

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

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

Form CP-1

March 2010

This Form must be Typed

Form must be Signed

All blanks must be Filled

OPERATOR: License #: 32903

Name: Triple B Crude, LLC

Address 1: 2100 West Virginia Rd

Address 2: _____

City: Colony State: KS Zip: 66015 + _____

Contact Person: Matt Bowen

Phone: (620) 852-3501

API No. 15 - 207-27812-00-00

If pre 1967, supply original completion date: na

Spot Description: NE4

SE NE SW NE Sec. 30 Twp. 23 S. R. 17 ☒ East ☐ West

3,485 Feet from ☐ North / ☒ South Line of Section

1,620 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Woodson

Lease Name: Bruner Well #: 16

Check One: ☐ Oil Well ☐ Gas Well ☐ OG ☒ D&A ☐ Cathodic ☐ Water Supply Well ☐ Other: _____

☐ SWD Permit #: na ☐ ENHR Permit #: na ☐ Gas Storage Permit #: na

Conductor Casing Size: na Set at: _____ Cemented with: _____ Sacks

Surface Casing Size: 42" 7" Set at: 42 Cemented with: 12 sx portland Sacks

Production Casing Size: na Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

none

Elevation: est 968 (☒ G.L. / ☐ K.B.) T.D.: 920' PBTD: na Anhydrite Depth: na

(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):

Agent Duling was contacted by cell phone at 0700 on 5-16-11. He checked with Chanute office and advised a 50' cement plug at TD, 50' cement plug @the Kansas City Lime, and 200' cement plug to surface. As directed by Agent Duling the Chanute office was contacted at 0800 on 5-16-11. Plugging instructions were confirmed/approved by Chanute office and notification that plugging operations would commence at approximately 1100 hrs on 5-16-11 by an authorized service contractor was provided.

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: Jerry Bowen

Address: 2100 West Virginia Rd City: Colony State: KS Zip: 66015 + _____

Phone: (620) 852-3501

Plugging Contractor License #: 31519 Name: Lone Jack Oil Co. - Leland Jackson

Address 1: 509 E Walnut

Address 2: _____

City: Blue Mound State: KS Zip: 66010 + _____

Phone: (620) 363-0492

Proposed Date of Plugging (if known): 1100 hrs on 5-16-11

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

Date: 5-31-11

Authorized Operator / Agent: _____

(Signature)

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

RECEIVED
JUN 02 2011
KCC WICHITA

Dist-3

No Ltr. - Alr. Plugged

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 # 32903
Name: Triple B Crude, LLC
Address 1: 2100 West Virginia RD
Address 2: _____
City: Colony State: KS Zip: 66015 + _____
Contact Person: Matt Bowen
Phone: (620) 852-3501 Fax: (____) _____
Email Address: _____

Well Location:
SE NE SW NE Sec. 30 Twp. 23 S. R. 17 ☒ East ☐ West
County: Woodson
Lease Name: Bruner Well #: 16

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

Surface Owner Information:

Name: Richard Bruner
Address 1: Box 1
Address 2: _____
City: Neosho Falls State: KS Zip: 66758 + _____

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: 5-31-11 Signature of Operator or Agent: Matt Bowen Title: partner

RECEIVED
JUN 02 2011
KCC WICHITA