

1047307

Form CP-1
March 2010
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 #:		API No. 1	5		
Name:		If pre 196	37, supply original comple	etion date:	
Address 1:		Spot Des	cription:		
Address 2:		_	· Sec Twp	o S. R	East West
City: State:		_	Feet from	North / South	Line of Section
Contact Person:			Feet from	East / West	Line of Section
Phone: ()		Footages	Calculated from Neares		er:
Filone. ()				SE SW	
			ame:		
		Lease IVe	arrie.	vveπ π	
Check One: Oil Well Gas Well OG	D&A Car	thodic Wate	r Supply Well Ot	her:	
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
Elevation: (G.L. / K.B.) T.D.: Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if adding Is Well Log attached to this application? Yes No. 1f ACO-1 not filed, explain why:	Casing Leak at:			ione Corral Formation)	
Plugging of this Well will be done in accordance with K. Company Representative authorized to supervise plugging					
Address:	(City:	State:	Zip:	-+
Phone: ()					
Plugging Contractor License #:		Name:			
Address 1:	A	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



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July 2010
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CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #	Well Location:
	County:
Address 1:	Lease Name: Well #:
Address 2: City: State: Zip:+	
Contact Person:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Phone: () Fax: ()	
Email Address:	
Surface Owner Information:	
Name:	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
Address 1:	owner information can be found in the records of the register of deeds for the
Address 2:	county, and in the real estate property tax records of the county treasurer.
City:	
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered of Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be ICP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, at I have not provided this information to the surface owner(s). I a	acknowledge that, because I have not provided this information, the vner(s). To mitigate the additional cost of the KCC performing this
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 vill be returned.
Submitted Electronically	
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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1
July 2010
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CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Michael Drilling LLC Address 1: 1304 E Street Address 2: PO Box 402 City: IOLA Contact Person: Phone: () Fax: () Email Address: Surface Owner Information: Name: V. Latta Address 1: 515 Patterson Address 2: City: IOLA State: KS Zip: 66749 + 3002 If filing the literature in the l	Location: ## SE_SE_SE_SE_Sec.4 Twp. 24 S. R. 18 East West ## Well #: R-2 ## Reast West West ## Well #: R-2 ## In the filing a Form T-1 involving multiple surface owners, attach an additional at listing all of the information to the left for each surface owner. Surface or information can be found in the records of the register of deeds for the tay, and in the real estate property tax records of the county treasurer.
Address 1:	Allen e Name: V.Latta
Address 2: PO Box 402 City: IOLA State: KS Zip: 66749 + 3002 If filing the like Incomparison: Phone: () Fax: () Email Address: When the Incompation: Name: V. Latta When the Incompation: Address 1: 515 Patterson Sheet owner count to the KC Latte With a plat showing the predicted locations of lease roads, tank batteria are preliminary non-binding estimates. The locations may be entered on the Formation of the Incompatible of the KC and the Incompatible of the Incompatible of the Incompatible of Incompatible	e Name: V.Latta Well #: R-2 Ing a Form T-1 for multiple wells on a lease, enter the legal description of ease below: In filing a Form T-1 involving multiple surface owners, attach an additional at listing all of the information to the left for each surface owner. Surface or information can be found in the records of the register of deeds for the
City: IOLA State: KS Zip: 66749 + 3002 If filing the last contact Person: The last contact Perso	ng a Form T-1 for multiple wells on a lease, enter the legal description of ease below: In filing a Form T-1 involving multiple surface owners, attach an additional at listing all of the information to the left for each surface owner. Surface or information can be found in the records of the register of deeds for the
Contact Person:	ease below: In filing a Form T-1 involving multiple surface owners, attach an additional to the information to the left for each surface owner. Surface or information to the left for each surface owner.
Phone: ()	at listing all of the information to the left for each surface owner. Surface or information can be found in the records of the register of deeds for the
Surface Owner Information: Name: V. Latta	at listing all of the information to the left for each surface owner. Surface or information can be found in the records of the register of deeds for the
Name: V. Latta Address 1: 515 Patterson Address 2:	at listing all of the information to the left for each surface owner. Surface or information can be found in the records of the register of deeds for the
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Address 2:	ity, and in the real estate property tax records of the county treasurer.
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	es, pipelines, and electrical lines. The locations shown on the plat
Select one of the following:	
I certify that, pursuant to the Kansas Surface Owner Notice Act (Hou owner(s) of the land upon which the subject well is or will be located: CP-1 that I am filing in connection with this form; 2) if the form being fill form; and 3) my operator name, address, phone number, fax, and ema	1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ed is a Form C-1 or Form CB-1, the plat(s) required by this
☐ I have not provided this information to the surface owner(s). I acknowled KCC will be required to send this information to the surface owner(s). task, I acknowledge that I am being charged a \$30.00 handling fee, pa	To mitigate the additional cost of the KCC performing this
If choosing the second option, submit payment of the \$30.00 handling fee with form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be	
I hereby certify that the statements made herein are true and correct to the beautiful to the beautiful that the statements made herein are true and correct to the beautiful to the beautiful that the statements made herein are true and correct to the beautiful that the statements made herein are true and correct to the beautiful that the statements made herein are true and correct to the beautiful that the statements made herein are true and correct to the beautiful that the statements made herein are true and correct to the beautiful that the statements made herein are true and correct to the beautiful that the statements made herein are true and correct to the beautiful that the statements made herein are true and correct to the beautiful that the statements made herein are true and correct to the beautiful that the statement of the beautiful that the statement of the statement of the beautiful that the statement of the state	

