

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 #: 33554  
Name: K. & B. Norton Oil & Investments, L.L.C.  
Address 1: 1209 W. Park Grove Dr.  
Address 2: \_\_\_\_\_  
City: Manhattan State: KS Zip: 66503 + 2469  
Contact Person: Ken Norton  
Phone: (785) 320-2545

API No. 15 - 203-20156-00-00  
If pre 1967, supply original completion date: \_\_\_\_\_  
Spot Description: \_\_\_\_\_  
SE SW NW SE Sec. 21 Twp. 16 S. R. 35  East  West  
1,570 Feet from  North /  South Line of Section  
2,220 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Wichita  
Lease Name: Harp 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: \_\_\_\_\_ Set at: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks  
Surface Casing Size: 8 5/8" Set at: 287.7' Cemented with: 180 Sacks  
Production Casing Size: \_\_\_\_\_ Set at: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks

List (ALL) Perforations and Bridge Plug Sets:  
None

Elevation: 3203' ( G.L. /  K.B.) T.D.: 4800' (420) PBTD: \_\_\_\_\_ Anhydrite Depth: 2499'  
(Stone Coral 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):

1st Plug @ 2550' w/50 sks.; 2nd Plug @ 1550' w/80 sks.; 3rd Plug @ 750' w/40 sks.; 4th Plug @ 300' w/50 sks.; 5th Plug @ 60' w/30 sks.; 6th Plug @ Mousehold w/20 sks. & 7th Plug @ Rathole w/30 sks. Total 300 sks. 60/40 Pozmix, 4% gel, 1/4# Floseal.

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: Kenneth A. Norton, President

Address: 1209 W. Park Grove Drive City: Manhattan State: KS Zip: 66503 + 2469

Phone: (785) 320-2545

Plugging Contractor License #: 33793 Name: H2 Drilling, L.L.C.

Address 1: 10500 E. Berkeley Square Parkway Address 2: Suite 100

City: Wichita State: KS Zip: 67206 + 6816

Phone: (316) 636-2090

Proposed Date of Plugging (if known): 11/14/10 R+A'd

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

Date: 2/18/11 Authorized Operator / Agent: Kenneth A. Norton (Signature)

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

Dist. 1

No Ltr. - Alr. Plugged

RECEIVED  
FEB 22 2011  
KCC WICHITA  
fn

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 # 33554  
Name: K. & B. Norton Oil & Investments, L.L.C.  
Address 1: 1209 W. Park Grove Dr.  
Address 2: \_\_\_\_\_  
City: Manhattan State: KS Zip: 66503 + 2469  
Contact Person: Ken Norton  
Phone: ( 785 ) 320-2545 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: norton@eaglecom.net

Well Location:  
\_\_\_\_\_ NW SE Sec. 21 Twp. 16 S. R. 35  East  West  
County: Wichita  
Lease Name: Harp 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: Otto & Emogene Harp  
Address 1: 1411 Church St.  
Address 2: \_\_\_\_\_  
City: Scott City State: KS Zip: 67871 + 1924

*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: 2/18/11 Signature of Operator or Agent: Kenneth A Norton Title: President