

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 + _____
Contact Person: Roscoe Mendenhall
Phone: (316) 264-8378

API No. 15 - 191-21869 ~~1000~~
If pre 1967, supply original completion date: _____
Spot Description: _____
C W/2 NW SE Sec. 27 Twp. 34 S. R. 2 East West
1,980 Feet from North / South Line of Section
2,310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Sumner
Lease Name: Norrish Well #: 8

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____
Conductor Casing Size: None Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8-5/8" Set at: 257' Cemented with: 200 Sacks
Production Casing Size: 5-1/2" Set at: 3189' Cemented with: 110 Sacks

List (ALL) Perforations and Bridge Plug Sets:
Perforations: 3124' to 3130'

Elevation: 1219' (G.L. / K.B.) T.D.: 3195' KB PBTD: 3176' KB 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):

Per KCC instructions.

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No
If ACO-1 not filed, explain why:

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MAY 04 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: Rob Williams
Address: 1625 N. Waterfront Parkway, Suite 200 City: Wichita State: KS Zip: 67206 + _____
Phone: (316) 264-8378
Plugging Contractor License #: 6044 Name: Stelbar Oil Corporation, Inc.
Address 1: 1625 N. Waterfront Parkway, Suite 200 Address 2: _____
City: Wichita State: KS Zip: 67206 + _____
Phone: (316) 264-8378

Proposed Date of Plugging (if known): Unknown

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
Date: 04/28/2011 Authorized Operator / Agent: [Signature]
(Signature)

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) 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 + _____
Contact Person: Roscoe Mendenhall
Phone: (316) 440-7605 Fax: (316) 264-0592
Email Address: roscoe@stelbar.com

Well Location:
C W/2 NW SE Sec. 27 Twp. 34 S. R. 2 East West
County: Sumner
Lease Name: Norrish Well #: 8

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

Surface Owner Information:

Name: Tom Warren
Address 1: 1525 S. River Road
Address 2: _____
City: Gueda Springs State: KS Zip: 67051 + _____

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: 04/28/2011 Signature of Operator or Agent: Roscoe Mendenhall Title: Vice President

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MAY 04 2011

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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March 2010
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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 + _____
Contact Person: Roscoe Mendenhall
Phone: (316) 264-8378

API No. 15 - 191-20682 ~~6000~~
If pre 1967, supply original completion date: _____
Spot Description: _____
C N/2 SE/4 Sec. 27 Twp. 34 S. R. 2 East West
1,980 Feet from North / South Line of Section
1,320 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Sumner
Lease Name: Norrish Well #: 7

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: None Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8-5/8" Set at: 210' Cemented with: 160 Sacks
Production Casing Size: 5-1/2" Set at: 3500' Cemented with: 200 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Perforations: 3462' to 3468', 3104' to 3114', and 2966' to 2974'
CIBP @ 3160' and CIBP @ 3040'

Elevation: 1198 (G.L. / K.B.) T.D.: 3502' KB P.B.T.D.: 3488' KB 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):

Per KCC instructions.

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

If ACO-1 not filed, explain why:

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MAY 04 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: Rob Williams

Address: 1625 N. Waterfront Parkway, Suite 200 City: Wichita State: KS Zip: 67206 + _____

Phone: (316) 264-8378

Plugging Contractor License #: 6044 Name: Stelbar Oil Corporation, Inc.

Address 1: 1625 N. Waterfront Parkway, Suite 200 Address 2: _____

City: Wichita State: KS Zip: 67206 + _____

Phone: (316) 264-8378

Proposed Date of Plugging (if known): Unknown

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

Date: 04/28/2011 Authorized Operator / Agent: Roscoe Mendenhall
(Signature)

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1
July 2010
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All blanks must be Filled

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

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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 + _____
Contact Person: Roscoe Mendenhall
Phone: (316) 440-7605 Fax: (316) 264-0592
Email Address: roscoe@stelbar.com

Well Location:
C N/2 SE/4 Sec. 27 Twp. 34 S. R. 2 East West
County: Sumner
Lease Name: Norrish Well #: 7

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

Surface Owner Information:

Name: Tom Warren
Address 1: 1525 S. River Road
Address 2: _____
City: Gueda Springs State: KS Zip: 67051 + _____

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: 04/28/2011 Signature of Operator or Agent: Roscoe Mendenhall Title: Vice President

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2010
This Form must be Typed
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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 # 5684
Name: Larry George Sage
Address 1: PO BOX 12
Address 2: _____
City: VIRGIL State: KS Zip: 66870 + _____
Contact Person: GEORGE SAGE
Phone: (620) 678 3440

API No. 15 - 207 - 22602-00-00
If pre 1967, supply original completion date: _____
Spot Description: _____
SE, NE, NE Sec. 28 Twp. 25 S. R. 15 East West
3,960 Feet from North / South Line of Section
10 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: WOODSON
Lease Name: DEGREE OF HONOR Well #: 15

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: E-01474 ENHR Permit #: E01474 Gas Storage Permit #: _____
Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 7" Set at: 42' Cemented with: TO SURFACE Sacks
Production Casing Size: 4 1/2" Set at: 1532' Cemented with: 60 SKS Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: _____ (G.L. / K.B.) T.D.: _____ PBTD: _____ 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):

AS PER KCC REGULATIONS

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: GEORGE SAGE
Address: PO BOX 12 City: VIRGIL State: KS Zip: 66870 + _____
Phone: (620) 678 3440
Plugging Contractor License #: 5684 Name: GEORGE SAGE
Address 1: PO BOX 12 Address 2: _____
City: VIRGIL State: KS Zip: 66870 + _____
Phone: (620) 678 3440

Proposed Date of Plugging (if known): _____

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

Date: 5/2/11 Authorized Operator / Agent: Kelly Sage (Signature)

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

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MAY 04 2011

KCC WICHITA

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

OPERATOR: License # 5684
Name: Larry George Sage
Address 1: PO BOX 12
Address 2: _____
City: VIRGIL State: KS Zip: 66870 + _____
Contact Person: GEORGE SAGE
Phone: (620) 678 3440 Fax: (_____) _____
Email Address: _____

Well Location:
SE NE NE Sec. 28 Twp. 25 S. R. 15 East West
County: WOODSON
Lease Name: DEGREE OF HONOR Well #: 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: DENNIS KRESS, LINDA WITNEY, SANDRA LINK
Address 1: PO BOX 116
Address 2: _____
City: WILLIAMBURG State: KS Zip: 66095 + _____

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- 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.

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I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 5/2/11 Signature of Operator or Agent: Billy Sage Title: Agent

RECEIVED
MAY 04 2011
KCC WICHITA