

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.

* REC'D W/KSONA-1 W/ INCOR. QTR. CAUSE
OPER TO CORRECT

OPERATOR: License # 30329
Name: Thomas Well Service, Inc.
Address 1: P.O. Box 97
Address 2: _____
City: McLouth State: KS Zip: 66054 + 0097
Contact Person: Bob Thomas
Phone: (913) 758-0175

API No. 15 - 103-20363-0000
If pre 1967, supply original completion date: _____
Spot Description: SE SE NW
SE SE NW Sec. 23 Twp. 8 S. R. 21 East West
2,945 Feet from SE North South Line of Section
4440 Feet from East West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Leavenworth
Lease Name: Brugnoni Well #: 1

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

Conductor Casing Size: na Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 7 1/2" Set at: 42' Cemented with: 15 Sacks
Production Casing Size: 4 1/2" Set at: 1470' Cemented with: 148 Sacks

List (ALL) Perforations and Bridge Plug Sets:
1390' to 1398', 1406' to 1412', 2 shots/ft

Elevation: 1040' (G.L. / K.B.) T.D.: 1500 PBTD: 1470 Anhydrite Depth: _____

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):

Cement 4 1/2" from TD to surface, cut off casing 3 feet below ground level.

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: Bob Thomas

Address: P.O. Box 97 City: McLouth State: KS Zip: 66054 + 0097

Phone: (913) 758-0175

Plugging Contractor License # 34059 Name: Hurricane Services, Inc.

Address 1: P.O. Box 782228 Address 2: _____

City: Wichita State: KS Zip: 67278 + _____

Phone: (316) 685-5908

Proposed Date of Plugging (if known): June 27, 2011

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

Date: 6-17-11 Authorized Operator / Agent: Bob Thomas (Signature)

RECEIVED
KANSAS CORPORATION COMMISSION
(Stone Corral Form)
JUN 20 2011
CONSERVATION DIVISION
WICHITA, KS

[Handwritten signature]



Thomas Well Service, Inc.
Bobby G. Thomas, President



P.O. Box 97 · McLouth, KS 66054 · Office/Fax: (913) 758-0175 · Cell: (913) 683-3304 · bobthomasoil@gmail.com

June 27, 2011

Lynn W. Rolf Jr.
31216 203rd St.
Leavenworth, KS 66048

Re: Brugnoni #1

Dear Mr. Rolf,

Enclosed you will find a copy of Form KSONA-1, correction on Brugnoni # 1 (Spot Description) it should be as follows SE SW NW it was brought to my attention by the KCC.

If you have any questions or concerns, please call me at my office, (913) 758-0175, or on my cell phone, (913) 683-3304.

Sincerely,

Bob Thomas
President
Thomas Well Service, Inc.

RECEIVED
JUN 30 2011
KCC WICHITA

Enc.

cc: file
KCC

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

INCORRECT PTR. CAUS.
OPER. MUST
CORRECT.
Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
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**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

[Handwritten signature]
6/21/11

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 # 30329
Name: Thomas Well Service, Inc.
Address 1: P.O. Box 97
Address 2: _____
City: McLouth State: KS Zip: 66054 + 0097
Contact Person: Bob Thomas
Phone: (913) 758-0175 Fax: (____) _____
Email Address: _____

Well Location:
____ SE SE NW Sec. 23 Twp. 8 S. R. 21 East West
County: Leavenworth
Lease Name: Brugnoni Well #: 1

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

Surface Owner Information:

Name: Lynn W. Rolf Jr.
Address 1: 31216 203rd St.
Address 2: _____
City: Leavenworth State: KS Zip: 66048 + _____

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.

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KANSAS CORPORATION COMMISSION
JUN 20 2011

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: 6-17-11 Signature of Operator or Agent: [Signature] Title: President

CORRECTED KSONA-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

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KANSAS SURFACE OWNER NOTIFICATION ACT

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OPERATOR: License # 30329
Name: Thomas Well Service, Inc.
Address 1: P.O. Box 97
Address 2: _____
City: McLouth State: KS Zip: 66054 + 0097
Contact Person: Bob Thomas
Phone: (913) 758-0175 Fax: (____) _____
Email Address: _____

Well Location: SW B.T. 6-27-11
SE ~~00~~ NW Sec. 23 Twp. 8 S. R. 21 East West
County: Leavenworth
Lease Name: Brugnoni Well #: 1

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RECEIVED
JUN 30 2011

KCC WICHITA

Surface Owner Information:

Name: Lynn W. Rolf Jr.
Address 1: 31216 203rd St.
Address 2: _____
City: Leavenworth State: KS Zip: 66048 + _____

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.

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Select one of the following:

BT

6-27-11

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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: 6-19-11 Signature of Operator or Agent: [Signature] Title: President

6-27-11

[Signature]



CORPORATION COMMISSION

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

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

THOMAS WELL SERVICE, INC.
PO BOX 97
MCLOUTH, KS 66054-0097

July 08, 2011

Re: BRUGNONI #1
API 15-103-20363-00-00
23-8S-21E, 2945 FSL 4440 FEL
LEAVENWORTH 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 January 4, 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: #3
1500 W. 7th
Chanute, KS 67220
(620) 432-2300