

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 #: 32062
Name: ARDC INC
Address 1: 108 W 34TH
Address 2: _____
City: HAYS State: KS Zip: 67601 + _____
Contact Person: GREG WHITEHAIR
Phone: (785) 625-6588/ 785-432-0789

API No. 15 - 113-20920 ~~10000~~ *KW*
If pre 1967, supply original completion date: _____
Spot Description: _____
NE SE SW Sec. 31 Twp. 17 S. R. 3 East West
870 Feet from North / South Line of Section
2,831 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: MCPHERSON
Lease Name: PATRICK SWD Well #: 2

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: D 20,702 ENHR Permit #: _____ Gas Storage Permit #: _____
Conductor Casing Size: 10 3/4' Set at: 208' Cemented with: 200 Sacks
Surface Casing Size: 8 5/8 Set at: 431' Cemented with: 75 Sacks
Production Casing Size: 5 1/2 Set at: 3508' Cemented with: 150 Sacks

List (ALL) Perforations and Bridge Plug Sets:
Maquoketo at 3475 to 3480, plugged back to 3350, SWD zones Mississippian from 3079 to 3099
Elevation: 1347 (G.L. / K.B.) T.D.: 3508 PBDT: 3350 Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: 1422
(Interval)
Proposed Method of Plugging (attach a separate page if additional space is needed):
Run tubing to bottom, pump 50 sacks of cement on bottom, shoot casing off at a minimum of 400' casing depth, pull 5 1/2" casing, run tubing back in and circulate cement to surface. Cut off head and check cement depth between 10 3/4" conductor and 8 5/8" surface and fill to surface if needed.

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: GREG WHITEHAIR
Address: 108 W 34TH City: HAYS State: KS Zip: 67601 + _____
Phone: (785) 432-0789
Plugging Contractor License #: 99996 Name: ALLIED CEMENTING
Address 1: PO BOX 31 Address 2: _____
City: RUSSELL State: KS Zip: 67665 + _____
Phone: (785) 483-2627
Proposed Date of Plugging (if known): 9/21/11

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
Date: 9/14/2011 Authorized Operator / Agent: *Greg Whitehair* *President*
(Signature)

KW
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SEP 15 2011

KANSAS CORPORATION COMMISSION
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Form KSONA-1
July 2010
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**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 # 32062
Name: ARDC INC
Address 1: 108 W 34TH
Address 2: _____
City: HAYS State: KS Zip: 67601 + _____
Contact Person: GREG WHITEHAIR
Phone: (785) 625-6588 Fax: (785) 625-6588
Email Address: gjwhitehair@yahoo.com

Well Location:
NE SE SW Sec. 31 Twp. 17 S. R. 3 East West
County: MCPHERSON
Lease Name: PATRICK SWD Well #: 2

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

Surface Owner Information:

Name: Douglas S Anderson
Address 1: 5320 Lonetree Dr
Address 2: _____
City: Loveland State: CO Zip: 80537 + 7809

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: 9/12/11 Signature of Operator or Agent: Greg Whitehair Title: President

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Address 2: _____
City: HAYS State: KS Zip: 67601 + _____
Contact Person: GREG WHITEHAIR
Phone: (785) 625-6588 Fax: (785) 625-6588
Email Address: gjwhitehair@yahoo.com

Well Location:
NE SE SW Sec. 31 Twp. 17 S. R. 3 East West
County: MCPHERSON
Lease Name: PATRICK SWD Well #: 2

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

Surface Owner Information:

Name: Kristen K. Anderson
Address 1: 7402 Dayton Ave N
Address 2: _____
City: Seattle State: WA Zip: 98103 + 5034

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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: 9/12/11 Signature of Operator or Agent: [Signature] Title: President

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SEP 15 2011

KCC WICHITA



Sam Brownback, Governor, Mark Sievers, Chairman, Ward Loyd, Commissioner, Thomas E. Wright, Commissioner

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

ARDC INC.
108 W 34TH ST
HAYS, KS 67601-1629

September 16, 2011

Re: PATRICK SWD #2
API 15-113-20920-00-00
31-17S-3W, 870 FSL 2831 FEL
MCPHERSON 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 March 14, 2012. 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

Production Department Supervisor

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