Form CP-1 March 2010 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 #: 33783		API No. 15 - 15-001	-30109-00-00	
Name: Michael Drilling LLC		If pre 1967, supply origina	al completion date:	
Address 1: 1304 E Street		Spot Description: S	W-SE-SE-SE	<u> </u>
Address 2: PO Box 402		SW_SE_SE_SE_Sec.	4 Twp. 24 S. R. 1	8 East West
City: IOLA State: KS	Zip: 66749 + 3002	455	at from North / 🗸	
Contact Person: Rick Michael			et from 🗹 East /	
Phone: (620) 496-7795		Footages Calculated from	n Nearest Outside Section	on Corner:
		County: Allen	W	:
		Lease Name: V.Latta	Well #	R-2
Check One: 📝 Oil Well Gas Well OG	D&A Cathod	lic Water Supply Well	Other:	
SWD Permit #:	ENHR Permit #:	Gas S	Storage Permit #:	
Conductor Casing Size:				
Surface Casing Size: 8.625	Set at: 22'	Cemented with:	_6	Sacks
Production Casing Size:	Set at:	Cemented with:		Sacks
List (ALL) Perforations and Bridge Plug Sets:	•			
		•		
Elevation: 1004 (GLL/ KB) T.D.:	mmarc.	Andrewsking Densities		
	·	Annyarite Depth:	(Stone Corral Formati	ion)
Condition of Well: Good Poor Junk in Hole	Casing Leak at:	(Interval)		
Proposed Method of Plugging (attach a separate page if addition				
10 sacks on bottom, 50 sacks at 500'	Cement 250 to su	rface		
Is Well Log attached to this application? Yes No	Is ACO-1 filed? Yes	✓ No		
If ACO-1 not filed, explain why:				
Dry Hole No production Pipe				
	- A			
Plugging of this Well will be done in accordance with K.S	•		tate Corporation Comm	ission
Company Representative authorized to supervise plugging of Address: 1304 E. ST	City		ate: KS Zip: 667	<u>'49 + 3002</u>
Phone: (620) 496-7795	City	Sta	ate: 100 Zip: 007	+0002
Plugging Contractor License #: 33783		•		
Address 1: 1304 E ST		ne: ress 2: PO Box 402		
•	Add		ate: KS Zip: 667	49 + 3002
Phone: (620) 496-7795		Sta	ale: Zip:	+ <u></u>
Proposed Date of Plugging (if known): 11/24/2010				
Proposed Date of Plugging (If Known);			•••,	· · · · · · · · · · · · · · · · · · ·
				•
Payment of the Plugging Fee (K.A.R. 82-3-118) will be gu	uaranteed by Operator or Agei	nt /) /		•
Payment of the Plugging Fee (K.A.R. 82-3-118) will be gu Date: 11/22/2010 Authorized Operator / Ager	4 / 1 100	nt (Signature)		

