



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

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**

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 # 33783
Name: Michael Drilling LLC
Address 1: 1304 E Street
Address 2: PO Box 402
City: IOLA State: KS Zip: 66749 + 3002
Contact Person: _____
Phone: (____) _____ Fax: (____) _____
Email Address: _____

Well Location:
SW SE SE SE Sec. 4 Twp. 24 S. R. 18 East West
County: Allen
Lease Name: V.Latta Well #: R-2

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

Surface Owner Information:

Name: V. Latta
Address 1: 515 Patterson
Address 2: _____
City: IOLA State: KS Zip: 66749 + _____

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.

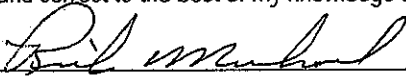
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Select one of the following:

- 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 hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 11/22/2010 Signature of Operator or Agent:  Title: Owner

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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
Name: Michael Drilling LLC
Address 1: 1304 E Street
Address 2: PO Box 402
City: IOLA State: KS Zip: 66749 + 3002
Contact Person: Rick Michael
Phone: (620) 496-7795

API No. 15- 15-001-30109-00-00
If pre 1967, supply original completion date: _____
Spot Description: SW-SE-SE-SE
SW SE SE SE Sec. 4 Twp. 24 S. R. 18 East West
165 Feet from North / South Line of Section
495 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: V.Latta Well #: R-2

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

10 sacks on bottom, 50 sacks at 500' Cement 250 to surface

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

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: Michael Drilling
Address: 1304 E. ST City: IOLA State: KS Zip: 66749 + 3002
Phone: (620) 496-7795

Plugging Contractor License #: 33783 Name: _____
Address 1: 1304 E ST Address 2: PO Box 402
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 guaranteed by Operator or Agent
Date: 11/22/2010 Authorized Operator / Agent: Rick Michael
(Signature)

Michael Drilling, LLC
P.O. Box 402
Iola, KS 66749
620-365-2755

100510

Company: Rick Michael
 Address: PO Box 402
Iola Kansas 66749
 Ordered By: Rick Michael

Date: 10/05/10
 Lease: V Latta
 County: Allen
 Well#: R-2
 API#: 15-001-30109-00-00

Drilling Log

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
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**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

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

OPERATOR: License # 33783
Name: Michael Drilling LLC
Address 1: 1304 E Street
Address 2: PO Box 402
City: IOLA State: KS Zip: 66749 + 3002
Contact Person: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____

Well Location:
SW SE SE SE Sec. 4 Twp. 24 S. R. 18 East West
County: Allen
Lease Name: V. Latta Well #: R-2

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

Surface Owner Information:

Name: V. Latta
Address 1: 515 Patterson
Address 2: _____
City: IOLA State: KS Zip: 66749 + _____

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.

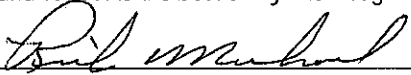
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary 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.

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I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 11/22/2010 Signature of Operator or Agent:  Title: Owner

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2010
This Form must be Typed
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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
Name: Michael Drilling LLC
Address 1: 1304 E Street
Address 2: PO Box 402
City: IOLA State: KS Zip: 66749 + 3002
Contact Person: Rick Michael
Phone: (620) 496-7795

API No. 15 - 15-001-30109-00-00
If pre 1967, supply original completion date: _____
Spot Description: SW-SE-SE-SE
SW SE SE SE Sec. 4 Twp. 24 S. R. 18 East West
165 Feet from North / South Line of Section
495 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: V.Latta Well #: R-2

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: 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 (G.L. / K.B.) T.D.: _____ PBDT: _____ 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):
10 sacks on bottom, 50 sacks at 500' Cement 250 to surface

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

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: Michael Drilling
Address: 1304 E. ST City: IOLA State: KS Zip: 66749 + 3002
Phone: (620) 496-7795
Plugging Contractor License #: 33783 Name: _____
Address 1: 1304 E ST Address 2: PO Box 402
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 guaranteed by Operator or Agent
Date: 11/22/2010 Authorized Operator / Agent: Rick Michael
(Signature)

Michael Drilling, LLC
P.O. Box 402
Iola, KS 66749
620-365-2755

100510

Company: Rick Michael
 Address: PO Box 402
Iola Kansas 66749
 Ordered By: Rick Michael

Date: 10/05/10
 Lease: V Latta
 County: Allen
 Well#: R-2
 API#: 15-001-30109-00-00

