# Kansas Corporation Commission Oll & Gas Conservation Division

Form CP-1 March 2010 This Form must be Typed 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.

Name: MWK PETROLEUM CO.  Address 1: 508 STONE LAKE CT  Address 2: 508 STONE LAKE CT  Address 2: 508 STONE LAKE CT  Address 3: 508 STONE LAKE CT  Address 4: 508 STONE LAKE CT  Address 5: 508 STONE LAKE CT  Contact Person: MIKE KISER  Phone: (316 ) 775:5496	OPERATOR: License #: 30582		I API No. 15. 15015-2192	9-0000		
Accress 1:	Name: MWK PETROLEUM CO.		If pre 1967, supply original comple	etion date:		
Contact Person. MIKE KISER Phone: (316.) 775-5496.    Contact Person. MIKE KISER Phone: (316.) 775-5496.   Contact Person. MIKE KISER Phone: (316.) 775-5496.   Contact Person. MIKE KISER Phone: (316.) 775-5496.   Contact Person. MIKE KISER Phone: (316.) 775-5496.   Contact Person. MIKE KISER Phone: (316.) 775-5496.   Contact Person. MIKE KISER   Contact Person. MIKE KISER   County: BUTLER   Lease Name: BLAKEMAN West # 9 SOUTH   Conductor Casing Size   Solid: Mixed Person #   Solid:						
Contact Person. MIKE KISER Phone: (316.) 775-5496.    Contact Person. MIKE KISER Phone: (316.) 775-5496.   Contact Person. MIKE KISER Phone: (316.) 775-5496.   Contact Person. MIKE KISER Phone: (316.) 775-5496.   Contact Person. MIKE KISER Phone: (316.) 775-5496.   Contact Person. MIKE KISER Phone: (316.) 775-5496.   Contact Person. MIKE KISER   Contact Person. MIKE KISER   County: BUTLER   Lease Name: BLAKEMAN West # 9 SOUTH   Conductor Casing Size   Solid: Mixed Person #   Solid:	Address 2:		NENESESW Sec. 3 Tw	$\frac{28}{28}$ S. R. $\frac{6}{3}$ East West		
Contact Person. MIKE KISER Phone (316.) 775-5496    Consider from   Control from		7in 67010	<b>↑</b> 1,200 Feet from [	North / South Line of Section		
Phone (316.) 775-5496    Footage Sativulated from Neares Outside Section Corner:   NE   NW   SE   SW     County: BUTLER     Lease Name: BLAKEMAN   Well #: 9 SOUTH						
Country: BUTLER Lease Name: BLAKEMAN   Webl #: 9 SOUTH  Check One	A . A		Footages Calculated from Neares	t Outside Section Corner:		
Lease Name: BLAKEMAN   Well # 9 SOUTH	Phone: (010 ) 773-34-90		-	SE SW		
Check One						
Check One: Molivel Gas Weel OG BAA Cathodic Water Supply Well Other:  SWD Permit # Set at Cathodic Gas Storage Permit # Sacks Surface Casing Size: 8 5/8* Set at 208* Cemented with 75 Sacks Surface Casing Size: 8 5/8* Set at 208* Cemented with 75 Sacks Production Casing Size: 5 1/2* Set at 3050* Cemented with 75 Sacks Production Casing Size: 5 1/2* Set at 3050* Cemented with 50 Sacks  List (ALL) Perforations and Bridge Plug Sets:  OPEN HOLE TO 3055*  Elevation: 1402			<b>i</b>			
SWD Permit #: Set at Cemented with: Sacks Surface Casing Size: 8 5/8" Set at 208" Cemented with: 75 Sacks Surface Casing Size: 8 5/8" Set at 208" Cemented with: 75 Sacks Production Casing Size: 5 1/2" Set at: 3050" Cemented with: 50 Sacks List (ALL) Perforations and Bridge Plug Sets: OPEN HOLE TO 3055'  Elevation: 1402		D&A Cathor				
Conductor Casing Size: Set at	·					
