

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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

WELL PLUGGING APPLICATION

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

OPERATOR: License #: 6044
Name: Stelbar Oil Corporation, Inc.
Address 1: 1625 N. Waterfront Parkway, Suite #200
Address 2: _____
City: Wichita State: KS Zip: 67206 + 6602
Contact Person: Roscoe L. Mendenhall
Phone: (316) 264-8378

API No. 15 - 187-21189-00-00
If pre 1967, supply original completion date: _____
Spot Description: _____
SE/4 SE/4 SW/4 Sec. 15 Twp. 29 S. R. 41 East West
335' Feet from North / South Line of Section
2289' Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Stanton
Lease Name: Fretz Trust Well #: 1-15

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: 38 jts. (1622') 8-5/8" Set at: 1618' KB Cemented with: 400 sks. A-con lt. cement cont. 3% cc & 1/4#/sk. celloflake, followed by 200 sks. premium plus cement cont. 2% cc & 1/4#/sk. celloflake Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: 3394' - GL (G.L. / K.B.) 3407' - KB T.D.: RTD - 5550' KB LTD - 5551' KB P.B.T.D.: _____ 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):
Plug well w/185 sks. cement as follows: 65 sks. @ 1650', 50 sks. @ 750', 20 sks. from 60' to surface.
Plugged rathole w/30 sks. cement and plug mousehole w/20 sks. cement.
All cement was 60/40 pozmix w/4% gel.

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

RECEIVED
FEB 07 2011
KCC WICHITA

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: Roscoe L. Mendenhall
Address: 1625 N. Waterfront Parkway, Suite #200 City: Wichita State: KS Zip: 67206 + 6602
Phone: (316) 264-8378

Plugging Contractor License #: 32453 Name: Basic Energy Services
Address 1: 100 S. Main, Center Point @ Main Bldg., Suite #607 Address 2: _____
City: Wichita State: KS Zip: 67202 + _____
Phone: (316) 262-3699

Proposed Date of Plugging (if known): 01/15/2011 *RJA*

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator of Agent
Date: 02/03/2011 Authorized Operator / Agent: *Roscoe L. Mendenhall*
Roscoe L. Mendenhall, Vice-Pres./Operations (Signature)
Stelbar Oil Corporation, Inc.

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

Dist. 1

Alr. Plugged No RJA.

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 # 6044
Name: Stelbar Oil Corporation, Inc.
Address 1: 1625 N. Waterfront Parkway, Suite #200
Address 2: _____
City: Wichita State: KS Zip: 67206 + 6602
Contact Person: Roscoe L. Mendenhall
Phone: (316) 264-8378 Fax: (316) 264-0592
Email Address: roscoe@stelbar.com

Well Location:
SE/4 SE/4 SW/4 Sec. 15 Twp. 29 S. R. 41 East West
County: Stanton
Lease Name: Fretz Trust Well #: 1-15

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 S. Fretz Trust
The Peoples Bank, Trustee
Address 1: Attn.: Ernie Richardson
Address 2: P.O. Box 'C'
City: Pratt State: KS Zip: 67214 + _____

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.

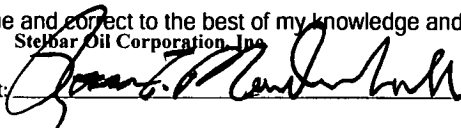
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary 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: 02/03/2011 Signature of Operator or Agent:  Title: Roscoe L. Mendenhall
Vice-President / Operator