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 #: 32278 | | | API No. 15 - 163- | 21,041— | 8880 | | | | | | | | |
|---|--------------------|----------------------|--------------------------|---------------|--|-------------------|-----------------------------|--|--|------------------------|------------|-------------|-----------------|
| Name: Tengasco, Inc. | | | If pre 1967, supply orig | inal completi | ion date: | | | | | | | | |
| Address 1:PO Box 458 Address 2:1327 Noose Rd. City:Hays | | | Spot Description: | | | | | | | | | | |
| | | | | | | | Contact Person: Gary Wagner | | | F | eet from 🗹 | Bast / West | Line of Section |
| | | | | | | | Phone: (785) 625-6374 | | | Footages Calculated fr | | | ner: |
| Frione. (/ | | | County: Rooks |] WW [*]: | SE SW | | | | | | | | |
| | | | Lease Name: Stahl | •• | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | | | | | |
| | | | | | | | | | | | | | |
| Check One: 📝 Oil Well 🔲 Gas Well 📗 OG | D&A | Cathodic | Water Supply Well | Oth | er: | | | | | | | | |
| SWD Permit #: | ENHR P | ermit #: | Ga | s Storage P | ermit #: | | | | | | | | |
| Conductor Casing Size: | Set at: | | Cemented wi | h: | | Sacks | | | | | | | |
| Surface Casing Size: 8-5/8" | Set at: | 264' | Cemented wi | h: | 185 | Sacks | | | | | | | |
| | | 3589' | | | 750 | | | | | | | | |
| List (ALL) Perforations and Bridge Plug Sets: | | | | | | | | | | | | | |
| Arb OH 3589-3612' | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Elevation: 2170 (G.L./ (K.B.) T.D.: 3612' | PBTD: | Anh | ydrite Depth: 1494 | | | | | | | | | | |
| Condition of Well: V Good Poor Junk in Hole | | | , | (Stor | ne Corral Formation) | | | | | | | | |
| | | (Inte | erval) | | | | | | | | | | |
| Proposed Method of Plugging (attach a separate page if addition | nai space is neede | ed): | | | | | | | | | | | |
| As per KCC recommendations | | | | | | | | | | | | | |
| | | | _ | | | | | | | | | | |
| Is Well Log attached to this application? Yes No | Is ACO-1 file | ed? 🔲 Yes 🗹 |] No | | | | | | | | | | |
| If ACO-1 not filed, explain why: | | | | | | | | | | | | | |
| N/A | | | | | | | | | | | | | |
| - | | = . | | | | | | | | | | | |
| Plugging of this Well will be done in accordance with K.S | | | and Regulations of the | State Corpo | ration Commission | | | | | | | | |
| Company Representative authorized to supervise plugging of Address: PO Box 458 | | | lave . | KS | 67601 | 9744 | | | | | | | |
| Phone: (785) 625-6374 | | City: _L | łays s | State: | _ Zip: <u> </u> | _ + <u>3144</u> _ | | | | | | | |
| Phone: (100) 020-0374 Plugging Contractor License #: 32332 | | | Fischer Well Se | nvice | | | | | | | | | |
| 50.5 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | <u> </u> | State: KS | Zip: 6/601 | _ + 0//3 _ | | | | | | | |
| Phone: (785_) 628-3837 | | | | | | | | | | | | | |
| Proposed Date of Plugging (if known): | | | | | | | | | | | | | |
| Doument of the Diversion For IV A.D. 00.0 4400 | | | | . ه | W/ ADEM | EIVED | | | | | | | |
| Payment of the Plugging Fee (K.A.R. 82-3-118) will be guard Date: 7-20-11 Authorized Operator / Agent | | rator or Agent سب | Pary War | | | | | | | | | | |
| Date:Authorized Operator / Agent | Ľ | | (Signay) | () | JUL : | 2 2 2011 | | | | | | | |

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.

| OPERATOR: License # 32278 | |
|--|---|
| Name:Tengasco, Inc. | Well Location: NW SE NW 5 21 7 9 0 7 18 57 56 |
| Address 1: PO Box 458 | NW_SE_NW Sec. 21 Twp. 9 S. R. 18 East West County: Rooks |
| Address 2:1327 Noose Rd. | County: ROOKS Lease Name: Stahl Well #: 2 |
| City: Hays State: KS Zip: 67601 | 0744 |
| Contact Person: Gary Wagner | If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: |
| Phone: (785) 625-6374 Fax: (785) 625-6 | 5241 |
| Email Address: | |
| Surface Owner Information: | |
| Name: Mary Stahl Heirs | Milhon Sting of Form T.1 in white we high |
| | 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 |
| Address 1: c/o Joe Stahl, 403 N. Jefferson Address 2: | 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. |
| City: Plainville State: KS Zip: 67663 | |
| Select one of the following: | be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. |
| owner(s) of the land upon which the subject well i | mer Notice Act (House Bill 2032), I have provided the following to the surface is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form c) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this number, fax, and email address. |
| NCC will be required to send this information to th | owner(s). I acknowledge that, because I have not provided this information, the surface owner(s). To mitigate the additional cost of the KCC performing this 0.00 handling fee, payable to the KCC, which is enclosed with this form. |
| If choosing the second option, submit payment of the \$30 form and the associated Form C-1, Form CB-1, Form T-1, | .00 handling fee with this form. If the fee is not received with this form, the KSONA-1 or Form CP-1 will be returned. |
| I hereby certify that the statements made herein are true a | nd correct to the best of my knowledge and belief. |
| Date: 7-20-11 Signature of Operator or Agent: | Say Wagner Title: Production Manager EIVED |
| | (// |
| | JUL 2 2 2011 |

KCC WICHITA



July 21, 2011

Mary Stahl Heirs c/o Joe Stahl 403 N. Jefferson Plainville, KS 67663

To Whom It May Concern;

As required by Kansas law, an oil producer must now notify the surface owner prior to a well being plugged. It is Tengasco's intent to plug the Stahl #2 located in the Northwest Quarter (NW/4) of Section 21-9S-18W Rooks Co. Please call me if you have any questions.

Thank you,

Gary Wagner

Production Manager

Hay Wagner

Tengasco, Inc.

Office (785)625-6374

Cell (785)735-4124

RECEIVED
JUL 2 2 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)

TENGASCO, INC. 1327 NOOSE RD PO BOX 458 HAYS, KS 67601-9744 July 28, 2011

Re: STAHL #2

API 15-163-21041-00-00

21-9S-18W, 3630 FSL 3630 FEL ROOKS 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 24, 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

Stur Bond

Production Department Supervisor

District: #4 2301 E. 13th Hays, KS 67601 (785) 625-0550