



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

HALLIBURTON SERVICES
JOB LOG

WELL NO. #A-1 LEASE Hase/Ahorst TICKET NO. 098481
 CUSTOMER MAI OPR PAGE NO. 1
 JOB TYPE Squeeze cement to surface. DATE 3-18-85

FORM 2013 R-2

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
#1	0600							called out
	0745							on loc w/ 4 1/2 RTHs + RBP
	0815							Dresser Atlas on loc. to port @
	0915							Dresser stuck in hole 1542
	1105							out of hole w/ gun
	1115							start tools in hole on 2 3/8 tbg
						1000#		TRY to circ @ 2000' NO CIR.
								set RBP APPROX 2000' CIR hole closed
	1330							set RBP @ 3260' RTHs @ 3234'
						1500#		test plug. hold
			11.5					spot sand @ 3234'
	1420							start pulling tbg up to 1271'
2	1515					300#		set RTHs @ 1271' PSI on ANN
		1 1/2				600#		take inj. rate
	1530	-				500#		start 500 gal salt flush
	1542					550#		start 400 gal Floc-A-K 21 "well circ of 2000"
	1555	3	122			500#		st mix 450 SKs 50-50 P02 6% gal
								1/8" Flocide 3/4% of 1% CIR-2.
	1637	3	14			450#		st mix 100 SKs 60 40 P02 2% gal
								1/8" Flocide 3% CC
	1700							Fin mix wash up Pump + Line
						200#		st Disp. tbg cap 5 BBLs
						500#		Pump 3 BBLs
								wash up Pump + L.
	1725					500#		3 1/2 BBLs out Loose 100# in 5 min
								Release to TRK come back
	1734					600#		4 BBLs out Loose 100# in 5 min
						600#		4 1/4 BBLs out Loose 100# in 3 min
	1745					600#		4 1/2 BBLs out Loose 100# in 5 min
								Release to TRK come back
						600#	350#	Pump total of 5 1/2 BBLs + shut in.
	1830							Knock Loose + RACK UP
								cmnt Didn't Not circ - Lost CIR.
								through out 4 1/2 in mixed APPROX
								450 SKs cmnt before losing CIR.

CUSTOMER

CUSTOMER MAL OPER
 JOB TYPE Pull Rts + sg.

CASE NO. 2
 DATE 3-19-87

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1342							ONLOC. 3-19-85
	1300							Release + Pull Rts.
	1320							out of hole w/ Rts
	1345							Run temp survey
	1450							start in hole w/ Rts to Dr. cont.
	1500							start to drill cont
	1640					550"	550"	Drilled out PSI on sg. w/ mudbag
2	0745							ONLOC 3-20-85
								water on loc. Perf 450'
	0855							start 4/2 Rts in hole on 2 3/4 tbg.
	0910					500"		set Rts @ 389 PSI on ANN
						500"		take inj rate "None" want break down
	0930							go back to camp For 100 gal 15% MCA Acid.
								Spot Acid over Perfs @ 452'
	1100					500"		set Rts @ 389 PSI on ANN
		2				550"		Break down + take inj rate = 2 Bbl m.u.
		2				500"		start 30 gal salt flush then w/ 2 Bbl F.W. ^{Hand} _{check}
		2				550"		start 25 gal Flochok-21
								St mix 150 sks HCL 1/4" Flochok per sk.
	1125					1000"		w/ 60 sks mixed Form. Locked up
	1143							wash up Pump. TRK
	1151					1100"		PSI back on sg.
	1212							Release to Pump TRK. "DRY"
						500"		PSI on ANN.
	1216	3	10					Rev. out short way 10 BBL
						500"		PSI on ANN.
3	1230					1000"		PSI back on sg.
	1308					450"		Release PSI down to 450" + shut in at well

