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.

| Name: Stellbar Oil Corporation, Inc. Address 1: 1625 N. Waterfront Parkway, Suite 200 Address 2: | OPERATOR: License #: 6044 | | API No. 15 - 191-21869 (Control of the control of the contr | | |
|--|--|-----------------------------|---|--|--|
| C. W.Z. NW, SE. Sec. 27 Tup. 34 S. R. 2 | | | | | |
| Address 2 Communication State KS Zip; 67206 + | Address 1: 1625 N. Waterfront Parkway, Su | uite 200 | Spot Description: | | |
| Contact Person: Roscoe Mendenhall Phone: (316) 264-8378 Product Person: Roscoe Mendenhall Phone: (316) 264-8378 | Address 2: | | C - W/2 NW SE Sec. 27 Twp. 34 S. R. 2 V East West | | |
| Contact Person: Roscoe Mendenhall Phone: (316) 264-8378 Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: Lease Name: Norrish Well #: 8 Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: Gas Storage Permit #: Conductor Casing Size: None Set at: 257' Cemented with: 200 Sacks Production Casing Size: 8-516' Set at: 257' Cemented with: 210 Sacks List (ALL) Perforations and Bridge Plug Sets: Perforations: 3124' to 3130' Elevation: 1219' ([/]GL / K.E.J T.D.: 3195' KB PBTD; 3176' KB Anhydrite Depth: (Store Corral Formation) Condition of Welt: Ogod Poor Junk in Hole Casing Leak at: (Petersell) Proposed Method of Pugging (attach a separate page if additional space is needed: Per KCC instructions. RECEIVED MAY 0 4 2011 RECEIVED MAY 0 4 2011 KCC WICHITA Plugging of this Well will be done in accordance with K.S.A. 5-10! at sea, 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 + Address: 1625 N. Waterfront Parkway, Suite 200 Address 2: City: Wichita State: KS Zip: 67206 + Pages: 04/28/2011 Authorized Coerator (Apant) Unknown Pages: 04/28/2011 Authorized Coerator (Apant) Unknown Unknow | | Zip: 67206 + | | | |
| Footages Calculated from Nearest Outside Section Corner: No No No No No No No N | Decree Mandaulall | | Feet from V East / West Line of Section | | |
| Check One: Oil Well | · | | | | |
| Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: Gas Storage Permit #: Gas Stor | 11016. (| | | | |
| SWD Permit #: Sacks Set at: Cemented with: Sacks Surface Casing Size: 8-5/8" Set at: 257" Cemented with: 200 Sacks Surface Casing Size: 5-1/2" Set at: 257" Cemented with: 210 Sacks Sacks Set at: 257" Cemented with: 210 Sacks Sacks | | • | | | |
| Conductor Casing Size: None | Check One: ✓ Oil Well Gas Well OG | | Cathodic Water Supply Well Other: | | |
| 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' (| SWD Permit #: | ENHR Permit #: | #: Gas Storage Permit #: | | |
| 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' (| Conductor Casing Size: None | Set at: | Cemented with: Sacks | | |
| List (ALL) Perforations and Bridge Plug Sets: Perforations: 3124' to 3130' Elevation: 1219' (| Surface Casing Size: 8-5/8" | Set at: 257' | Cemented with: 200 Sacks | | |
| Perforations: 3124' to 3130' Elevation: 1219' | Production Casing Size: 5-1/2" | Set at: 3189' | Cemented with: 110 Sacks | | |
| Condition of Well: Good Door Junk in Hole Casing Leak at: | · , | | | | |
| Condition of Well: Good Poor Junk in Hole Casing Leak at: | Elevation: 1219' (G.L. / K.B.) T.D.: 3195' K | (B _{PBTD:} 3176' K | | | |
| Proposed Method of Plugging (attach a separate page if additional space is needed): Per KCC instructions. | Condition of Well: 🗹 Good 🔲 Poor 🔲 Junk in Hole | Casing Leak at: | · · · · · · · · · · · · · · · · · · · | | |
| Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No MAY 0.4 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 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: Authorized Operator / Agent | Proposed Method of Plugging (attach a separate page if additio | nal space is needed): | (Interval) | | |
| Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No MAY 0.4 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 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: Authorized Operator / Agent | | | | | |
| If ACO-1 not filed, explain why: MAY 0 4 2011 KCC WICHITA CC WI | Per KCC instructions. | | RECEIVE | | |
| 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: Address: 1625 N. Waterfront Parkway, Suite 200 Phone: (316) 264-8378 Plugging Contractor License #: 6044 Address 1: 1625 N. Waterfront Parkway, Suite 200 Address 2: State: KS zip: 67206 + City: Wichita | Is Well Log attached to this application? Yes No | Is ACO-1 filed? ✓ | W I Yes I INO | | |
| 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 | If ACO-1 not filed, explain why: | | MAY 0 4 2011 | | |
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| Company Representative authorized to supervise plugging operations: Address: 1625 N. Waterfront Parkway, Suite 200 Phone: (316) 264-8378 Plugging Contractor License #: 6044 Address 1: 1625 N. Waterfront Parkway, Suite 200 Address 2: City: Wichita State: KS zip: 67206 + Address 2: City: Wichita State: KS zip: 67206 + Date: 04/28/2011 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: City: Operator or Agent | | | • | | |
| Address: 1625 N. Waterfront Parkway, Suite 200 City: Wichita State: KS zip: 67206 + Phone: (316) 264-8378 Plugging Contractor License #: 6044 Address 1: 1625 N. Waterfront Parkway, Suite 200 Address 2: 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: Authorized Operator / Agent: Operator or Agent Date: 04/28/2011 Authorized Operator / Agent: Operator / Agent: Operator / Agent: Operator or Agent Date: 04/28/2011 | | | | | |
| Phone: (316) 264-8378 Plugging Contractor License #: 6044 Address 1: 1625 N. Waterfront Parkway, Suite 200 Address 2: 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: State Sta | Company Representative authorized to supervise plugging or 1625 N. Waterfront Parkway, Suite | perations: TOB WIIII | Wichita KS - 67206 | | |
| Plugging Contractor License #: 6044 Address 1: 1625 N. Waterfront Parkway, Suite 200 Address 2: 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: Authorized Operator / Agent: Other Plugging Fee (K.A.R. 82-3-118) | 240 004 0270 | 200 | City: Vilonita State: 110 Zip: 07200 + | | |
| Address 1: 1625 N. Waterfront Parkway, Suite 200 Address 2: 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: State: Address 2: State: KS Zip: 67206 Address 2: State: KS Zip: 67206 Posterior of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent | / 1101101 / / / / | | Name: Stelbar Oil Corporation, Inc. | | |
| 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: State: KS Zip: 67206 + Phone: MS Zip: 67206 + Phone: Phone: MS Zip: 67206 + Phone: Phone: MS Zip: 67206 + Phone: | | te 200 | | | |
| 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: | | | | | |
| 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: | • | | Otate | | |
| 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: | • | | - | | |
| Date: 04/28/2011 Authorized Operator / Agent: // Survey / Authorized Operator / Agent: | Froposed Date of Fridgenig (if Mowil). | | | | |
| Date: 04/28/2011 Authorized Operator / Agent: | Payment of the Plugging Fee (K.A.R. 82-3-118) will be gua | ranteed by Operator o | or Agent | | |
| (Signature) | Date: 04/28/2011 Authorized Operator / Agent | : Maria | (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
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.

