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AUG 27 2010

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

KCC WICHITA

Form CP-1
March 2010

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

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

OPERATOR: License #: 31627
Name: Whitetail Crude, Inc
Address 1: P O Box 544
Address 2: 14216 US Hwy 283
City: Ness City State: KS Zip: 67560-0544
Contact Person: Mike J. Fritzler, President
Phone: () 785-798-3641

API No. 15 - 101-21770-00-00
If pre 1967, supply original completion date: _____
Spot Description: NE SE NE
NE SE NE Sec. 2 Twp. 18 S. R. 27 East West
3630 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Lane
Lease Name: Brown Well #: 1

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: 8 5/8" Set at: 218' Cemented with: 150 sks 60/40 poz 3%CC Sacks 2%gel
Surface Casing Size: 4 1/2" Set at: 4234' Cemented with: 150 sks ASC Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:
4148-52'

Elevation: 2596 (G.L. / K.B.) T.D.: 4575 PBTD: 4195 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):
Per KCC specs

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: Mike J. Fritzler, President Whitetail Crude, Inc
Address: P O Box 544 City: Ness City State: KS Zip: 67560-0544
Phone: () 785-798-3641

Plugging Contractor License #: 31627 Name: Whitetail Crude, Inc
Address 1: P O Box 544 Address 2: 14216 US Hwy 283
City: Ness City State: KS Zip: 67560-0544
Phone: () 785-798-3641

Proposed Date of Plugging (if known): _____

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

Date: 8/25/10 Authorized Operator / Agent: Mike J. Fritzler, President

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

SB
8-21-10



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

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

WHITETAIL CRUDE, INC
PO BOX 544
N HWY 283
NESS CITY, KS 67560-0544

August 31, 2010

Re: Brown #1
API 15-101-21770-00-00
2-18S-27W, 3630 FSL 330 FEL
LANE 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 27, 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.

Sincerely,

Steve Bond
Production Department Supervisor

District: #1
210 E Frontview, Suite A
Dodge City, KS 67801
(620) 225-8888

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 # 31627
Name: Whitetail Crude, Inc
Address 1: P O Box 544
Address 2: 14216 US Hwy 283
City: Ness City State: KS Zip: 67560-0544
Contact Person: Mike J. Fritzler, President
Phone: (785) 798-3641 Fax: (785) 798-3869
Email Address: fritztruckin@gbta.net

Well Location:
NE SE NE Sec. 2 Twp. 18 S. R. 27 East West
County: Lane
Lease Name: Brown Well #: 1

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

Surface Owner Information:

Name: Dennis Dean Brown
Address 1: P O Box 985
Address 2: 11735 W 8 Hwy 90
City: Noel State: MO Zip: 64854

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: 8/25/10 Signature of Operator or Agent: Mike J. Fritzler, President Title: pres

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STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 5011
Name: Viking Resources, Inc.
Address: 105 S. Broadway, Ste 1040
City/State/Zip: Wichita, KS 67202-4224
Purchaser: Genesis
Operator Contact Person: Shawn Devlin
Phone: (316) 262-2502
Contractor: Name: Mallard JV, Inc
License: 4958
Wellsite Geologist: Jerry Honas
Designate Type of Completion

New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)
If Workover/Re-Entry: old well info as follows:

Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
Spud Date 11/6/99 Date reached TD 11/15/99 Completion Date 11/29/99

API NO. 15: 15-101-21770-0000
County Lane
NE SE NE _____ Sec 2 Twp 18s Rge 27 W
3630 Feet from /N (circle one) Line of Section
330 Feet from /W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE NW or NE (circle one)
Lease Name Brown Well # 1
Field Name New Pool
Producing Formation LKC
Elevation: Ground 2596 KB 2601
Total Depth 4575 PBTB 4195
Amount of Surface Pipe Set and Cemented at 218 Feet
Multiple Stage Cementing Collar Used? Yes _____ No
If yes, show depth set 2001 Feet
If Alternate II completion, cement circulated from 2001
feet depth to surf w/ 565 sx cmt

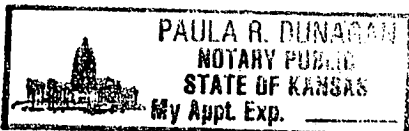
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride Content 6200 ppm Fluid volume 500 bbls
Dewatering method used Evaporate
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter Sec. _____ Twp. _____ S Rng. _____ E/W
County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover, or conversion of a well. Rule 82-3-130, 82-3-106 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 geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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 She PDR
Title Vice President Date 3/21/00
Subscribed and sworn to before me this 21st day of March
19 2000
Notary Public Paula R. Dunagan
Date Commission Expires March 2, 2005

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
KCC _____ SWD/Rep _____ NGPA _____
KCS _____ Plug _____ Other _____
(Specify)



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KCC WICHITA

SIDE TWO

Operator Name Viking Resources, Inc. Lease Name Brown Well # 1
 Sec 2 Twp 18s Rge 27 East County Lane
 West

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 sheets if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	1969	632
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Base Anhydrite	2000	601
List All E. Logs Run: Radiation Guard Gamma Ray		Heebner	3860	-1259
		Lansing	3899	-1298
		BKC	4238	-1637
		Ft Scott	4420	-1819
		Miss	4520	-1919

CASING RECORD							
<input type="checkbox"/> New <input checked="" type="checkbox"/> 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	Type and Percent Additives
Surface	12 1/4	8 5/8	20#	218	60/40 Poz	150	2% gel, 3% cc
Production	7 7/8	4 1/2	10.5#	4313	ASC	150	5# Kalseal/sack 500gal ASF

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used Depth)
4	4148-52	2000 gal 28% NE

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8	4150		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj	Producing Method				
1/1/00	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
Estimated Production Oil Per 24 Hours	Gas Mcf	Water	Bbls	Gas-Oil Ratio	Gravity
10		75			

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp Commingled Other (Specify) _____

Production Interval: 4148-52