Company:	Rick Michael	Date:	10/05/10
Address:	PO Box 402	Lease:	V Latta
•	Iola Kansas 66749	County	Allen
Ordered By	Rick Michael	Well#: API#:	R-2 15-001-30109-00-00

FEET	DESCRIPTION	FEET	DESCRIPTION
0-20	Overburden	714-938	Shale
20-52	Lime	938-942	Sand
52-118	Shale	942-955	Slight Oil Oder
118-162	Lime	955-975	Shale
162-196	Shale	975	TD
196-203	Lime		
203-251	Shale		Surface 20'
251-312	Lime		
312-316	Shale		
316-337	Lime		
337-339	Shale		
339-362	Lime		
362-390	Shale		
390-416	Sand		· ·
416-562	Shale		
562-585	Lime		
585-638	Sand		
638-660	Lime		
660-668	Shale		
668-672	Lime		
672-684	Black Shale		
684-704	Sandy Lime		
704-709	Shale		
709-714	Lime		

Form KSONA-1 July 2010 Form Must Be Typed Form must be Signed All blanks must be Filled

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

UPERATUR: LICENSE #	Well Location:		
OPERATOR: License #	SW_SE_SE_SE Sec.4 Twp. 24 S. R. 18 🜠 East 🗆 West		
Address 1: 1304 E Street			
Address 2: PO Box 402	Lease Name: V.Latta Well #: R-2		
City: IOLA State: KS Zip: 66749 + 3002			
Contact Person:	the lease below:		
Phone: () Fax: ()			
Email Address:			
Surface Owner Information:			
Name: V. Latta	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 515 Patterson	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		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: IOLA State: KS Zip: 66749 +			
	nk 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.		
I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). I	acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this		
I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling.	located: 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. acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ag fee, payable to the KCC, which is enclosed with this form.		
 I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, ☐ I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling. If choosing the second option, submit payment of the \$30.00 handling. 	located: 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. acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ag fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 will be returned.		

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WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

OPERATOR: License #: 33783		. API No. 15 - 15-0	01-30109	}-00-00		
Name: Michael Drilling LLC		If pre 1967, supply original			<u> </u>	
Address 1: 1304 E Street		Spot Description:				
Address 2: PO Box 402		SW_SE_SE_SE Se	-	_		
City: IOLA State: KS	Zip: 66749 + 3002	Feet from North / ✓ South Line of Section				
Contact Person: Rick Michael		- <u>495</u> 1	eet from	Bast / West	Line of Section	
Phone: (620) 496-7795		Footages Calculated f			ner:	
/ / / / / / / / / / / / / / / / / / / /		County: Allen] 1444 [SE SW		
		Lease Name: V.La	tta	Well #: R-	2	
Check One: ✓ Oil Well Gas Well OG	D&A Catho	dic Water Supply Well	Oth	er:		
SWD Permit#:	ENHR Permit #:	Ga	s Storage P	emit #:	<u> </u>	
Conductor Casing Size:						
Surface Casing Size: 8.625	Set at:	Cemented w	th: 6		Sacks	
Production Casing Size:	Set at:	Cemented w	th:		Sacks	
List (ALL) Perforations and Bridge Plug Sets:						
Elevation: 1004 (G.L./ G.E.) T.D.:	PBTD:	Anhydrite Depth:			•	
Condition of Well: ▼ Good Poor Junk in Hole			(Sto	ne Corral Formation)		
Proposed Method of Plugging (attach a separate page if addition		(Interval)				
10 sacks on bottom, 50 sacks at 500'		ırface				
To busine of bought, ob busine at obt						
Is Well Log attached to this application? Yes No	I- 400 4 61-40	- [/] No				
	IS ACO-1 filed? Ye	s M No				
If ACO-1 not filed, explain why: Dry Hole No production Pipe						
Dry Field No production in the						
Plugging of this Well will be done in accordance with K.S	S.A. 55-101 <u>et</u> , <u>seq</u> . and the R	ules and Regulations of the	State Corpo	ration Commission	ì	
Company Representative authorized to supervise plugging o	perations: Michael Drill	ing .				
Address: 1304 E. ST	Cit	_{y:} <u>IOLA</u>	State: KS	_ _{Zip:} <u>66749</u>	+ <u>3002</u>	
Phone: (620) 496-7795						
Plugging Contractor License #: 33783	Na	ime:				
Address 1: 1304 E ST	Add	dress 2: PO Box 402		1-418		
City: _IOLA			State: KS	_ _{Zip:} 66749	+_3002	
Phone: (620_) 496-7795						
Proposed Date of Plugging (if known): 11/24/2010						
Payment of the Plugging Fee (K.A.R. 82-3-118) will be gu		ent DD				
Date: 11/22/2010 Authorized Operator / Agen	nt: Think UYV	introv.	m)		<u></u>	