| ODEDATOR: License # 6044 | |
|---|---|
| OPERATOR: License # | Well Location: C _W/2 NW _SE _Sec.27 Twp. 34 _S. R. 2 Fast West West West West West West West Sec.27 |
| Address 1: 1625 N. Waterfront Parkway, Suite 200 | |
| Address 2: | County: Sumner Lease Name: Norrish Well #: 8 |
| City: Wichita State: KS Zip: 67206 + | If filing a Form T-1 for multiple wells on a lease, enter the legal description of |
| Contact Person: Roscoe Mendenhall | the lease below: |
| Phone: (316) 440-7605 Fax: (316) 264-0592 | |
| Email Address: roscoe@stelbar.com | |
| | |
| Surface Owner Information: | |
| Name: Tom Warren | When filing a Form T-1 involving multiple surface owners, attach an additional |
| Address 1: 1525 S. River Road | 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 |
| Address 2: | county, and in the real estate property tax records of the county treasurer. |
| City: Gueda Springs State: KS Zip: 67051 + | |
| are preliminary non-binding estimates. The locations may be entered of 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 I CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, and a content of the content of | ocated: 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 |
| KCC will be required to send this information to the surface ov | ncknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this gree, 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- | fee with this form. If the fee is not received with this form, the KSONA-1 will be returned. |
| | |
| I hereby certify that the statements made herein are true and correct to | the best of my knowledge and belief. |
| I hereby certify that the statements made herein are true and correct to Date: 04/28/2011 Signature of Operator or Agent: | Moral Authoritie: Vice President |
| | |

