

INCOMPLETE. CA 1 -
SIGNATURE, DT. SIGNED, ETC.
NUMEROUS ATTEMPTS MADE
TO OBTAIN NEW FORM BUT TO
NO AVAIL. OPER'S. LIC. SUSPENDED

KANSAS CORPORATION COMMISSION 2007. OK'D PER Form CP-1
OIL & GAS CONSERVATION DIVISION LEG. CR. (A) TO This Form must be Signed
March 2010

WELL PLUGGING APPLICATION ACCEPTED

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

OPERATOR: License # 4704 8294
Name: True Oil Company STROMQUIST, C.
Address 1: Box 462 DALE, A GEN. PARTNER SHAR
Address 2: _____
City: Liberal State: Ks Zip: 67905 + _____
Contact Person: Dale Stromquist
Phone: (620) 624-6788

API No. 15 - 15-129-20173-0000
If pre 1967, supply original completion date: _____
Spot Description: C-NE
____ NE Sec. 30 Twp. 32 S. R. 40 East West
0.000 3886 Feet from North / South Line of Section
1498 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Morton
Lease Name: Montgomery Well #: 30-1

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: 513' Cemented with: 275 Sacks
Production Casing Size: 5 1/2 Set at: 2341' Cemented with: 100 Sacks

List (ALL) Perforations and Bridge Plug Sets:
Perfs: 2258-2271'

Elevation: 3354 (G.L. / K.B.) T.D.: 2350' PBDT: 2341' Anhydrite Depth: 1550'
(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):
Set CIBP 50' above top perf with 2 sacks of cement, Run free point and cut casing, Put 1st plug at 1625' with 50 sacks, 2nd plug at 700' with 50 sacks, 3rd plug at 40' to surface with 25 sacks. cap well off.

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: Rodney Gonzales
Address: Box 816 City: Lakin State: Ks Zip: 67860 + _____

Phone: (316) 706-5373
Plugging Contractor License #: Allied Cementing Name: _____

Address 1: _____ Address 2: _____
City: Liberal State: Ks Zip: 67905
Phone: (620) 482-0940

Proposed Date of Plugging (if known): 8-12-2010 PYA 8/18/10 RECEIVED
AUG 11 2010

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
Dist. 1 No Ad. - Hr. Plugged KCC WICHITA

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

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.

*INCOMPT. FORM -
ONLY ONE QTR. CALL.
OK'D BY
LEG (RA) TO
ACCEPT 4/20/11. SEE
NOTES ON CP-1.*

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 4704
Name: True Oil Company
Address 1: Box 462
Address 2: _____
City: Liberal State: Ks Zip: 67905 + _____
Contact Person: _____
Phone: (620) 624-6788 Fax: (____) _____
Email Address: _____

Well Location: _____
_____ NE Sec. 30 Twp. 32 S. R. 40 East West
County: Morton
Lease Name: Montgomery Well #: 30-1

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

Surface Owner Information:

Name: Patsy Montgomery
Address 1: 6631 Radley Drive
Address 2: _____
City: Spring State: TX Zip: 77379 + _____

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: 8-9-2010 Signature of Operator or Agent: *Rodney Hazala* Title: Consultant

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

RECEIVED
AUG 11 2010
KCC WICHITA