Surface Casing Size: \$ 5/8" Set at 208' Cemented with: 75 Sacks  Production Casing Size: \$ 1/2" Set at 3050' Cemented with: 50 Sacks  List (ALL) Perforations and Bridge Plug Sets:  OPEN HOLE TO 3055'  Elevation 1402 (						
Production Casing Size: 5 1/2" Set at: 3050' Cemented with: 50 Sacks  List (ALL) Perforations and Bridge Plug Sets:  OPEN HOLE TO 3055'  Elevation: 1402 (	Surface Casing Size: 8 5/8"	Set at: 208'	Competed with 75	Sacks		
List (ALL) Perforations and Bridge Plug Sets:  OPEN HOLE TO 3055'  Elevation: 1402		Set at: 3050'	Cemented with: 70	Sacks		
OPEN HOLE TO 3055'  Elevation: 1402		Set at.	Cemented with:	Sacks		
Elevation 1402 ( GL / KB) TD: 3055 PBTD:	5 5					
Condition of Well:	0. 2.1.1.022 1.0 0000			4		
Condition of Well:	Figure 1402 (Figure 2055)					
Condition of Welt: Good Poor Junk in Hole Casing Leak at:  Proposed Method of Plugging (attach a separate page if additional space is needed):  SET BOTTOM PLUG, FILL OPEN HOLE PLUS 50' THEN 5 SACKS OF CEMENT. PULL CASING, PUMP CEMENT FROM 250' TO SURFACE  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. seg. and the Rules and Regulations of the State Corporation Commission  Company Representative authorized to supervise plugging operations: MIKE KISER  Address: 508 STONE LAKE CT. City: AUGUSTA State: KS zip: 67010 +  Phone: (316) 775-5496  Plugging Contractor License # 31925  Name: QUALITY WELL SERVICE, INC.  Address 1: 190TH US 56 HWY  Address 2:  City: ELLINWOOD  Phone: (620_) 727-3410  Proposed Date of Plugging (if known): ASAP  RECEIVED  Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent  Casing Leak at:  City: Canadical State:			(Str	one Corral Formation)		
Proposed Method of Plugging (attach a separate page if additional space is needed):  SET BOTTOM PLUG, FILL OPEN HOLE PLUS 50' THEN 5 SACKS OF CEMENT. PULL CASING, PUMP CEMENT FROM 250' TO SURFACE  Is Well Log attached to this application?	Condition of Well: Good Poor Junk in Hole	Casing Leak at:				
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PUMP CEMENT FROM 250' TO SURFACE  Is Well Log attached to this application?	SET BOTTOM PLUG, FILL OPEN H	OLE PLUS 50' THE	N 5 SACKS OF CEMENT	Γ. PULL CASING,		
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City: ELLINWOOD  Phone: ( 620 _ ) 727-3410  Proposed Date of Plugging (if known): ASAP  Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent  Date: 11/3/2010 Authorized Operator / Agent:	400711110 50 10407					
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Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent  Date: 11/3/2010 Authorized Operator / Agent: Apr 2 1 2011						
Date: 11/3/2010 Authorized Operator / Agent: APR 2 1 2011			t and the second	-AFIVED		
Date: 11/3/2010 Authorized Operator / Agent: APR 2 1 2011	Payment of the Plugging Fee (K.A.R. 82-3-118) will be gu	aranteed by Operator or Agent	1 1/2	RECEIVED		
(Signature)  Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202  KCC WICHITA			Y Y	APR 2 1 2011		
Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202			-	P11 11 11TA		
	Mail to: KCC - Conser	vation Division, 130 S. Marke	et - Room 2078, Wichita, Kansas 67	1202 KCC WICHITA		

