



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 must provide the name and address of the surface owner by filling out the top section of this form and 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 # 7465
Name E.B. OIL RESEARCH, INC.
Address 209 S. 4th Street
City/State/Zip NEODESHA, KANSAS 66757

Purchaser N.A.

Operator Contact Person BILL D. BOWEN
Phone 316/325-2681

Contractor: License #
Name CANEY VALLEY DRILLING

Wellsite Geologist
Phone

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp Abd
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)

If OWO: old well info as follows:
Operator
Well Name
Comp. Date Old Total Depth

WELL HISTORY

Drilling Method:
 Mud Rotary Air Rotary Cable
1/16/81 Spud Date NA Date Reached TD 1/18/81 Completion Date
950' Total Depth PBTD

Amount of Surface Pipe Set and Cemented at NA feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set feet
If alternate 2 completion, cement circulated from feet depth to feet depth to SX cmt

API NO. 15-205-21-586
County WILSON
..3.. ..2.. .. Sec 26.. Twp. 30.. Rge. 16.. East West

...495... Ft North from Southeast Corner of Section
...2475... Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

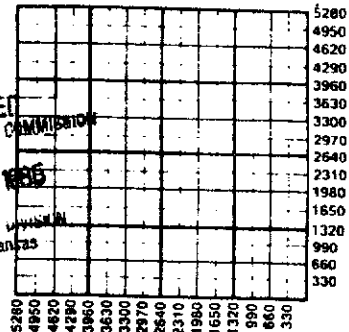
Lease Name DICKENS NORTHEAST Well # 3

Field Name NEODESHA OK

Producing Formation BARTLESVILLE

Elevation: Ground KB

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water: Disposal Repressuring
Docket #

Questions on this portion of the ACO-1 call:
Water Resources Board (913) 296-3717

Source of Water:
Division of Water Resources Permit #

Groundwater.....Ft North from Southeast Corner (Well)Ft West from Southeast Corner of Sec Twp Rge East West

Surface Water.....Ft North from Southeast Corner (Stream, pond etc).....Ft West from Southeast Corner Sec Twp Rge East West

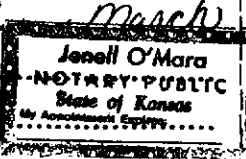
Other (explain).....
(purchased from city, R.W.D. #)

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. Rule 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 82-3-107 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-111 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. STATE CORPORATION COMMISSION

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

Signature BILL D. BOWEN
Title PRESIDENT Date

Subscribed and sworn to before me this 13th day of March 1985
Notary Public Jenell O'Mara
Date Commission Expires JUNE 18, 1985



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

Sec 216 Twp 30 Rge 16 E

Operator Name J. E. B. OIL RESEARCH, INC. Lease Name DICKENS NORTHEAST Well # 3

Sec. 26 Twp. 30 Rge. 16 East West County WILSON

WELL LOG

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests 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 extra 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

Formation Description
 Log Sample

| Name | Top | Bottom |
|-------------|-----|--------|
| Clay | 0 | 9 |
| Shale | 9 | 20 |
| Lime | 20 | 22 |
| Shale | 22 | 59 |
| Lime | 59 | 66 |
| Shale | 66 | 86 |
| Lime | 86 | 148 |
| Shale | 148 | 176 |
| Lime | 176 | 180 |
| Shale | 180 | 197 |
| Lime | 197 | 217 |
| Shale | 217 | 220 |
| Lime | 220 | 234 |
| Shale | 234 | 239 |
| Lime | 239 | 313 |
| Shale | 313 | 335 |
| Lime | 335 | 336 |
| Shale | 336 | 353 |
| Lime | 353 | 423 |
| Shale | 423 | 480 |
| Gandy Shale | 480 | 498 |

CASING RECORD New 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 | Percent Additives |
|-------------------|-------------------|---------------------------|----------------|---------------|----------------------------|-------------|-------------------|
| Surface | 9" | 6-5/8" | | 21' | PORTLAND | 10 | 3% Cal |
| PRODUCTION | 5-1/4" | 2-1/2" | | 850' | CIRCULATED BY CONSOLIDATED | | |

PERFORATION RECORD

| Shots Per Foot | Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) | Depth |
|----------------|---|--|-------|
| 2 | 2 1/8" Glass & Alum. Strip Jets | | |
| | 790 - 788 | | |

TUBING RECORD

| Size | Set At | Packer at | Liner Run |
|------|--------|-----------|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Date of First Production _____ Producing Method Flowing Pumping Gas Lift Other (explain) _____

| Estimated Production Per 24 Hours | Oil Bbls | Gas MCF | Water Bbls | Gas-Oil Ratio | Gravity |
|-----------------------------------|----------|---------|------------|---------------|---------|
| | | | | | |

METHOD OF COMPLETION

Disposition of gas: Vented Open Hole Perforation
 Sold Other (Specify) _____
 Used on Lease Dually Completed _____
 Commingled _____

| | | |
|-------------|-----|-----|
| Lime | 498 | 523 |
| Shale | 523 | 529 |
| Lime | 529 | 557 |
| Shale | 557 | 561 |
| Lime | 561 | 562 |
| Shale | 562 | 610 |
| Lime | 610 | 640 |
| Shale | 640 | 650 |
| Lime | 650 | 662 |
| Shale | 662 | 669 |
| Lime | 669 | 675 |
| Shale | 675 | 687 |
| Lime | 687 | 689 |
| Shale | 689 | 716 |
| Lime | 716 | 719 |
| Shale | 719 | 724 |
| Sand | 724 | 735 |
| Shale | 735 | 756 |
| Sand | 756 | 768 |
| Shale | 768 | 784 |
| Core # 1 | 784 | 796 |
| Core # 2 | 796 | 810 |
| Shale | 810 | 822 |
| Core # 3 | 822 | 842 |
| Sandy Shale | 842 | 875 |
| T.D. | 875 | |

RECEIVED
STATE CORPORATION COMMISSION

APR 09 1985

CONSERVATION DIVISION
MONTGOMERY, ALABAMA

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



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

Jay Scott Emler, Chairman
Shari Feist Albrecht, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

August 12, 2016

SHARON WOHLER
3 B Energy, Inc.
PO BOX 354
NEODESHA, KS 66757-0354

Re: Plugging Application
API 15-205-21586-00-00
DICKENS 3
NE/4 Sec.26-30S-16E
Wilson County, Kansas

Dear SHARON WOHLER:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 3 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 3's phone number is (620) 432-2300. Failure to notify DISTRICT 3, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after February 12, 2017. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The February 12, 2017 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely,
Production Department Supervisor

cc: DISTRICT 3