

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 #: 06883  
Name: Robinowitz Oil Company  
Address 1: 4200 E Skelly Drive, Suite 620  
Address 2: \_\_\_\_\_  
City: Tulsa State: OK Zip: 74135 + 3210  
Contact Person: C. E. Son  
Phone: ( 918 ) 481-7130

API No. 15 - 167-22465-00-00  
If pre 1967, supply original completion date: \_\_\_\_\_  
Spot Description: \_\_\_\_\_  
NE NW SW Sec. 33 Twp. 15 S. R. 11  East  West  
2,310 Feet from \_\_\_\_\_  South Line of Section  
990 4290 Feet from  East  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Russell  
Lease Name: Davidson Well #: 10

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: 387' Cemented with: 300 Sacks  
Production Casing Size: 5 1/2" Set at: 3272' Cemented with: 150 Sacks

List (ALL) Perforations and Bridge Plug Sets:  
L-KC perms 2988'-3002' & 3150'-3154', CIBP @ 3190', Arbuckle perms 3288-90' & 3298-3300', CIPB @ 3306' w/ CalSeal, Arbuckle perms 3313-14' & 3348-50'

Elevation: 1828' ( G.L. /  K.B.) T.D.: 3288' PBTD: 3190' Anhydrite Depth: 687'  
(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):  
Stretch & shoot casing, mud hole, pull casing and spot cement plugs as directed by KCC personnel.

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CONSERVATION DIVISION  
WICHITA, KS

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: Don Degenhardt  
Address: 1885 NE 100 Ave City: Clafin State: KS Zip: 67525 + 9203  
Phone: ( 620 ) 587-3936  
Plugging Contractor License #: 6901 Name: D. S. & W. Well Servicing, Inc.  
Address 1: PO Box 231 Address 2: \_\_\_\_\_  
City: Clafin State: KS Zip: 67525 + 0231  
Phone: ( 620 ) 578-3361

Proposed Date of Plugging (if known): ASAP

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent  
Date: 8/5/2010 Authorized Operator / Agent: \_\_\_\_\_  
(Signature)

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

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 # 06883  
Name: Robinowitz Oil Company  
Address 1: 4200 E Skelly Drive, Suite 620  
Address 2: \_\_\_\_\_  
City: Tulsa State: OK Zip: 74135 + 3210  
Contact Person: C. E. Son  
Phone: (918) 481-7130 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_ NE \_\_\_\_ NW \_\_\_\_ SW Sec. 33 Twp. 15 S. R. 11  East  West  
County: Russell  
Lease Name: Davidson Well #: 10

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

**Surface Owner Information:**

Name: Frank C. Davidson Heirs  
Address 1: c/o Kimberly Walter  
Address 2: 2515 Broadway  
City: Great Bend State: KS Zip: 67530 + \_\_\_\_\_

*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: 8/5/2010 Signature of Operator or Agent:  Title: Operations Manager

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

CONSERVATION DIVISION  
WICHITA, KS



CORPORATION COMMISSION

Mark Parkinson, Governor Thomas E. Wright, Chairman, Joseph F. Harkins, Commissioner, Ward Loyd, Commissioner

## NOTICE OF RECEIPT OF WELL PLUGGING APPLICATION (CP-1)

ROBINOWITZ OIL COMPANY, A GENERAL PARTNERSHI  
4200 E SKELLY DR STE 620  
TULSA, OK 74135-3210

August 19, 2010

Re: DAVIDSON #10  
API 15-167-22465-00-00  
33-15S-11W, 2310 FSL 4290 FEL  
RUSSELL COUNTY, KANSAS

Dear Operator:

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 February 15, 2011. 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.**

District: #4  
2301 E. 13th  
Hays, KS 67601  
(785) 625-0550

Sincerely

Steve Bond  
Production Department Supervisor