KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

KSONA- | FORM (SECA | 1/24/11. Form CP-1 | September 2003 | This Form must be Typed | Form must be Signed | All blanks must be Filled

API # 15 - 081-21921-00-00	(Identifier Number of this well). T	his must be listed for wells drilled since 19	967; if no API # was issued,
indicate original spud or completion date	•		
Well Operator: White Exploration, Inc.		KCC License #: 33856	
Address: 2400 N. Woodlawn, Suite 115	er / Company Name)	City: Wichita	(Operator's)
State: Kansas	Zip Code: 67220	Contact Phone: (316) 682 -	6300
_{Lease:} Maxine	Well #:_2	Sec. 6 Twp. 30 S. R.	31 East West
SE - SE - NW - SW s	pot Location / QQQQ County:	Haskell	
1620 Feet (in exact footage) From [North / V South (from nearest	outside section corner) Line of Section (No outside section corner) Line of Section (No	•
	D&A Cathodic W	ater Supply Well	
SWD Docket #			
Conductor Casing Size:	Set at:	Cemented with:	Sacks
Surface Casing Size: 8-5/8"	Set at: 1954	Cemented with: 540	Sacks
Production Casing Size:	Set at:	Cemented with:	Sacks
List (ALL) Perforations and Bridgeplug Sets:	<u> </u>		
Proposed Method of Plugging (attach a separate page 1/4# Flocel/sk as follows: 50 sx @ 1980', Is Well Log attached to this application as required? Will file with ACO-1			
Plugging of this Well will be done in accordance w	vith K.S.A. 55-101 et. seq. and the R	ules and Regulations of the State Corp	oration Commission.
List Name of Company Representative authorized to	be in charge of plugging operations:		
Greg Condren		Phone: (316) 267 - 3241	
Address: 250 N. Water, Suite 300		City / State: Wichita, KS	
	npany Name)	_ KCC License #: 30606	ntractor's)
Address: 250 N. Water, Suite 300, Wichita		Phone: (316) 267 - 3241	RECEIVED
Proposed Date and Hour of Plugging (If known?):	October 10, 2010 @ 4:00 a.m		DEC 2 7 2010
Payment of the Plugging Fee (K.A.R. 82-3-118) will Date: 12/23//0 Authorized Operator /	V, so	3. Whe	KCC WICHITA
Mail to: KCC - Const	ervation Division, 130 S. Market	(Signature) Room 2078, Wichita, Kansas 67202	lan

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.

Name:	Name: Willie Exploitation, This. Address 1:2400 N. Woodlawn, Suite 115 City: Wichita	33856	
Address 1:	Address 1:	OPERATOR: License # 33856 White Exploration Inc	
Address 2: City: Wichita	Address 2: City: Wichita		Lockoli
Contact Person: Kenneth S. White Phone: (316_) 682-6300 Fax: (316_) 682-6307 Email Address: kswhite@white-exploration.com Surface Owner Information: Name: Maxine L. Elisaesser Address 1: P.O. Box 911 Address 2: City: Sublette State: KS zip: 67877 + 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, for 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). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$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.	Contact Person: Kenneth S. White Phone: (316_) 682-6300 Fax: (316_) 682-6307 Email Address: kswhite@white-exploration.com Surface Owner Information: Name: Maxine L. Elisaesser Address 1: P.O. Box 911 Address 2: City: Sublette State: KS zip: 67877 + 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, for 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). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$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.		B.A
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