Company:	Rick Michael	Date:	10/05/10
Address:	PO Box 402	Lease:	V Latta
	Iola Kansas 66749	County	Allen
Ordered By	Rick Michael	Well#:	R-2
•		API#:	15-001-30109-00-00

FEET	DESCRIPTION	FEET	DESCRIPTION
0-20	Overburden	714-938	Shale
20-52	Lime	938-942	Sand
52-118	Shale	942-955	Slight Oil Oder
118-162	Lime	955-975	Shale
162-196	Shale	975	TD
196-203	Lime		
203-251	Shale		Surface 20'
251-312	Lime		
312-316	Shale		
316-337	Lime		
337-339	Shale		
339-362	Lime		
362-390	Shale		
390-416	Sand		
416-562	Shale		
562-585	Lime		
585-638	Sand		
638-660	Lime		
660-668	Shale		
668-672	Lime		
672-684	Black Shale		
684-704	Sandy Lime		
704-709	Shale		
709-714	Lime		

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1
July 2010
Form Must Be Typed
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CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Michael Drilling LLC Address 1: 1304 E Street Address 2: PO Box 402 City: IOLA Contact Person: Phone: () Fax: () Email Address: Surface Owner Information: Name: V. Latta Address 1: 515 Patterson Address 2: City: IOLA State: KS Zip: 66749 + 3002 If filing the literature in the l	Location: ## SE_SE_SE_SE_Sec.4 Twp. 24 S. R. 18 East West ## Well #: R-2 ## Reast West West ## Well #: R-2 ## In the filing a Form T-1 involving multiple surface owners, attach an additional at listing all of the information to the left for each surface owner. Surface or information can be found in the records of the register of deeds for the tay, and in the real estate property tax records of the county treasurer.
Address 1:	Allen e Name: V.Latta
Address 2: PO Box 402 City: IOLA State: KS Zip: 66749 + 3002 If filing the like Incomparison: Phone: () Fax: () Email Address: When the Incompation: Name: V. Latta When the Incompation: Address 1: 515 Patterson Sheet owner count to the KC Latte With a plat showing the predicted locations of lease roads, tank batteria are preliminary non-binding estimates. The locations may be entered on the Formation of the Incompatible of the KC and the Incompatible of the Incompatible of the Incompatible of Incompatible	e Name: V.Latta Well #: R-2 Ing a Form T-1 for multiple wells on a lease, enter the legal description of ease below: In filing a Form T-1 involving multiple surface owners, attach an additional at listing all of the information to the left for each surface owner. Surface or information can be found in the records of the register of deeds for the
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Phone: ()	at listing all of the information to the left for each surface owner. Surface or information can be found in the records of the register of deeds for the
Surface Owner Information: Name: V. Latta	at listing all of the information to the left for each surface owner. Surface or information can be found in the records of the register of deeds for the
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MUST be submitted with this form.

