

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

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

\* NEW CP-1 SUBMITTED  
IN LIEU OF SUBMITTING  
CORRECTED  
CP-1  
ACTD 8/27/10  
Form CP-1  
March 2010  
This Form must be Typed  
Form must be Signed  
All blanks must be Filled

OPERATOR: License #: 5044  
Name: WHITE PINE PETROLEUM CORPORATION  
Address 1: 110 S MAIN, STE 500  
Address 2: \_\_\_\_\_  
City: WICHITA State: KS Zip: 67202 + \_\_\_\_\_  
Contact Person: WILBUR C BRADLEY  
Phone: (316) 262-5429

API No. 15 - 185-23009-0000  
If pre 1967, supply original completion date: \_\_\_\_\_  
Spot Description: NE SE NE  
NE SE NE Sec. 31 Twp. 23 S. R. 13  East  West  
3550 Feet from  North /  South Line of Section  
410 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: STAFFORD  
Lease Name: CORNWELL Well #: B-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: N/A Set at: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks  
Surface Casing Size: 8 5/8" Set at: 388 Cemented with: 250 Sacks  
Production Casing Size: 5 1/2" Set at: 4142 Cemented with: 200 Sacks

List (ALL) Perforations and Bridge Plug Sets: PERF 3908-3911 BRIDGE PLUG 3802 PERF 3721-23  
3714-18 3676-3681 - DRILLED OUT BRIDGE PLUG 3802 - LATER SET BRIDGE PLUG 3810

Elevation: 1903 ( G.L. /  K.B.) T.D.: 4144 PBTD: 3810 Anhydrite Depth: 807  
(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):  
SAND @ 3617 5 SAX CEMENT TO 3600' SAND @ 725 15 SAX CEMENT & 5 GEL  
SAND TO 329 - 10 SAX - 40'

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 E BRADLEY  
Address: 110 S MAIN, STE 500 City: WICHITA State: KS Zip: 67202 + \_\_\_\_\_  
Phone: (316) 262-5429  
Plugging Contractor License #: 31925 Name: QUALITY WELL SERVICE  
Address 1: 190 US 56 HWY Address 2: \_\_\_\_\_  
City: ELLINWOOD State: KS Zip: 67526 + \_\_\_\_\_  
Phone: (620) 938-2388  
Proposed Date of Plugging (if known): ASAP PVA 8/26/10

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

Date: 09/22/10 Authorized Operator / Agent: \_\_\_\_\_

ORIGINALLY SUBMITTED 6/25/10

Wilbur C Bradley  
(Signature)

RECEIVED  
SEP 23 2010

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

KCC WICHITA

Dirt. 1

No Lts. - All Plugged

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1  
July 2010  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

*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 # 5044  
Name: WHITE PINE PETROLEUM CORPORATION  
Address 1: 110 S MAIN, STE 500  
Address 2: \_\_\_\_\_  
City: WICHITA State: KS Zip: 67202 + \_\_\_\_\_  
Contact Person: WILBUR C BRADLEY  
Phone: ( 316 ) 262-5429 Fax: ( 316 ) 262-2187  
Email Address: whitepine@tsu.net

Well Location: \_\_\_\_\_  
NE-SE-NE Sec. 31 Twp. 23S. R. 13  East  West  
County: STAFFORD  
Lease Name: CORNWELL Well #: B-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: CORNWELL FARMS  
Address 1: ATTN: RICK CORNWELL  
Address 2: 414 NW 30TH AVE  
City: ST JOHN State: KS Zip: 67576 + \_\_\_\_\_

*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: 09/22/10 Signature of Operator or Agent: Wilbur C Bradley Title: PRESIDENT

ORIGINALLY SUBMITTED 6/25/10

RECEIVED  
SEP 23 2010