

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 #: 33192  
Name: Crown Energy Co.  
Address 1: 333 N. Portland Ave.  
Address 2: \_\_\_\_\_  
City: Oklahoma City State: OK Zip: 73107 + \_\_\_\_\_  
Contact Person: Dallas Flowers  
Phone: (316) 323-3869

API No. 15 - 015-00079-0002  
If pre 1967, supply original completion date: \_\_\_\_\_  
Spot Description: NE SW NW  
Sec. 36 Twp. 26 S. R. 5  East  West  
1,650-3835 Feet from  North  South Line of Section  
990-4379 Feet from  East  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Butler  
Lease Name: Peterson Well #: 3A

*Handwritten notes:*  
Per 6/13/06  
KCC

Check One:  Oil Well  Gas Well  OG  D&A  Cathodic  Water Supply Well  Other: \_\_\_\_\_  
 SWD Permit #: D26294.0  ENHR Permit #: E-21823  Gas Storage Permit #: \_\_\_\_\_

Conductor Casing Size: \_\_\_\_\_ Set at: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks  
Surface Casing Size: 8 5/8" Set at: 100' Cemented with: 100 Sacks  
Production Casing Size: 4 1/2" Set at: 2784' Cemented with: 100 Sacks

List (ALL) Perforations and Bridge Plug Sets:

**BP set @ 2250'. Perfs: 2180 to 2200'. Perfs: 240' squeezed 4 1/2" csg w/151 SX outside 4 1/2" csg to surface.**

Elevation: 1324 ( G.L. /  K.B.) T.D.: 2785 PBDT: 2250 Anhydrite Depth: N/A  
(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):

**As required: 2 3/8" fiberglass tbg is parted 400' from surface w/packer @2130'. Tried to fish tbg & packer, circulated, could not fish out.**

Is Well Log attached to this application?  Yes  No Is ACO-1 filed?  Yes  No

If ACO-1 not filed, explain why:

**old well - washed down**

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KCC WICHITA

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: Dallas Flowers

Address: P.O. Box 249 City: El Dorado State: KS Zip: 67042 + \_\_\_\_\_

Phone: (316) 321-0550

Plugging Contractor License #: 32701 Name: C & G Drilling, Inc.

Address 1: 701 E. River St. Address 2: \_\_\_\_\_

City: Eureka State: KS Zip: 67045 + \_\_\_\_\_

Phone: (620) 583-4306

Proposed Date of Plugging (if known): July 12, 2010 or as soon as a rig is available

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

Date: 7-1-2010 Authorized Operator / Agent: *Dallas Flowers*  
(Signature)

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

*Handwritten signature:*  
KCC

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)

OPERATOR: License # 33192  
Name: Crown Energy Co.  
Address 1: 333 N. Portland Ave.  
Address 2: \_\_\_\_\_  
City: Oklahoma City State: OK Zip: 73107 + \_\_\_\_\_  
Contact Person: Dallas Flowers  
Phone: (316) 323-3869 Fax: (\_\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
X NESW NW Sec. 36 Twp. 26 S. R. 5  East  West  
County: Butler  
Lease Name: Peterson Well #: 3A

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

**Surface Owner Information:**

Name: Gary Hamel  
Address 1: 909 N. Maize Rd. #308  
Address 2: \_\_\_\_\_  
City: Wichita State: KS Zip: 67212 + \_\_\_\_\_

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: 7-1-2010 Signature of Operator or Agent: [Signature] Title: Prod. Supt.

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