

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  
Name: Stelbar Oil Corporation, Inc.  
Address 1: 1625 N. Waterfront Parkway, Suite #200  
Address 2: \_\_\_\_\_  
City: Wichita State: KS Zip: 67206 + 6602  
Contact Person: Roscoe L. Mendenhall  
Phone: ( 316 ) 264-8378

API No. 15 - 019-27051-00-00  
If pre 1987, supply original completion date: \_\_\_\_\_  
Spot Description: \_\_\_\_\_  
SE1/4 SW/4 NW/4 Sec. 24 Twp. 32 S. R. 10  East  West  
2310 Feet from  North /  South Line of Section  
990 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Chautauqua  
Lease Name: Floyd 'A' Well #: 32

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: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks  
Surface Casing Size: 8 5/8" Set at: 135' KB Cemented with: 80 sks. common cement cont. 3% cc Sacks  
Production Casing Size: \_\_\_\_\_ Set at: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks

List (ALL) Perforations and Bridge Plug Sets:

1114' GL  
Elevation: 1121' KB ( G.L. /  K.B.) T.D.: 2100' KB PBTD: N/A Anhydrite Depth: \_\_\_\_\_  
(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):  
Plug well w/205 sks. cement as follows: 15 sks. @ 2100'; 15 sks. @ 1500';  
160 sks. from 500' to surface; 15 sks. in rathole.  
All cement was 60/40 pozmix w/4% gel.

Is Well Log attached to this application?  Yes  No Is ACO-1 filed?  Yes  No

If ACO-1 not filed, explain why: ACO-1 will be filed within 120 days from Spud Date with the KCC and all Well Logs will be sent in at that time.

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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: Roscoe L. Mendenhall  
Address: 1625 N. Waterfront Parkway, Suite #200 City: Wichita State: KS Zip: 67206  
Phone: ( 316 ) 264-8378  
Plugging Contractor License #: 6044 Name: Stelbar Oil Corporation, Inc.  
Address 1: 1625 N. Waterfront Parkway, Suite #200 Address 2: \_\_\_\_\_  
City: Wichita State: KS Zip: 67206 + 6602  
Phone: ( 316 ) 264-8378

Proposed Date of Plugging (if known): 07/28/2011 *P+R*

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent  
Date: 08/26/2011 Authorized Operator / Agent: Roscoe L. Mendenhall, Vice-President / Operations (Signature)

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

Dist. 3

No Str. - Alr. Plugged

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1  
July 2010  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

*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 # 6044  
Name: Stelbar Oil Corporation, Inc.  
Address 1: 1625 N. Waterfront Parkway, Suite #200  
Address 2: \_\_\_\_\_  
City: Wichita State: KS Zip: 67206 + 6602  
Contact Person: Roscoe L. Mendenhall  
Phone: ( 316 ) 264-8378 Fax: ( 316 ) 264-0592  
Email Address: roscoe@stelbar.com

Well Location:  
SE/4 SW/4 NW/4 Sec. 24 Twp. 32 S. R. 10  East  West  
County: Chautauqua  
Lease Name: Floyd 'A' Well #: 32

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

**Surface Owner Information:**

Name: Linda V. Arrington  
Address 1: 100 W. 5th Street, Suite #1000  
Address 2: \_\_\_\_\_  
City: Tulsa State: OK Zip: 74103 + 4293

*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: 08/26/2011 Signature of Operator or Agent: Roscoe L. Mendenhall Title: Vice-President / Operations

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