

**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.*

Form CP-1
March 2010
This Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 6768
Name: Carrie Exploration & Development, A General Partnership
Address 1: 210 W 22nd Street
Address 2: _____
City: Hays State: KS Zip: 67601 + _____
Contact Person: Ron Herold
Phone: (913) 961-2760

API No. 15 - 009-22,593-00-01
If pre 1967, supply original completion date: _____
Spot Description: _____
NE SW SW SE Sec. 36 Twp. 19 S. R. 11 East West
569 Feet from North / South Line of Section
2,090 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barton
Lease Name: Neeland B Well #: 4

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: 223' Cemented with: CWC Amt. Unknown Sacks
Production Casing Size: 5 1/2" Set at: 3315' Cemented with: 125 Sacks

List (ALL) Perforations and Bridge Plug Sets:
3278-82,3302-10 CIBP at 3250'. Current perfs: 3102-15, 3169-72, 3219-22, 3186-96.

Elevation: 1764' (G.L. / K.B.) T.D.: 3315' PBTD: 3250' Anhydrite Depth: 470'
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: 1200, 900
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):
Perforate at 200', 475' and 1500'. Run tubing to 3100' and pump 9 sacks gel followed by 50 sacks cement with hulls. Pull tubing to 1500' and pump 100 sxs cement with hulls. Pull tubing to 500' and circulate cement to surface. Pull tubing and tie onto casing. Pump to pressure. Check annulus and pump up to 50 sacks with hulls.

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No
If ACO-1 not filed, explain why:

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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: Ron Herold
Address: 210 W 22nd Street City: Hays State: KS Zip: 67601 + _____
Phone: (913) 961-2760
Plugging Contractor License #: 31529 Name: Mike's Testing and Salvage Inc.
Address 1: PO Box 467 Address 2: _____
City: Chase State: KS Zip: 67524 + 0467
Phone: (620) 938-2943

Proposed Date of Plugging (if known): ASAP PA 12/13/10

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
Date: 12-10-2010 Authorized Operator / Agent: [Signature]
(Signature)

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

Dist. 4

No Lab. - well Alr. Plugged

[Signature]

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 # 6768
Name: Carrie Exploration & Development, A General Partnership
Address 1: 210 W 22nd Street
Address 2: _____
City: Hays State: KS Zip: 67601 + _____
Contact Person: Ron Herold
Phone: (913) 961-2760 Fax: (_____) _____
Email Address: _____

Well Location:
NE SW SW SE Sec. 36 Twp. 19 S. R. 11 East West
County: Barton
Lease Name: Neeland B Well #: 4

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

Surface Owner Information:

Name: John Neeland Family Trust
Address 1: c/o Dennis Neeland
Address 2: 2621 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: 12-10-2010 Signature of Operator or Agent:  Title: Agent

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