Drilling Log

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
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**CERTIFICATION OF COMPLIANCE WITH THE
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Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 33783
Name: Michael Drilling LLC
Address 1: 1304 E Street
Address 2: PO Box 402
City: IOLA State: KS Zip: 66749 + 3002
Contact Person: _____
Phone: (____) _____ Fax: (____) _____
Email Address: _____

Well Location:
SW SE SE SE Sec. 4 Twp. 24 S. R. 18 East West
County: Allen
Lease Name: V.Latta Well #: R-2

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

Surface Owner Information:

Name: V. Latta
Address 1: 515 Patterson
Address 2: _____
City: IOLA State: KS Zip: 66749 + _____

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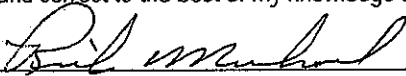
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I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 11/22/2010 Signature of Operator or Agent:  Title: Owner

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2010
This Form must be Typed
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WELL PLUGGING APPLICATION

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MUST be submitted with this form.

OPERATOR: License #: 33783
Name: Michael Drilling LLC
Address 1: 1304 E Street
Address 2: PO Box 402
City: IOLA State: KS Zip: 66749 + 3002
Contact Person: Rick Michael
Phone: (620) 496-7795

API No. 15- 15-001-30109-00-00
If pre 1967, supply original completion date: _____
Spot Description: SW-SE-SE-SE
SW SE SE SE Sec. 4 Twp. 24 S. R. 18 East West
165 Feet from North / South Line of Section
495 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: V.Latta Well #: R-2

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
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Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8.625 Set at: 22' Cemented with: 6 Sacks
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List (ALL) Perforations and Bridge Plug Sets:

Elevation: 1004 (G.L. / K.B.) T.D.: _____ PBDT: _____ 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):
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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

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: Michael Drilling
Address: 1304 E. ST City: IOLA State: KS Zip: 66749 + 3002
Phone: (620) 496-7795

Plugging Contractor License #: 33783 Name: _____
Address 1: 1304 E ST Address 2: PO Box 402
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 guaranteed by Operator or Agent
Date: 11/22/2010 Authorized Operator / Agent: Rick Michael
(Signature)

Michael Drilling, LLC
P.O. Box 402
Iola, KS 66749
620-365-2755

100510

Company: Rick Michael
 Address: PO Box 402
Iola Kansas 66749
 Ordered By: Rick Michael

Date: 10/05/10
 Lease: V Latta
 County: Allen
 Well#: R-2
 API#: 15-001-30109-00-00

Drilling Log

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

OPERATOR: License # 33783
Name: Michael Drilling LLC
Address 1: 1304 E Street
Address 2: PO Box 402
City: IOLA State: KS Zip: 66749 + 3002
Contact Person: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____

Well Location:
SW SE SE SE Sec. 4 Twp. 24 S. R. 18 East West
County: Allen
Lease Name: V. Latta Well #: R-2

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

Surface Owner Information:

Name: V. Latta
Address 1: 515 Patterson
Address 2: _____
City: IOLA State: KS Zip: 66749 + _____

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.

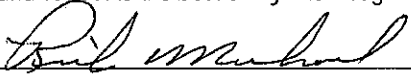
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary 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 hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 11/22/2010 Signature of Operator or Agent:  Title: Owner

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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
Name: Michael Drilling LLC
Address 1: 1304 E Street
Address 2: PO Box 402
City: IOLA State: KS Zip: 66749 + 3002
Contact Person: Rick Michael
Phone: (620) 496-7795

API No. 15 - 15-001-30109-00-00
If pre 1967, supply original completion date: _____
Spot Description: SW-SE-SE-SE
SW SE SE SE Sec. 4 Twp. 24 S. R. 18 East West
165 Feet from North / South Line of Section
495 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: V.Latta Well #: R-2

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: 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 (G.L. / K.B.) T.D.: _____ PBDT: _____ 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):
10 sacks on bottom, 50 sacks at 500' Cement 250 to surface

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

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: Michael Drilling
Address: 1304 E. ST City: IOLA State: KS Zip: 66749 + 3002
Phone: (620) 496-7795
Plugging Contractor License #: 33783 Name: _____
Address 1: 1304 E ST Address 2: PO Box 402
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 guaranteed by Operator or Agent
Date: 11/22/2010 Authorized Operator / Agent: Rick Michael (Signature)

Michael Drilling, LLC
P.O. Box 402
Iola, KS 66749
620-365-2755

100510

Company: Rick Michael
 Address: PO Box 402
Iola Kansas 66749
 Ordered By: Rick Michael

Date: 10/05/10
 Lease: V Latta
 County: Allen
 Well#: R-2
 API#: 15-001-30109-00-00

Drilling Log

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		



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

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