

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

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 # 9090  
Name: Charter Energy, Inc.  
Address 1: P.O. Box 252  
Address 2: \_\_\_\_\_  
City: Great Bend State: Ks Zip: 67530 + 0252  
Contact Person: Steve Baize  
Phone: (620) 793-9090

API No. 15 - 195-21840-00-00

If pre 1967, supply original completion date: \_\_\_\_\_

Spot Description: \_\_\_\_\_

~~SW~~ SW SW Sec. 21 Twp. 11 S. R. 22  East  West

~~750~~ 750 Feet from  North /  South Line of Section

~~800~~ 800 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE  NW  SE  SW

County: Trego

Lease Name: Shaw Creek Unit Well #: SUPPLY 1 Water Supply Well

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KANSAS CORPORATION COMMISSION

JUL 02 2010

CONSERVATION DIVISION  
WICHITA, KS

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: 8 5/8 Set at: 1638 Cemented with: 600 Sacks

Production Casing Size: \_\_\_\_\_ Set at: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks

List (ALL) Perforations and Bridge Plug Sets:

1102-48

Elevation: 2338 ( G.L. /  K.B.) T.D.: 1638 P.B.T.D.: \_\_\_\_\_ Anhydrite Depth: unknown  
(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):

**Tie onto casing and pump water down hole to determine that perms are open. Upon determination, pump hole full of cement.**

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: Steve Baize

Address: P.O.Box 252 City: Great Bend State: Ks Zip: 67530 + 0252

Phone: (620) 793-9090

Plugging Contractor License #: 31925 Name: Quality Oilwell Cementing

Address 1: PO Box 32 Address 2: \_\_\_\_\_

City: Russell State: Ks Zip: 67665 + 0032

Phone: (785) 483-2025

Proposed Date of Plugging (if known): July - 2010

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 6/30/2010 Authorized Operator / Agent: \_\_\_\_\_  
(Signature)

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

*Handwritten signature/initials*

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**

*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)

RECEIVED  
KANSAS CORPORATION COMMISSION

OPERATOR: License # 9090 **JUL 02 2010** \*SWPE Well Location:  
Name: Charter Energy, Inc. SW SW Sec. 21 Twp. 11 S. R. 22  East  West  
Address 1: P.O. Box 252 CONSERVATION DIVISION WICHITA, KS County: Trego  
Address 2: \_\_\_\_\_ Lease Name: Shaw Creek Unit \* SUPPLY Well # 1 water supply well  
City: Great Bend State: Ks Zip: 67530 + 0252  
Contact Person: Steve Baize  
Phone: (620) 793-9090 Fax: (620) 793-9090  
Email Address: charterenergy@att.net  
*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*

**Surface Owner Information:**

Name: Elmer Schlegel  
Address 1: RR1 Box 27  
Address 2: \_\_\_\_\_  
City: Ogallah State: KS Zip: 67656 + \_\_\_\_\_

*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 hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 6/30/2010 Signature of Operator or Agent: [Signature] Title: President