0	GAMMA RAY (GAPI)	150	AVTX	30	COMPENSATED DENSITY (pu)	-10	
6	CALIPER (in)	16	10 (ft3)	0	30	COMPENSATED NEUTRON (pu)	-10
0	MINMK	20	BVTX			-0.25 CORRECTION (g/cc)	0.25
			0 (ft3)	10			





Calibration Report

Database File: 005130ddn.db
 Dataset Pathname: pass4.1
 Dataset Creation: Fri May 14 15:24:10 2010 by Calc Open-Cased 090629

Dual Induction Calibration Report

Serial-Model: PROBE8-DILG
 Surface Cal Performed: Fri Aug 01 06:33:19 2008
 Downhole Cal Performed: Mon Jul 28 11:08:27 2008
 After Survey Verification Performed: Mon Jul 28 11:08:27 2008

Surface Calibration

Loop:	Readings				References		Results	
	Air	Loop			Air	Loop	m	b
Deep	0.015	0.648	V	0.000	400.000	mmho/m	632.616	-9.730
Medium	0.029	0.796	V	0.000	464.000	mmho/m	605.049	-17.680
Internal:	Zero	Cal		Zero	Cal		m	b
Deep	0.017	0.657	V	0.000	400.000	mmho/m	625.153	-10.619
Medium	0.016	0.757	V	0.000	464.000	mmho/m	625.992	-9.739

Downhole Calibration

	Readings				References		Results	
	Zero	Cal			Zero	Cal	m'	b'
Deep	0.000	0.000	mmho/m	2.011	405.777	mmho/m	1.000	0.000
Medium	0.000	0.000	mmho/m	7.590	503.393	mmho/m	1.000	0.000
LL3		7.500	V		1500.000	Ohm-m		
		0.000	V		20.000	Ohm-m		
		-6.500	V		3800.000	mmho-m		

After Survey Verification

	Readings				Targets		Results	
	Zero	Cal			Zero	Cal	m'	b'

Deep	0.000	0.000	mmho/m	0.000	0.000	mmho/m	0.000	0.000
Medium	0.000	0.000	mmho/m	0.000	0.000	mmho/m	0.000	0.000
LL3		1.000	Ohm-m		1.000	Ohm-m		
		0.000	Ohm-m		0.000	Ohm-m		
		1.000	mmho-m		1.000	mmho-m		

Compensated Density Calibration Report

Serial-Model: GEAR4-GEARHART
Source / Verifier: 143 / 143
Master Calibration Performed: Tue May 11 10:59:10 2010

Master Calibration

	Density		Far Detector	Near Detector	
Magnesium	1.710	g/cc	1015.91	497.51	cps
Aluminum	2.600	g/cc	227.67	350.20	cps
Spine Angle = 76.79			Density/Spine Ratio = 0.579		
	Size		Reading		
Small Ring	8.00	in	1.66	V	
Large Ring	14.00	in	2.72	V	

Compensated Neutron Calibration Report

Serial Number: 5I
Tool Model: G

CALIBRATION

Detector	Readings		Target		Normalization
Short Space	1.00	cps	1.00	cps	1.0000
Long Space	1.00	cps	1.00	cps	1.0000

Gamma Ray Calibration Report

Serial Number: GR6
Tool Model: OPEN
Performed: Tue Nov 10 08:32:36 2009

Calibrator Value: 150.0 GAPI

Background Reading: 0.0 cps
Calibrator Reading: 276.0 cps

Sensitivity: 0.5535 GAPI/cps



Mark Parkinson, Governor
Thomas E. Wright, Chairman
Joseph F. Harkins, Commissioner
Ward Loyd, Commissioner

August 19, 2010

JONATHAN ALLEN
Blue Ridge Petroleum Corporation
PO BOX 1913
ENID, OK 73702-1913

Re: Plugging Application
API 15-179-21254-00-00
TJ 1-18
SE/4 Sec.18-08S-26W
Sheridan County, Kansas

Dear JONATHAN ALLEN:

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 February 15, 2011. 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,
Production Department Supervisor

cc: District 4

(785) 625-0550