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 | | API No. 15 - 191-20682 | | |
|--|------------------------------------|---|--|--|
| Name: Stelbar Oil Corporation, Inc. Address 1: 1625 N. Waterfront Parkway, Suite 200 | | If pre 1967, supply original completion date: | | |
| | | Spot Description: | | |
| Address 2: | | | | |
| City: Wichita State: KS | _{Zip:} 67206 ₊ | 1,980 Feet from North / South Line of Section | | |
| Contact Person: Roscoe Mendenhall | , | Feet from Feet from East / West Line of Section | | |
| Phone: (316) 264-8378 | | Footages Calculated from Nearest Outside Section Corner: NE NW SE SW | | |
| | | County: Sumner | | |
| | | Lease Name: Norrish Well #: 7 | | |
| Check One: ✓ Oil Well Gas Well G | OG D&A C | Cathodic Water Supply Well Other: | | |
| SWD Permit #: | | Gas Storage Permit #: | | |
| | | Cemented with: Sacks | | |
| | | Cemented with: 160 Sacks | | |
| _ | | Cemented with: 200 Sacks | | |
| List (ALL) Perforations and Bridge Plug Sets: | | | | |
| Perforations: 3462' to 3468', 3104 CIBP @ 3160' and CIBP @ 3040' | ' to 3114', and 296 | 6' to 2974' | | |
| Elevation: 1198 ([G.L. / [K.B.] T.D.: 350 | 2' KB _{PBTD:} 3488' KE | Anhydrite Depth: | | |
| Condition of Well: V Good Poor Junk in He | olo : Cooine Look et | (Stone Corral Formation) | | |
| | | (Interval) | | |
| Proposed Method of Plugging (attach a separate page if a | antional space is needed): | | | |
| Per KCC instructions. | | | | |
| Is Well Log attached to this application? | No Is ACO-1 filed? ✓ | Yes No RECEIVED | | |
| If ACO-1 not filed, explain why: | | | | |
| | | MAY 0 4 2011 | | |
| | | KCC WICHITA | | |
| | | ne Rules and Regulations of the State Corporation Commission | | |
| Company Representative authorized to supervise pluggin Address: 1625 N. Waterfront Parkway, St | ng operations: NOD Willie | City: Wichita State: KS Zip: 67206 + | | |
| Phone: (316) 264-8378 | <u> </u> | City: Violina State: 118 Zip: 107200 + | | |
| | | Name: Stelbar Oil Corporation, Inc. | | |
| Plugging Contractor License #: 6044 Address 1: 1625 N. Waterfront Parkway, | Suite 200 | | | |
| | Julie 200 | Address 2: 67206 | | |
| 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 | a quarapteed by Operator or | Agent / | | |
| Date: 04/28/2011 Authorized Operator / A | 1721 | 6.71/englele | | |
| Adminized Operator / A | | (Signature) | | |
| Mail to: KCC - Cons | servation Division, 130 S. | Market - Room 2078, Wichita, Kansas 67202 | | |

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 # 6044 | MARINE SPECIA | |
|--|---|--|
| Name: Stelbar Oil Corporation, Inc. | Well Location:CN/2se/4Sec.27Twp. 34S. R. 2 | |
| Address 1: 1625 N. Waterfront Parkway, Suite 200 | County | |
| Address 2: | Lease Name: Norrish Well #: _7 | |
| City: Wichita State: KS Zip: 67206 + | If filing a Form T-1 for multiple wells on a lease, enter the legal description of | |
| Contact Person: Roscoe Mendenhall | the lease below: | |
| Phone: (316) 440-7605 Fax: (316) 264-0592 | | |
| Email Address: roscoe@stelbar.com | | |
| | | |
| Surface Owner Information: | | |
| Name: Tom Warren | When filing a Form T-1 involving multiple surface owners, attach an additional | |
| Address 1:1525 S. River Road | 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 | |
| Address 2: | county, and in the real estate property tax records of the county treasurer. | |
| City: Gueda Springs State: KS Zip: 67051 + | | |
| | odic Protection Borehole Intent), you must supply the surface owners and | |
| the KCC with a plat showing the predicted locations of lease roads, tandare preliminary non-binding estimates. The locations may be entered o | odic Protection Borehole Intent), you must supply the surface owners and k 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. | |
| the KCC with a plat showing the predicted locations of lease roads, tank | k batteries, pipelines, and electrical lines. The locations shown on the plat | |
| the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered of Select one of the following: 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 lead to the control of the land upon which the subject well is or will be lead to the control of the land upon which the subject well is or will be lead to the control of the land upon which the subject well is or will be lead to the control of the land upon which the subject well is or will be lead to the control of the land upon which the subject well is or will be lead to the control of the land upon which the subject well is or will be lead to the control of the land upon which the subject well is or will be lead to the control of the land upon which the subject well is or will be lead to the control of the land upon which the subject well is or will be lead to the control of the land upon which the subject well is or will be lead to the control of the land upon which the subject well is or will be lead to the control of the land upon which the subject well is or will be lead to the control of the land upon which the subject well is or will be lead to the control of the land upon which the subject well is or will be lead to the control of the land upon which the subject well is or will be lead to the control of the land upon which the subject well is or will be lead to the control of the land upon which the control of the land upon which the land upon which the control of the land upon which the land u | k 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. Act (House Bill 2032), I have provided the following to the surface ocated: 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 | |
| the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered of Select one of the following: 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 ICP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a | Act (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form CB-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. Cacknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this | |
| the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered of Select one of the following: 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 I CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a I 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 | Act (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-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. Cacknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this gree, payable to the KCC, which is enclosed with this form. | |
| the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered of Select one of the following: 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 ICP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface owner(s). I acknowledge that I am being charged a \$30.00 handling. If choosing the second option, submit payment of the \$30.00 handling. | Act (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-1, 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 gree, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 will be returned. | |

