KANSAS CORPORATION COMMISSION

#### Kansas Corporation Commission Oil & Gas Conservation Division

Form CP-1 March 2010 s Form must be Typed

This Form must be Typed Form must be Signed All blanks must be Filled

### CONSERVATION DIVISION WICHITA, KS

ERVATION DIVISION
WELL PLUGGING APPLICATION

|  | OPERATOR: License #: 5055  |  | with this form. //9 API No. 15 - 110-20829 - 000 /   | K                      |
|--|--|--|--|------------------------|
| Sopt Description   |  | ••   |  |                        |
| Address 2:    City   Wichita   |  |  |  |                        |
| State   Stat | •  |  | <u>SW</u> . <u>SE_NE</u> <sub>Sec.</sub> <u>30</u> <sub>Twp.</sub> <u>33</u> <sub>S. R.</sub> <u>28</u>  | . ☐ East <b>▼</b> West |
| Poolages Calculated from Nearest Outside Section Corner:   Phone: (316 ) 250-2045  | City: Wichita State: KS  | ·  |  |                        |
| County:   Meade   Lease Name:   Mohier   Well #: 7   | ·  |  |  |                        |
| Lease Name   Mohler   Well #: 7   Check One:   Oil Well   Gas Well   OG   D&A   Cathodic   Water Supply Well   Other:     SWD   Permit #:     PENHR   Permit #:   26993   Gas Storage   Permit #:  | Phone: (316 ) 250-2045   | And the state of t |  |                        |
| Check One:   |  | •  | • • • • • • • • • • • • • • • • • • •  |                        |
| SWD   Permit #:  |  |  | Lease Name: IVIOTHET Well #: /   |                        |
| SWD   Permit #:  | Check One: Oil Well Gas Well O   | G D&A Cath   | odic Water Supply Well Other:  |                        |
| Set at:   65'   Cemented with:   n/a   Sacks   |  | _  |  | •                      |
| Surface Casing Size:   | _  |  |  |                        |
| Production Casing Size:  | <del>-</del>   |  |  |                        |
| List (ALL) Perforations and Bridge Plug Sets:  Perfs: 5,701'-5,706', 5,638'-5,654' (sqz'd w/ 75 sx), 5,602'-5,622'  CIBP: 5,690'. Cement retainer @ 5634'  Elevation: 2374 (   |  |  |  |                        |
| Company Representative authorized to supervise plugging operations:    Dave Pauly   Dave Pauly   |  | <del></del>  |  |                        |
| Company Representative authorized to supervise plugging operations: Dave Pauly  Address: 100 S. Main, Ste 450  Phone: (316) 264-7566  Plugging Contractor License #: Name:  Address 1: Address 2: State: Zip: 4  | Condition of Well: Good Poor Junk in Hold Proposed Method of Plugging (attach a separate page if add 50 sx w/ hulls @ 4950'. Cut & recovers to the supplication? Yes V N   | e Casing Leak at: ditional space is needed): eer casing. 50 sx @ to Is ACO-1 filed?  | (Stone Corral Formation)  (Interval)  1575'. 50 sx @ 600'. 20 sx @ 20'.  |                        |
| Address: 100 S. Main, Ste 450  Phone: ( 316 ) 264-7566  Plugging Contractor License #: Name: Address 2: State: Zip:  | Condition of Well: Good Poor Junk in Hold Proposed Method of Plugging (attach a separate page if add 50 sx w/ hulls @ 4950'. Cut & recovers to the supplication? Yes V N   | e Casing Leak at: ditional space is needed): eer casing. 50 sx @ to Is ACO-1 filed?  | (Stone Corral Formation)  (Interval)  1575'. 50 sx @ 600'. 20 sx @ 20'.  |                        |
| Phone: ( 316 ) 264-7566  Plugging Contractor License #:  | Condition of Well: Good Poor Junk in Hold Proposed Method of Plugging (attach a separate page if add 50 sx w/ hulls @ 4950'. Cut & recovers Well Log attached to this application? Yes V New Yes V N | e  Casing Leak at: ditional space is needed):  Ver casing. 50 sx @  No Is ACO-1 filed?  X  | (Stone Corral Formation)  (Interval)  1575'. 50 sx @ 600'. 20 sx @ 20'.  |                        |
| Plugging Contractor License #:         Name:           Address 1:         Address 2:           City:         State:         Zip:   | Condition of Well: Good Poor Junk in Hold Proposed Method of Plugging (attach a separate page if add 50 sx w/ hulls @ 4950'. Cut & recovers Well Log attached to this application? Yes Note ACO-1 not filed, explain why:  Plugging of this Well will be done in accordance with Ke Company Representative authorized to supervise plugging  | e Casing Leak at: ditional space is needed):  Ter casing. 50 sx @  To ls ACO-1 filed? Ye  C.S.A. 55-101 et. seq. and the Figure payers.  Dave Paul   | (Stone Corral Formation)  (Interval)  1575'. 50 sx @ 600'. 20 sx @ 20'.  |                        |
