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

KCC WICHITA

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,

OPERATOR: License #: 9262	most be submitted with	API No. 15 - 189-22761	0000 F
Name: LOWRY EXPLORATION, INC.			
Address 1: 427 S. BOSTON, STE 306		Spot Description:	
Address 2:		SW_SE_NW_SW Sec. 26 Twp.	33 S. R. 38 East ✓ Wes
	i		North / South Line of Section
City: TULSA State: OK Z		690 Feet from	East / West Line of Section
Contact Person: R.G. LOWRY		Footages Calculated from Nearest O	outside Section Corner:
Phone: (918) 587-5094		NE NW S	· · · · · · · · · · · · · · · · · · ·
		Lease Name: DEMUTH	Well #: 1-26
Check One: Oil Well Gas Well OG	D&A Cathodic	Water Supply Well Othe	er: LH
SWD Permit #:	ENHR Permit #:	Gas Storage Pe	ermit #:
Conductor Casing Size: 20"	Set at: 70'	Cemented with: 8 YARI	DS Sacks
Surface Casing Size:	Set at:	Cemented with:	Sacks
Production Casing Size:			
List (ALL) Perforations and Bridge Plug Sets:			
50 SKS @ 300 FT, 20 SKS @ 60 FT, is Well Log attached to this application?	30 SKS IN RH, 20 S Is ACO-1 filed? ✓ Yes ☐	·	
If ACO-1 not filed, explain why:			
Plugging of this Well will be done in accordance with K.S.A. Company Representative authorized to supervise plugging operators: 427 S. BOSTON, STE 306	erations: R.G. LOWRY	and Regulations of the State Corpora	
Address: 427 3. 5631011, 012 300	City: _	State: OK	. Zip:+
	Name:	Name: DUKE DRILLING	
Address 1:			
City: GREAT BEND			Zip: 67530 +
Phone: (620) 793-8366			
Proposed Date of Plugging (if known): 2/26/2011	+A 2/27/11		
		,	RECEIVED
Payment of the Plugging Fee (K.A.R. 82-3-118) will be guar	anteed by Operator or Agent	R6 Lung	MAR 2 5 2011
Date: 3/22/2011 Authorized Operator / Agent:	Alr-Klugge	(Signatura)	
Mail to: KCC - Conserva	ALY - KLUGGE ation Division, 130 S. Market	- Room 2078, Wichita, Kansas 672	KCC WICHIT

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) X CP-1 (Plugging Application)		
OPERATOR: License # 9262	Well Location:		
OPERATOR: License # LOWRY EXPLORATION, INC.	SW SE NW SW Sec. 26 Twp. 33 S. R. 38 East West		
Address 1: 427 S. BOSTON, STE 306	County: STEVENS		
Address 2:	County: STEVENS Lease Name: DEMUTH		
City: TULSA State: OK Zip: 74103 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: R.G. LOWRY			
Contact Person: R.G. LOWRY Phone: (918) 587-5094 Fax: (918) 587-5094			
Email Address: rglowry@tulsacoxmail.com			
Surface Owner Information: Name: TEX & JEAN DEMUTH Address 1: 303 N. HAMILTON Address 2:	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 303 N. HAMILTON	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.		
City: LAKIN State: KS Zip: 67860 +			
	nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
owner(s) of the land upon which the subject well is or will be	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.		
	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this give, payable to the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP	g fee with this form. If the fee is not received with this form, the KSONA-1 -1 will be returned.		
i hereby certify that the statements made herein are true and correct to			
Date: 3/22/2011 Signature of Operator or Agent: 76	Title: PRESIDENT RECEIVED		
	MAR 2.5. 2011		

KCC WICHITA