

Kansas Corporation Commission Oil & Gas Conservation Division

1099781

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. 15				
Name:		If pre 1967,	If pre 1967, supply original completion date:			
Address 1:		Spot Descr	iption:			
Address 2: State: Zip: +						
Contact Person:			Feet from	East /	West Line of Section	
Phone: ()		Footages C	alculated from Neares	st Outside Section	n Corner:	
, , , , , , , , , , , , , , , , , , ,		County	INE INV			
Check One: Oil Well Gas Well OG	D&A Ca	athodic Water S	Supply Well O	ther:		
SWD Permit #:	ENHR Permit #: _		Gas Storage	Permit #:		
Conductor Casing Size:	Set at:	Ce	emented with:		Sacks	
Surface Casing Size:	Set at:	Ce	emented with:		Sacks	
Production Casing Size:	_ Set at:	Ce	emented 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 additional additional actions of the separate page if additional acti	Casing Leak at:ional space is needed):			Stone Corral Formation	n)	
Plugging of this Well will be done in accordance with K.S. Company Representative authorized to supervise plugging of						
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



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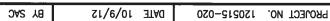
Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

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 #	Well Location:			
	County:			
Address 1:	Lease Name: Well #:			
Address 2: City: State: Zip:+	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Contact Person:				
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 owner information can be found in the records of the register of deeds for the			
Address 1:				
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, tan 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 I 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, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface or	Act (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form CB-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 wner(s). To mitigate the additional cost of the KCC performing this gree, payable to the KCC, which is enclosed with this form.			
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 will be returned.			
Submitted Electronically				
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11250 CORPORATE AVENUE, LENEXA, KANSAS 66219 PHONE: 913-888-7860 FAX: 913-888-7868 SHAFER, KLINE & WARREN, INC

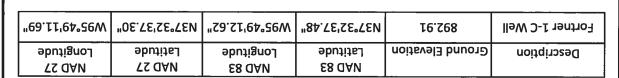
http://www.skw-inc.com

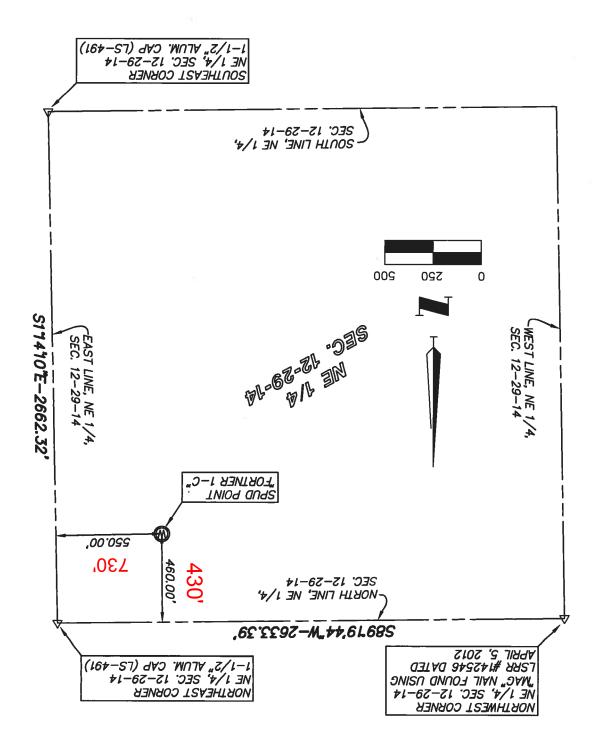


MITZON CONNIL HOLDINGS, LLC PREPARED FOR:

Coordinate System, Kansas South Zone, NAD83 The bearings shown hereon are based on the State Plane

CENERAL NOTES:





MITSON CONNLK' KYNSYS 26c 12, T 29 S, R 14 E FORTNER 1-C WELL