

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION
Please TYPE Form and File ONE Copy

Form CP-1
March 2009
This Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 31528
Name: Mike Kelso Oil, Inc.
Address 1: P.O. Box 467
Address 2: _____
City: Chase State: KS Zip: 67524 + 0467
Contact Person: Mike Kelso
Phone: (620) 938-2943

API No. 15 - 009-22410-0000
If pre 1967, supply original completion date: _____
Spot Description: SE SE NW
Sec. 11 Twp. 19 S. R. 12 East West
2920 Feet from North / South Line of Section
2920 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner: *Per OPS 8/08/11*
 NE NW SE SW
County: Barton
Lease Name: George Miller Well #: 1

Check One: Oil Well Gas Well OG D₂S 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: 250' Cemented with: 175 Sacks
Production Casing Size: 4-1/2" Set at: 3392' Cemented with: 200 Sacks
7" 595'

List (ALL) Perforations and Bridge Plug Sets:

2944-18, 3098-6104, 3142-44, 3149-52, 3252-56, 3268-74, 3297-98

Elevation: 1816 (G.L. / K.B.) T.D.: 3395 PBTD: _____ Anhydrite Depth: 594'
(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):

According to the rules and regulations of the state of Ks.

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

If ACO-1 not filed, explain why:

Unavailable

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: Mike Kelso

Address: P.O. Box 467 City: Chase State: KS Zip: 67524 + 0467

Phone: (620) 938-2943

Plugging Contractor License #: 31529 Name: Mike's Testing & Salvage, Inc.

Address 1: P.O. Box 467 Address 2: _____

City: Chase State: KS Zip: 67524 + 0467

Phone: (620) 938-2943

Proposed Date of Plugging (if known): Immediately P & A alr. (8/08/11)

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

Date: 8-8-11 Authorized Operator / Agent: _____
(Signature)

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

Dist. 4

No ltr. - Alr. Plugged

RECEIVED
AUG 24 2011

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

**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 # 21528
Name: Mike Kelso Oil, Inc.
Address 1: P.O. Box 467
Address 2: _____
City: Chase State: KS Zip: 67524 + 0467
Contact Person: Mike Kelso
Phone: (620) 562-8088 Fax: (620) 938-2945
Email Address: _____

Well Location:
_____ SE SE NW Sec. 11 Twp. 19 S. R. 12 East West
County: Barton
Lease Name: George Miller 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: Kelly Miller Etal
Address 1: C/O George Miller
Address 2: 97 NE 110 Avenue
City: Ellinwood State: KS Zip: 67526 + _____

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: 8-8-11 Signature of Operator or Agent: [Signature] Title: President

RECEIVED
AUG 24 2011