OPERATOR: License #: 33783		API No. 15 - 15-001	-30109-00-00	
Name: Michael Drilling LLC		If pre 1967, supply origina	al completion date:	
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Address 2: PO Box 402		SW_SE_SE_SE_Sec.	4 Twp. 24 S. R. 1	8 East West
City: IOLA State: KS	Zip: 66749 + 3002	455	at from North / 🗸	
Contact Person: Rick Michael			et from 🗹 East /	
Phone: (620) 496-7795		Footages Calculated from	n Nearest Outside Section	on Corner:
		County: Allen	W	:
		Lease Name: V.Latta	Well #	R-2
Check One: 📝 Oil Well Gas Well OG	D&A Cathod	lic Water Supply Well	Other:	
SWD Permit #:	ENHR Permit #:	Gas S	Storage Permit #:	
Conductor Casing Size:				
Surface Casing Size: 8.625	Set at: 22'	Cemented with:	_6	Sacks
Production Casing Size:	Set at:	Cemented with:		Sacks
List (ALL) Perforations and Bridge Plug Sets:	•			
		•		
Elevation: 1004 (GLL/ KB) T.D.:	mmarc.	Andrewsking Densities		
	·	Annyarite Depth:	(Stone Corral Formati	ion)
Condition of Well: Good Poor Junk in Hole	Casing Leak at:	(Interval)		
Proposed Method of Plugging (attach a separate page if addition				
10 sacks on bottom, 50 sacks at 500'	Cement 250 to su	rface		
Is Well Log attached to this application? Yes No	Is ACO-1 filed? Yes	✓ No		
If ACO-1 not filed, explain why:				
Dry Hole No production Pipe				
	- A			
Plugging of this Well will be done in accordance with K.S	•		tate Corporation Comm	ission
Company Representative authorized to supervise plugging of Address: 1304 E. ST	City		ate: KS Zip: 667	<u>'49 + 3002</u>
Phone: (620) 496-7795	City	Sta	ate: 100 Zip: 007	+0002
Plugging Contractor License #: 33783		•		
Address 1: 1304 E ST		ne: ress 2: PO Box 402		
•	Add		ate: KS Zip: 667	49 + 3002
Phone: (620) 496-7795		Sta	ale: Zip:	+ <u></u>
Proposed Date of Plugging (if known): 11/24/2010				
Proposed Date of Plugging (If Known);			•••,	· · · · · · · · · · · · · · · · · · ·
				•
Payment of the Plugging Fee (K.A.R. 82-3-118) will be gu	uaranteed by Operator or Agei	nt /) /		•
Payment of the Plugging Fee (K.A.R. 82-3-118) will be gu Date: 11/22/2010 Authorized Operator / Ager	4 / 1 100	nt (Signature)		

Company:	Rick Michael	Date:	10/05/10
Address:	PO Box 402	Lease:	V Latta
•	Iola Kansas 66749	County	Allen
Ordered By	Rick Michael	Well#: API#:	R-2 15-001-30109-00-00

FEET	DESCRIPTION	FEET	DESCRIPTION
0-20	Overburden	714-938	Shale
20-52	Lime	938-942	Sand
52-118	Shale	942-955	Slight Oil Oder
118-162	Lime	955-975	Shale
162-196	Shale	975	TD
196-203	Lime		
203-251	Shale		Surface 20'
251-312	Lime		
312-316	Shale		
316-337	Lime		
337-339	Shale		
339-362	Lime		
362-390	Shale		
390-416	Sand		· ·
416-562	Shale		
562-585	Lime		
585-638	Sand		
638-660	Lime		
660-668	Shale		
668-672	Lime		
672-684	Black Shale		
684-704	Sandy Lime		
704-709	Shale		
709-714	Lime		

Form KSONA-1 July 2010 Form Must Be Typed Form must be Signed All blanks must be Filled

