



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

STATE CORPORATION COMMISSION OF KANSAS OIL & GAS CONSERVATION DIVISION WELL COMPLETION OR RECOMPLETION FORM ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: license # 5420 name White & Ellis Drilling, Inc. address 401 E. Douglas #500 City/State/Zip Wichita, KS 67202 Operator Contact Person Michael Considine Phone 316-263-1102 Contractor: license # 5420 name White & Ellis Drilling, Inc.

Wellsite Geologist Ken Wiese Phone 316-263-6853 PURCHASER Inland Designate Type of Completion X New Well Re-Entry Workover

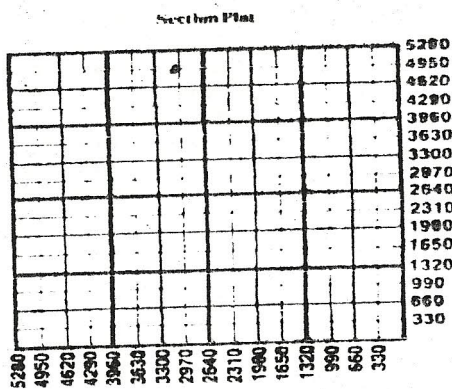
SWD Temp Abd Inj Delayed Comp Other (Core, Water Supply etc.) Gas Dry

if OWWO: old well info as follows: Operator Well Name Comp. Date Old Total Depth

WELL HISTORY

Drilling Method: Mud Rotary Air Rotary Cable Date Date Reached TD Completion Date Total Depth PSTD Amount of Surface Pipe Set and Cemented at 300/307 feet Multiple Stage Cementing Collar Used? Yes No If Yes, Show Depth Set feet If alternate 2 completion, cement circulated from feet depth to w/ SX cmt 2114 to surface w/400 sx TD to 3630 w/175 sx

API NO. 15-063-21,161 County Gove 10'W NE NE NW Sec. 25 Twp. 14 Rge. 30 4950 Ft North from Southeast Corner of Sect 2980 Ft West from Southeast Corner of Sect (Note: locate well in section plat below) Lease Name Groom Well# 1 Field Name Producing Formation Myrick Station, Pawnee Elevation: Ground 2667 KB 2672



WATER SUPPLY INFORMATION

Source of Water: Division of Water Resources Permit # Groundwater Surface Water Other (explain) Disposition of Produced Water: Disposed Repressuring Docket #

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rules 82-3-130 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-1 for confidentiality in excess of 12 months. One copy of all wireline logs and drillers time log shall be attached with this form. Submit CP-4 form with all plugged wells. Submit CP-111 form w all temporarily abandoned wells.

All requirements of the statutes, rules, and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statement herein are complete and correct to the best of my knowledge.

Signature Michael L. Considine Title Controller Date 1/26/88 Subscribed and sworn to before me this 28th day of January 19 88

K.C.C. OFFICE USE ONLY F Letter of Confidentiality Attached C Wireline Log Received C Drillers Timing Received Distribution KCC SWD/Rep MOPA KGS Plug Other (Specify)

CAROLYN J. TJADEN NOTARY PUBLIC STATE OF KANSAS My Appl. Exp. Sept. 5, 1988

WELL LOG

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem test giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

DST #1: 3794-3820 (L/KC "D" Zone, 30-30-30-30
 Rec. 10' DM w/spts oil. IFP 35#-35#, FFP 35#-35#
 ISIP 894# FSIP 836#

DST #2: 3912-3950 (L/KC "I" Zone, 30-30-30-30
 Rec. 10' DM w/few spks oil. ISIP 870#, FSIP 824#
 IFP 35#-35#, FFP 35#-35#

DST #3: 3914-3970 (L/KC "J" Zone, 30-30-30-30
 Rec. 5' DM, ISIP 940#, FSIP 859#, IFP 58#-58#
 FFP 58#-58#

DST #4: 4159-4190 (Pawnee, 30-60-30-60
 Rec. 1040' G & 460' Total Fl- 30'OCM, 60' MCO
 & 370' sli MCGsyO (40") IFP 70-128#, FFP 151-
 163#, ISIP 917#, FSIP 836#

DST #5: 4278-4318 (John. Zone, 30-30-30-30
 Rec. 20' OCM (15% O), IFP 46-46#, ISIP 847#
 FFP 46-58#, FSIP 210#

DST #6: 4380-4400 (Mississippi, 30-30-30-30
 Rec. 540' W w/show O, IFP 58-210#, ISIP 1123#
 FFP 221-268#, FSIP 1100#

Name	Formation Description		Top	Bottom
	<input checked="" type="checkbox"/> Log	<input type="checkbox"/> Sample		
Anhy	2086	+	586	
B/An	2115	+	557	
Hb	3689	-	1017	
L	3726	-	1054	
Strk	3974	-	1302	
HshP	4009	-	1337	
B/KC	4045	-	1373	
Pwne	4166	-	1494	
FtSc	4229	-	1557	
ChSh	4255	-	1583	
JnZn	4303	-	1631	
Miss	4338	-	1666	
Dolo	4391	-	1719	
RTD	4450			
LTD	4452			

CASING RECORD <input type="checkbox"/> new <input type="checkbox"/> used							
Report all strings set - conductor, surface, intermediate, production, etc.							
Purpose of string	size hole drilled	size casing set (in O.D.)	weight lbs/ft.	setting depth	type of cement	# sacks used	type and percent additives
Surface Casing Production		8 5/8 4 1/2	10 1/2	307' 4447'	60/40 Poz 60/40 Poz	175 175	2%gel 3%CC 1%NaCl 75%CFR2 2.5%gal
PERFORATION RECORD				Acid, Fracture, Shot, Cement Spacers Record			
shots per foot				specify footage of each interval perforated			
4	4312-4316	<i>Johnson</i>		500 gal. 15% MCA - 1000 gal. 15% NE		Depth	
3	4205-4208	<i>Pawnee</i>		250 gal. 15% MCA - 1000 gal. 15% NE			
3	4165-4168			250 gal. 15% MCA - 1250 gal. 15% NE			
TUBING RECORD size 2 3/8 set at 4371.25' packer at 4200							
Date of First Production		Producing method <input type="checkbox"/> flowing <input checked="" type="checkbox"/> pumping <input type="checkbox"/> gas lift <input type="checkbox"/> Other (explain)					
Jan. 2/ 87		Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Estimated Production Per 24 Hours		Oil	Gas	Water	Gas-Oil Ratio	Gravity	
15		Bbls	none	1	Bbls	36 @ 60° F	
METHOD OF COMPLETION				PRODUCTION INTERVAL			
<input type="checkbox"/> open hole <input checked="" type="checkbox"/> perforation <input type="checkbox"/> other (specify)				Pawnee - Myrick St.			
Disposition of gas: <input type="checkbox"/> vented <input type="checkbox"/> sold <input type="checkbox"/> used on lease				4165-4168/4205-4208			
				<input type="checkbox"/> Dually Completed. <input checked="" type="checkbox"/> Commingled			

KCC Form KSONA-1

Surface Owner Information

Groom #1

Cont'd

Leon Groom

502 N. Nelson

Bennington, KS 67422

Daryl Groom

502 N. Nelson

Bennington, KS 67422