CUSTOMER

HALLIBURTON SERVICES
JOB LOG

WELL NO. W-1 LEASE HASELHORST TICKET NO. 098481
 CUSTOMER MAI OPERATION PAGE NO. 3
 JOB TYPE SQUEEZE DATE 3-21-85

FORM 1013 R-2

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0900							ON LOC SET UP EQUIP & PLAN JOB DRESSER ATLAS RUNNING LOG & TO PERF RATE PERF @ 317' SWEDGE UP TO WELL PUMP DOWN 4 1/2" CSB GET CIRC TO SURFACE FROM BRACKER HEAD HOOK UP TO P.C. & MANIFOLD
	1140		22					START MIX CMT 100 SKS 60/40 P. 2.2% GEL 3% CC & FLOCCLE
							100	FINISH MIX CMT CMT RETURNS TO SURFACE RELEASE PLUG
			4 1/2					START DISP STOP W/ 3 1/2 BBL CMT
							400	CLOSE ANNULUS & PRESSURE UP RELEASE PRESSURE & DISP PLUG TO 292' BY S.M.L.
							300	CLOSE ANNULUS & PRESSURE UP PRESSURE BLEEDS DOWN TO 128 PSI
	1215						125	CLOSE IN @ MANIFOLD JOB COMPLETE
								NAD FULL RETURNS TO SURFACE CIRC CMT TO SURFACE — APPROX 25 SKS TO PIT —
								<i>Thanks M & crew</i>
			3-23-85					
	1000							ON LOC RIG RUNNING TBC IN 3250' (W/ 22 JTS VIT) HOOK UP & CIRC. WELL W/ OIL
	1115							RELEASE RBP @ 3260' (WELL HOLDING FLOW) & PULL PLUG OUT TO PIT WELL BACK ON PUMP

CUSTOMER

HALLIBURTON SERVICES JOB SUMMARY

HALLIBURTON
DIVISION
HALLIBURTON
LOCATION

Wichita Ks
Hays Ks

BILLED ON
TICKET NO. 098481

WELL DATA

FIELD West Libenthal SEC. 19 TWP. 16 RNG. 19 COUNTY Ellis STATE Ks

FORMATION NAME	TYPE	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING				4 1/2	GL		
LINER							
TUBING				2 3/8	GL		
OPEN HOLE							SHOTS/FT.
PERFORATIONS							
PERFORATIONS							
PERFORATIONS							

INITIAL PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD _____
PRESENT PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD _____
COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____
PACKER TYPE _____ SET AT _____
BOTTOM HOLE TEMP. _____ PRESSURE _____
MISC. DATA _____ TOTAL DEPTH _____

JOB DATA

CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>3-18-85</u>	DATE <u>3-18-85</u>	DATE <u>2-16-85</u>	DATE <u>3-23-85</u>
TIME <u>0600</u>	TIME <u>0945</u>	TIME <u>1110</u>	TIME <u>1330</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
A. WERTH	1006	
A. Gabre	33647	HAYS KS
G. Schmach	PT	
	2592	HAYS KS
P. Cash	0526	HAYS KS
B. Freeman	0520	HAYS KS
Lenny Dirol	2592 PT	HAYS KS
R. Herman		
L. Pirry	3703 BLK.	HAYS KS
M. Childers		
D. DUBERK	3472 PT	HAYS, KS

DEPARTMENT TOOLS + CM
DESCRIPTION OF JOB Run 4 1/2 R115 + R88 + cont to surface

JOB DONE THRU: TUBING CASING ANNULUS TBC./ANN.

CUSTOMER REPRESENTATIVE X Allen Bangeat

HALLIBURTON OPERATOR A WERTH COPIES REQUESTED _____

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER		

MATERIALS

TREAT. FLUID	DENSITY	LB./GAL. API
DISPL. FLUID	DENSITY	LB./GAL. API
PROP. TYPE	SIZE	LB.
PROP. TYPE	SIZE	LB.
ACID TYPE	GAL.	%
ACID TYPE	GAL.	%
ACID TYPE	GAL.	%
SURFACTANT TYPE	GAL.	IN
NE AGENT TYPE	GAL.	IN
FLUID LOSS ADD. TYPE	GAL.-LB.	IN
GELLING AGENT TYPE	GAL.-LB.	IN
FRIC. RED. AGENT TYPE	GAL.-LB.	IN
BREAKER TYPE	GAL.-LB.	IN
BLOCKING AGENT TYPE	GAL.-LB.	
PERFPAC BALLS TYPE	QTY.	

OTHER 500 gal salt flush
OTHER 400 gal Flochok-21

CEMENT DATA

STAGE	NUMBER OF SACKS	TYPE	API CLASS	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	420	50-50	A	Port	B	6% Gel 1% Flocc 3/4% CFR2	1.53	12.30
	100	60-40	A	Port	B	3% Gel 1% Flocc 1/3% CC	1.27	14.38
1-20-85	150	HLC	A	Port	B	1/4% Flocc 1% FRISKI	1.64	14.78
	100	60-40	A	Port	B	1% Flocc 1% FRISKI 3% CC	1.27	14.3

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL.-GAL. _____ TYPE _____
BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. 4.9
SHUT-IN: INSTANT _____ 5-MIN. _____ 15-MIN. _____ CEMENT SLURRY: BBL.-GAL. 174
HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____
ORDERED _____ AVAILABLE _____ USED _____ REMARKS See Job Log + Charts
TREATING _____ DISPL. _____ OVERALL _____
CEMENT LEFT IN PIPE _____
FEET _____ REASON _____