RECEIVED
MAY 0 4 2011

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 #: 5684 | API No. 15 - 207 - 22602-00-00 |
|---|---|
| Name: Larry George Sage | If pre 1967, supply original completion date: |
| Address 1: PO BOX 12 | Spot Description: |
| Address 2: | SE_NE_NE Sec. 28 Twp. 25 S. R. 15 ▼ East West |
| City: VIRGIL State: KS Zip: 66870 | 3,960 Feet from North / South Line of Section |
| Contact Person: GEORGE SAGE | Feet from V East / West Line of Section |
| Phone: (620) 678 3440 | Footages Calculated from Nearest Outside Section Corner: NE NW SE SW |
| riole. (/ | 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 | |
| | Cemented with: Sacks |
| Surface Casing Size: 7" Set at: 42' | |
| Production Casing Size: 4 1/2" Set at: 153 | 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 Lea | ak at: |
| Proposed Method of Plugging (attach a separate page if additional space is need | (Interval) |
| AS PER KCC REGULATIONS | • |
| | |
| Is Well Log attached to this application? Yes V No Is ACO-1 fi | ilada 🚺 Vaa 🗍 Na |
| | led? W Tes No |
| If ACO-1 not filed, explain why: | |
| | |
| Plugging of this Well will be done in accordance with K.S.A. 55-101 et. s | eg. and the Rules and Regulations of the State Corporation Commission |
| Company Representative authorized to supervise plugging operations: | |
| Address: PO BOX 12 | City: VIRGIL State: KS Zip: _66870 + |
| Phone: (620) 678 3440 | |
| Plugging Contractor License #: 5684 | Name: GEORGE SAGE |
| | Address 2: |
| | 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 Or | perator or Agent |
| Date: 5/2/11 Authorized Operator / Agent: | ly Saze (Signature) RECEIVED |
| , | MAY DA 20 |

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

MAY 0 4 2011

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 | 1 (Cathodic Protection Borehole Intent) T-1 (Transfer) X CP-1 (Plugging Application) |
|--|--|
| OPERATOR: License #5684 Name:15684 | Well Location: SE_NE_NESec.28 Twp. 25 S. R. 15 ☑ East West |
| | WOODSON |
| Address 1: PO BOX 12 | County: WOODSON Lease Name: DEGREE OF HONOR Well #: 15 |
| Address 2: | Lease Name: DEGITEE OF FIGURE Well #: 10 |
| City: VIRGIL State: KS Zip: 66870 + | |
| Contact Person: GEORGE SAGE | the lease below: |
| Phone: (620) 678 3440 Fax: () | |
| Email Address: | |
| | |
| Surface Owner Information: Name: DENNIS KRESS,LINDA WITNEY,SANDRA LINK | When filing a Form T-1 involving multiple surface owners, attach an additional |
| Address 1: PO BOX 116 | 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 |
| Address 2: | county, and in the real estate property tax records of the county treasurer. |
| City: WILLIAMBURG State: KS Zip: 66095 + | |
| the KCC with a plat showing the predicted locations of lease roads, ta | hodic Protection Borehole Intent), you must supply the surface owners and ank 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 CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, | acknowledge that, because I have not provided this information, the |
| KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling | owner(s). To mitigate the additional cost of the KCC performing this ng fee, payable to the KCC, which is enclosed with this form. |
| If choosing the second option, submit payment of the \$30.00 handlin form and the associated Form C-1, Form CB-1, Form T-1, or Form Cl | ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned. |
| I hereby certify that the statements made herein are true and correct | |
| Date: 5/2/11 Signature of Operator or Agent: # | ly Sage Title: agent |
| | Dram. |

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