Kansas Corporation Commission Oil & Gas Conservation Division

Form CP-t 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 #: 33221 API No. 15 - 001-27667 • 00 | 00 |
|---|------------------------|
| Name: Roxanna Pipeline, Inc If pre 1967, supply original completion date | 9: |
| Address 1: 4600 Greenville Ave., Ste. 200 Spot Description: NE/4 SE/4 | |
| Address 2: NW_NE_NE_SE Sec. 3 Twp. 26 S | |
| City Dallas State TX 75206 2,475 Feet from North | |
| Contact Person; Carol M. Shiels | / West Line of Section |
| Phone: (214) 691-6216 Phone: (214) 691-6216 NE NW SE Calculated from Nearest Outside County: Allen Lease Name: N. Finney |] sw |
| Check One: ☐ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic ☐ Water Supply Well ☐ Other: | |
| Check One: ✓ Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: | |
| | |
| Conductor Casing Size: Set at: Cermented with: | |
| Surface Casing Size: Set at: Cemented with: | |
| Production Casing Size: Set at: Cemented with: | Sacks |
| List (ALL) Perforations and Bridge Plug Sets: NO records are available | |
| | |
| Elevation: 978 (_ GL/ KB) T.D.: 841 PBTD: Anhydrite Depth: | |
| (Stone Corral Condition of Well: Good Poor Junk in Hole Casing Leak at: | Formation) |
| (Interval) Proposed Method of Plugging (attach a separate page if additional space is needed): | |
| Connect pump truck directly to the casing and pump cement into well until it holds pres | sure |
| , | |
| Is Well Log attached to this application? Yes X No Is ACO-1 filed? Yes No | |
| · | |
| If ACO-1 not filed, explain why: Well was drilled in the mid-80's. Don't know if ACO-1 was ever filed. | |
| Well was drilled in the mid-60's. Don't know if ACO-1 was ever filed. | |
| 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 C | Commission |
| Company Representative authorized to supervise plugging operations: Tom Gilbert | |
| Address: 1391 200th Rd City: Yates Center State: KS Zip: | 66783 + |
| Phone: (785) 466-1158 | |
| Plugging Contractor License # 5491 Name: W & W Production Company | |
| Address 1: 1150 Hwy 39 | |
| City: Chanute State: KS Zip: | 66720 |
| Phone: () | |
| Proposed Date of Plugging (if known): | -RECEIVED |
| | AUC 0 4 2011 |
| Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent | AUG 0 1 2011 |
| Date: 7/29/2011 Authorized Operator / Agent: / Carrie (Signature) | KCC WICHITA |

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

KCC WICHITA

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 #33221 Name:Roxanna Pipeline, Inc. | Well Location: NW_NE_NE_SE_Sec.3 Twp. 26 S. R. 18 ✓ East | |
|---|--|--|
| Address 1: 4600 Greenville Ave., Ste. 200 | | |
| Address 2: | | |
| City: Dallas State: TX zip: 75206 + | | |
| Contact Person: | ute lease below: | |
| Phone: () Fax: () | | |
| Email Address: | | |
| ****** | | |
| Surface Owner Information: Name: Bob Barnett | Miles files a Form T1 involving multiple surface surrous and the state of the state | |
| Address 1: c/o B & W Custom Truck Bed Address 2: 1216 US Hwy 224 | 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. | |
| Address 2: 1216 US Hwy 224 | | |
| City: Humboldt State: KS zip: 66748 + | , , , , | |
| are preliminary non-binding estimates. The locations may be entered of Select one of the following: | s batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. | |
| CP-1 that I am filing in connection with this form; 2) if the form I | ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or 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 | cknowledge that, because I have not provided this information, the ener(s). To mitigate the additional cost of the KCC performing this | |
| 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 | cknowledge that, because I have not provided this information, the mer(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 | |
| 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. If choosing the second option, submit payment of the \$30.00 handling. | cknowledge that, because I have not provided this information, the mer(s). To mitigate the additional cost of the KCC performing this fee, 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. | |
| 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 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- | cknowledge that, because I have not provided this information, the mer(s). To mitigate the additional cost of the KCC performing this fee, 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. | |