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

OPERATOR: License #	Well Location:
OPERATOR: License #	SW_SE_SE_SE Sec.4 Twp. 24 S. R. 18 🜠 East 🗆 West
Address 1: 1304 E Street	
Address 2: PO Box 402	County: Allen Lease Name: V.Latta Well #: R-2
City: IOLA State: KS Zip: 66749 + 3002	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person:	the lease below:
Phone: () Fax: ()	
Email Address:	
Surface Owner Information:	
Name: V. Latta	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1: 515 Patterson	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
Address 2:	county, and in the real estate property tax records of the county treasurer.
City: IOLA State: KS Zip: 66749 +	
the KCC with a plat showing the predicted locations of lease roads, tal	nk hottoriae, ninalinae, and alactrical linae. 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.
are preliminary non-binding estimates. The locations may be entered Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, ☐ I have not provided this information to the surface owner(s). I	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form a being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this
are preliminary non-binding estimates. The locations may be entered Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling.	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form a being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ag fee, payable to the KCC, which is enclosed with this form.
are preliminary non-binding estimates. The locations may be entered Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling. If choosing the second option, submit payment of the \$30.00 handling.	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form a being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ag fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 will be returned.

Form CP-1 March 2010 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 #: 33783		API No. 15 - 15-00°	1-30109	} -00-(00		
Name: Michael Drilling LLC		If pre 1967, supply origin	-			<u>·</u>	
Address 1: 1304 E Street		Spot Description: S					
Address 2: PO Box 402	SW_SE_SE_SE Sec.			_			
City: IOLA State: KS Zip: 66749 + 3002		165 Feet from North / South Line of Section					
Contact Person: Rick Michael						Line of Section	
Phone: (620) 496-7795		Footages Calculated from	n Nearest NW	_	_	er:	
7		County: Allen	· · ·	<u>ال</u>] 344		
		Lease Name: V.Latta	1		Well #: R-2	2	
Check One: ✓ Oil Well Gas Well OG	D&A Catho	dic Water Supply Well	Oth	er:			
SWD Permit#:		Gas :	Storage F	Permit #:			
Conductor Casing Size:	Set at:	Cemented with:				Sacks	
Surface Casing Size: 8.625							
Production Casing Size:	Set at:	Cemented with				Sacks	
List (ALL) Perforations and Bridge Plug Sets:			•				
Proposed Method of Plugging (attach a separate page if addition 10 sacks on bottom, 50 sacks at 500' Is Well Log attached to this application? Yes No If ACO-1 not filed, explain why: Dry Hole No production Pipe	Cement 250 to su						
by Hole No production Pipe							
Plugging of this Well will be done in accordance with K.S	S.A. 55-101 <u>et. seq</u> . and the R	ules and Regulations of the S	tate Corpo	ration (Commission		
Company Representative authorized to supervise plugging o	perations: Michael Drill	ing					
Address: 1304 E. ST	City	y: IOLA St	ate: KS	Zip: -	66749	_ + 3002	
Phone: (620) 496-7795							
Plugging Contractor License #: 33783				•	•		
Address 1: 1304 E ST	Add	dress 2: PO Box 402					
City: _IOLA		St	_{ate:} <u>KS</u>	Zip: .	66749	+ _3002	
Phone: (620_) 496-7795							
Proposed Date of Plugging (if known): 11/24/2010							
Payment of the Plugging Fee (K.A.R. 82-3-118) will be gu Date: 11/22/2010 Authorized Operator / Agen		ent lu la					

Company:	Rick Michael	Date:	10/05/10
Address:	PO Box 402	Lease:	V Latta
	Iola Kansas 66749	County	Allen
Ordered By	Rick Michael	Well#:	R-2
•		API#:	15-001-30109-00-00

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312-316	Shale		
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337-339	Shale		
339-362	Lime		
362-390	Shale		
390-416	Sand		
416-562	Shale		
562-585	Lime		
585-638	Sand		
638-660	Lime		
660-668	Shale		
668-672	Lime		
672-684	Black Shale		
684-704	Sandy Lime		
704-709	Shale		
709-714	Lime		



November 22, 2010

Rick Micheal Michael Drilling LLC 1304 E ST PO BOX 402 IOLA, KS 66749-3002

Re: Plugging Application API 15-001-30109-00-00 V . Latta R-2 SE/4 Sec.04-24S-18E Allen County, Kansas

Dear Rick Micheal:

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 May 21, 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 3

(620) 432-2300