CORRECTED VSONA-1.

## 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.

OPERATOR: License #	Well Location: MWK 4/19/11			
OPERATOR: License # MWK PETROLEUM CO. Name:	<i>SE</i> - <i>SW</i> Sec. <sup>3</sup> Twp. <sup>28</sup> S. R. <sup>6</sup>			
Address 1: 508 STONE LAKE CT	County: BUTLER  Lease Name: BLAKEMAN Well #: 9 SOUTH			
Address 2:	Lease Name: BLAKEMAN Well #: 9 SOUTH			
Address 2:	If filing a Form T-1 for multiple wells on a lease, enter the legal descripti			
Contact Person: MIKE KISER	the lease below:			
Phone: (316 ) 775-5496 Fax: (316 ) 775-5498				
Email Address:				
Surface Owner Information:  Name: LEONA E. STRAIT	When filing a Form T-1 involving multiple surface owners, attach an addi			
Address 1: %SYDNEY K. BEAM Address 2: 117 S. MOUND ST.	sheet listing all of the information to the left for each surface owner. Sur			
AUUIESS I.	owner information can be found in the records of the register of deeds for			
Address 3. 117 S. MOUND ST.	county, and in the real estate property tax records of the county treasure			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cate the KCC with a plat showing the predicted locations of lease roads. It				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cate the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered Select one of the following:    MWK 4/19/11   X × 1 certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form	hodic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the form C-1 plat, Form CB-1 plat, or a separate plat may be submited to the Form C-1 plat, and the following to the surface the located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form me being filed is a Form C-1 or Form CB-1, the plat(s) required by this			
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## 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 # 30582		API No. 15 - 150	15-21929 🗁	5 <del>00</del> 0	KZ	
Name: MWK PETROLEUM CO.	da	If pre 1967, supply or				
Address 1: 508 STONE LAKE CT		Spot Description:	SW/4		makes were some or a warrang in	
Address 2:		WE KEESW S	ec. 3 Twp. 28	S. R. <u>6</u> <b>▼</b> Ea	ıst West	
City: AUGUSTA State: KS		1,200 2,800				
Contact Person: MIKE KISER	m. of Mail, of Latter a colonial place with problems a public. On the company of the place of the public being		120000	st / West Line	e of Section	
Phone: (316 ) 775-5496		Footages Calculated	NW SE	SW		
		County: BUTLER				
		Lease Name: BLA	KEMAN	Well #: 9 SOL	ITH	
Check One:   ✓ Oil Well Gas Well OG	D&A Cathodic	c Water Supply Wel	Other:	÷		
SWD Permit #:			Commercial	#:		
Conductor Casing Size:			•			
Surface Casing Size: 8 5/8"	2001					
Production Casing Size: 5 1/2"		Cemented w				
List (ALL) Perforations and Bridge Plug Sets:		-	The state of the s	And the second s		
OPEN HOLE TO 3055'			•			
Elevation: 1402 ([]G.L./[/K.B.) T.D.: 3055	PBTD: Ar	nhydrite Depth:		1		
			(Stone Corr	ral Formation)		
Condition of Well: Good Poor Junk in Hole	(li	nterval)		1		
Proposed Method of Plugging (attach a separate page if addition		1 5 8 4 C K S O E (	PEMENT D	HILL CASING	<u> </u>	
SET BOTTOM PLUG, FILL OPEN HOPEN FROM 250' TO SUF		V 3 SACKS OF (	JEIVIEIN I. F	ULL CASING	J,	
Is Well Log attached to this application? Yes V No	Is ACO-1 filed? 🗸 Yes	No				
If ACO-1 not filed, explain why:	_			ı		
4	·					
المعقبة عليها الديني المعام أيتنا	سنفض يعمد بدرينيه الجاديميهميه	الأستان المعادي المستوا المستوا		<del></del>	e <del></del> -	
Plugging of this Well will be done in accordance with K.S		es and Regulations of the	State Corporation	1 Commission		
Company Representative authorized to supervise plugging o		ALICHSTA	VC	67040		
Address: 508 STONE LAKE CT.	City:	AUGUSTA	State: NS Zip:	+		
Phone: (316) 775-5496		OHALITY WEI	I CEDVICE I	INIC		
Plugging Contractor License #: 31925						
Address 1: 190TH US 56 HWY						
			State: KS Zip	+		
				556	- FED NO. 0000000	
Proposed Date of Plugging (if known): ASAP	·		ayanmaya.Anan pepanahin spinala all pump aman aya, spinagana aya a m	REC	EIVED	
Payment of the Plugging Fee // A P 92 2 4493	arantood by Operator or 4-1-1			NOV	0 5 2010	
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Date: Authorized Operator / Ager	II//W/WS-W-1/	/Cianal	(m)	LOO!	MICHITA	

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## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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July 2010
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Form must be Signed
All blanks must be Filled

KCC WICHITA

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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.

PERATOR: License #	Well Location:			
ame:	Sec 3 Two 28 S. R. 6 V East West			
ddress 1: 508 STONE LAKE CT	County: BUTLER  Lease Name: BLAKEMAN Well #: 9 SOUTH			
	Lease Name: BLAKEMAN Well #: 9 SOUTH			
ddress 2:	If filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below:			
Contact Person: MIKE KISER  Chone: ( 316 ) 775-5496 Fax: (316 ) 775-5498				
mail Address:				
Surface Owner Information: Iame: LEONA E. STRAIT	When filing a Form T-1 involving multiple surface owners, attach an addition			
Address 1: %SYDNEY K. BEAM	sheet listing all of the information to the left for each surface owner. Surfac owner information can be found in the records of the register of deeds for th			
Address 2: 117 S. MOUND ST.	county, and in the real estate property tax records of the county treasurer.			
Sity: PRATT State: KS Zip: 67124 +	1			
Select one of the following:	n the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted			
I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be loce. 1 that Lam filing in connection with this form; 2) if the form to form; and 3) my operator name, address, phone number, fax, and	pocated: 1) a copy of the Form C-1, Form CB-1, Form 1-1, of Form cb-1, Form CB-1, Form CB-1, or Form CB-1, the plat(s), required by this			
torm, and of my operator trainer as a series process				
Thave not provided this information to the surface owner(s). La	iner(s). To mitigate the additional cost of the KCC performing this			
1 have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling	rner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.  fee with this form. If the fee is not received with this form, the KSONA			
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Sam Brownback, Governor, Thomas E. Wright, Chairman Ward Loyd, Commissioner

### NOTICE OF RECEIPT OF WELL PLUGGING APPLICATION (CP-1)

KISER, MICHAEL DBA MWK PETROLEUM CO. 508 STONE LK CT AUGUSTA, KS 67010-2399 May 03, 2011

Re: BLAKEMAN SOUTH #9 API 15-015-21929-00-00 3-28S-6E, 1200 FSL 2800 FEL BUTLER COUNTY, KANSAS

### Dear Operator:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

This notice is void after October 30, 2011. The CP-1 filing does not bring the above well into compliance with K.A.R. 82-3-111 with regard to the Commission's temporary abandonment requirements.

Sincerely,

Steve Bond

Steve Bond

Production Department Supervisor

District: #2
3450 N. Rock Road, Suite 601
Wichita, KS 67226
(316) 630-4000