CUSTOMER

CUSTOMER NAME: MAI OPER
LEASE: HASELHURST
WELL NO.: 1
JOB TYPE: TOOL & SERVICES
DATE: 3-18-85



A DIVISION OF HALLIBURTON COMPANY

TICKET

NO. 098481-9

FORM 1906 R9

PAGE 1 OF 2 PAGES

WELL NO. - FARM OR LEASE NAME: A-1 Haselhurst COUNTY: Ellis STATE: Ks CITY/OFFSHORE LOCATION: Ellis 19-16-19W DATE: 5-18-85

CHARGE TO: MAL OPE ADDRESS: Box 33 CITY, STATE, ZIP: Russell Ks 67665

OWNER: SAME CONTRACTOR: 2010K well ser. TICKET TYPE (CHECK ONE): SERVICE SALES YES NO NITROGEN JOB

SHIPPER/VIA: TRUCK FREIGHT CHARGES: PPD COLLECT

DELIVERED TO: W. L. Hordahl ORDER NO.: 3 REFERRAL LOCATION: 3 LOCATION: 1 HAYS KS 50325 LOCATION: 2 LOCATION: 3 CODE: 50325

WELL TYPE: Oil WELL CATEGORY: Oil well WELL PERMIT NO.: 459535

TYPE AND PURPOSE OF JOB: Producing well to space 459538

As consideration, the above-named Customer agrees to pay Halliburton in accord with the rates and terms stated in Halliburton's current price list. Invoices payable NET by the 20th of the following month after date of invoice. Upon Customer's default in payment, the amount of the unpaid account shall be increased by the highest lawful contract rate applicable but never to exceed 15% per annum in the event it becomes necessary to employ an attorney to enforce collection. Customer agrees to pay all collection costs and attorney fees in the amount of 20% of the amount of the unpaid account. These terms and conditions shall be governed by the law of the state where services are performed or equipment or materials are furnished.

Halliburton warrants only title to the products, supplies and materials and that the same are free from defects in workmanship and materials. THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, OR OTHERWISE WHICH EXTEND BEYOND THOSE STATED HEREIN. THE PRECEDING SENTENCE, Halliburton's liability and customer's obligation to pay for such products, supplies and materials in contract, tort, negligence or otherwise arising out of the sale or use of any of the products, supplies and materials is expressly limited to the replace, special, incidental, indirect, punitive or consequential damages.

PRICE REFERENCE	SECONDARY REF OR PART NO.	L O C.	ACCOUNT	DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT
					QTY	MEAS	QTY	MEAS		
110-056				MILEAGE "BU"	3360	FT	5 1/2	mi	700.00	700.00
000-117				RRE	23	mi			48	30
009-124	009-019			Milage 2592	1342	FT			832.00	832.00
158-099				Flood-K-21	400	gal			150	600.00
112-730				OPER. Charge 3-20-85	1	hrs			260.00	260.00
000-113				OPER. Charge 3-20-85	1	hrs			260.00	260.00
009-134	009-019			OPER. Charge 3-20-85	1	hrs			48	50
158-099	201-001			OPER. Charge 3-20-85	250	gal			417.00	417.00
219-075				OPER. Charge 3-20-85	100	gal	15	0%	1.29	129.00
210-002				OPER. Charge 3-20-85	1/2	gal			18.00	9.00
009-134	009-019			PUMP SERVICE 3-21-85	317	FT			18.00	382.14
030-015				SLW PLUGS	1	EA			4 1/2	31.00
112-730				OPER SER CHG 3-23-85	1	IDA				260.00

AS PER ATTACHED BULK MATERIAL DELIVERY TICKET NO. B-459538-459535

TAX REFERENCES

SUB TOTAL

6037 82

WAS JOB SATISFACTORILY COMPLETED? _____

WAS OPERATION OF EQUIPMENT SATISFACTORY? _____

WAS PERFORMANCE OF PERSONNEL SATISFACTORY? _____

X Alfred Barber
CUSTOMER OR HIS AGENT (PLEASE PRINT)

X Alfred Barber
CUSTOMER OR HIS AGENT (SIGNATURE)

Alfred Barber
HALLIBURTON OPERATOR

CUSTOMER

TOTAL

WE CERTIFY THAT THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED HAS BEEN COMPLIED WITH IN THE PRODUCTION OF GOODS AND IN THIS CONTRACT TO SERVICES FURNISHED UNDER

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

May 31, 2013

Allen Bangert
Mai Oil Operations, Inc.
8411 PRESTON RD STE 800
DALLAS, TX 75225-5520

Re: Plugging Application
API 15-165-20939-00-00
HAZELHORST 1
NW/4 Sec.19-16S-19W
Rush County, Kansas

Dear Allen Bangert:

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 November 27, 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 1

(620) 225-8888