



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.

Submitted Electronically

Form	CP1 - Well Plugging Application
Operator	Blue Diamond Holdings, LLC
Well Name	MOSHER 17
Doc ID	1123820

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
664	672	Squirrel	

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1
March 2010
Form must be Typed
Form must be Signed
All blanks must be Filled

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION OR SURFACE PIT PERMIT

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

Check Applicable Boxes:

- Oil Lease: No. of Oil Wells 17 **
 Gas Lease: No. of Gas Wells _____ **
 Gas Gathering System: _____
 Saltwater Disposal Well - Permit No.: _____
Spot Location: _____ feet from N / S Line
_____ feet from E / W Line
 Enhanced Recovery Project Permit No.: E-25207
Entire Project: Yes No
Number of Injection Wells 3 **

Field Name: Paola - Rantoul

**** Side Two Must Be Completed.**

Effective Date of Transfer: 3/1/2013

KS Dept of Revenue Lease No.: 117053

Lease Name: Mosher

_____ - _____ - _____ NW Sec. 1 Twp. 16S R. 21 E W

Legal Description of Lease: The NW/4 of Section 1-16S-21E

County: Miami

Production Zone(s): Squirrel

Injection Zone(s): Squirrel

Surface Pit Permit No.: _____
(API No. if Drill Pit, WO or Haul)

_____ feet from N / S Line of Section

_____ feet from E / W Line of Section

Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling

Past Operator's License No. 33051

Contact Person: Carl C. Hughes

Past Operator's Name & Address: C. D. Oil, Inc
3236 Virginia Road, Wellsville, KS 66092

Phone: 913-963-9127

Date: 2/28/2013

Title: President

Signature: Carl C. Hughes

New Operator's License No. 34348

Contact Person: Douglas G. Evans

New Operator's Name & Address: Blue Diamond Holdings, LLC
PO Box 128
Wellsville, KS 66092

Phone: 785-883-4057

Oil / Gas Purchaser: High Sierra Crude Oil & Marketing

Date: 2/28/2013

Title: Managing Member

Signature: Douglas G. Evans

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # _____ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.

_____ is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: _____ . Recommended action: _____

Date: _____
Authorized Signature

_____ is acknowledged as
the new operator of the above named lease containing the surface pit
permitted by No.: _____ .

Date: _____
Authorized Signature

DISTRICT _____ EPR _____ PRODUCTION _____ UIC _____
Mail to: Past Operator _____ New Operator _____ District _____

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Must Be Filed For All Wells

KDOR Lease No.: 117053

* Lease Name: Mosher

* Location: The NW/4 of Section 1-16S-21E

Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
2	15-121-20094-0000	4540	4950	OIL	PROD
3	15-121-23393-0000	5115	5050	OIL	PROD
4	15-121-23394-0000	4950	5250	OIL	PROD
5	15-121-23418-0000	3960	5215	OIL	PROD
6	15-121-23419-0000	3300	5215	OIL	PROD
8	15-121-23467-0000	3300	4555	OIL	PROD
9	15-121-23468-0000	3960	4555	OIL	PROD
10	15-121-23469-0000	3300	3895	OIL	PROD
11	15-121-23492-0000	3960	3895	OIL	PROD
13	15-121-23494-0000	3960	3235	OIL	PROD
16	15-121-28517-0000	3630	4950	OIL	PROD
18	15-121-28514-0000	3630	3630	OIL	PROD
21	15-121-02146-0000	2970	4225	OIL	PROD
26	15-121-02147-0000	4620	4555	OIL	PROD
27	15-121-02148-0000	4620	3895	OIL	PROD
28	15-121-02149-0000	4620	3225	OIL	PROD
34	15-121-02007-0001	4410	4010	OIL	PROD
		FSL/FNL	FEL/FWL		
1-WS	15-121-26871-0000	3770	5115	WSW	PROD
		FSL/FNL	FEL/FWL		
17	15-121-23548-0001	3630	4010	INJ	ACTIVE
20-A	15-121-23551-0001	2970	4555	INJ	ACTIVE
I-87	15-121-26844-0001	4410	3375	INJ	ACTIVE
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

* When transferring a unit which consists of more than one lease please file a separate side two for each lease. If a lease covers more than one section please indicate which section each well is located.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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**

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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 # 33051
Name: C. D. Oil, Inc.
Address 1: 3236 Virginia Road
Address 2: _____
City: Wellsville State: KS Zip: 66092 + _____
Contact Person: Carl C. Hughes
Phone: (913) 963-9127 Fax: (_____) _____
Email Address: _____

Well Location:
_____-_____-NW Sec. 1 Twp. 16 S. R. 21 East West
County: Miami
Lease Name: Mosher Well #: ALL

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

The NW/4 of Section 1-16S-21E, MIAMI
COUNTY, KS

Surface Owner Information:

Name: Douglas Mosher and Sharon Stone
Address 1: 39087 W. 247th St.
Address 2: _____
City: Wellsville State: KS Zip: 66092 + _____

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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: 2/28/2013 Signature of Operator or Agent: Carl C. Hughes Title: President

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

March 14, 2013

Phil Frick
Blue Diamond Holdings, LLC
4595 K-33 HWY
PO BOX 128
WELLSVILLE, KS 66092

Re: Plugging Application
API 15-121-23548-00-01
MOSHER 17
NW/4 Sec.01-16S-21E
Miami County, Kansas

Dear Phil Frick:

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 September 10, 2013. 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