| Address 1: Address 2:  | Condition of Well: Good Poor Junk in Holin Proposed Method of Plugging (attach a separate page if add 50 sx w/ hulls @ 4950'. Cut & recovers well attached to this application? Yes Note that the Medical separate page if add the separate page if add the separate page if add the separate page if add to separate page if add the separate page if add | e Casing Leak at: ditional space is needed):  Ter casing. 50 sx @  To ls ACO-1 filed? Ye  C.S.A. 55-101 et. seq. and the Figure payers.  Dave Paul   | (Stone Corral Formation)  (Interval)  1575'. 50 sx @ 600'. 20 sx @ 20'.  |                        |
| City: State: Zip: +  | Condition of Well: Good Poor Junk in Holice Proposed Method of Plugging (attach a separate page if add 50 sx w/ hulls @ 4950'. Cut & recove  Is Well Log attached to this application? Yes V Note Accordance with Method of this Well will be done in accordance with Method of the Company Representative authorized to supervise plugging Accordances: 100 S. Main, Ste 450  | e Casing Leak at: ditional space is needed):  Ter casing. 50 sx @  To ls ACO-1 filed? Ye  C.S.A. 55-101 et. seq. and the Figure payers.  Dave Paul   | (Stone Corral Formation)  (Interval)  1575'. 50 sx @ 600'. 20 sx @ 20'.  |                        |
| Phone: ()  | Condition of Well: Good Poor Junk in Holice Proposed Method of Plugging (attach a separate page if add 50 sx w/ hulls @ 4950'. Cut & recove  Is Well Log attached to this application? Yes V Note Accordance with the Company Representative authorized to supervise plugging Accordance (316) 264-7566  | e  Casing Leak at: ditional space is needed): eer casing. 50 sx @  lo   Is ACO-1 filed?  Ye  c.s.A. 55-101 et. seg. and the Fig operations: Cit  | (Stone Corral Formation)  (Interval)  1575'. 50 sx @ 600'. 20 sx @ 20'.  Itules and Regulations of the State Corporation Commission  (Y)  (Stone Corral Formation)  State: KS Zip: 67202 | +                      |
|  | Condition of Well: Good Poor Junk in Hold Proposed Method of Plugging (attach a separate page if add 50 sx w/ hulls @ 4950'. Cut & recovers well attached to this application? Yes Not Accordance with Medical Accordance with | e  | (Stone Corral Formation)  (Interval)  1575'. 50 sx @ 600'. 20 sx @ 20'.  ss No  Rules and Regulations of the State Corporation Commission  (Y)  Wichita State: KS Zip: 67202             | _ +                    |
| Proposed Date of Plugging (if known): 6/28/2010 & 6/29/2010  | Condition of Well: Good Poor Junk in Hold Proposed Method of Plugging (attach a separate page if add 50 sx w/ hulls @ 4950'. Cut & recovers well attached to this application? Yes V Notes attached to this application?   | e  | (Stone Corral Formation)  (Interval)  1575'. 50 sx @ 600'. 20 sx @ 20'.  Itules and Regulations of the State Corporation Commission  (Y)  Wichita State: KS Zip: 67202                   | _ +                    |
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# RECEIVED AUG 0 2 2010

### 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 KCC WICHITA 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)   |
|---|--|
| OPERATOR: License # 5055  Name: 1000 N. Tyler   | Well Location:SW_SE_NE_Sec.7 Twp. 30 S. R. 28 ☐ East  West   |
|   | County: Meade  Lease Name: Mohler Well #: 7  |
| Address 2:  | If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:  |
| Phone: ( 316 ) 250-2045 Fax: (316 ) 264-1328 Email Address: dpauly6920@sbcglobal.net  |  |
| Surface Owner Information:  Name: Edward Hissom  Address 1: 14158 X Road  | 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   |
| Address 2:  | county, and in the real estate property tax records of the county treasurer.   |
| City: State: zip:+  |  |
| the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered of Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be ICP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a | ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  ocknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this |
| If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-  | fee with this form. If the fee is not received with this form, the KSONA-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: 8/2/10 Signature of Operator or Agent:  | Title: Vice President  |