## 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 Kensas Surface Owner Notification Act,

| 21772   |                       | ibmitted with th |                        |                                       |  | W       |
|---|-----------------------|------------------|------------------------|---------------------------------------|--|---------|
|   |                       |                  | API No. 15 - 15-07     | 73-20,940 -000                        | <u>ゎ</u>                               | ( V     |
| Name: Black Star 231 Corp   | -                     |                  |                        | inal completion date: 7               |  |         |
| Address 1: 2300 Main St Suite #900                                | <del>_</del>          |                  | Spot Doseriotten       | 9 Twp. 24 S. R.                       | ···                                    |         |
| Address 2:  |                       | :                | 50.00 Sec              | 9 Twp. 24 S. R.                       | 10 PEast                               | Wes     |
| City: Kansas City State: Mo                                       | zip: 64108 -          |                  |                        |                                       |  |         |
| Contact Person: Jim Pryor   |                       | -                |                        | et from 🗹 East /                      |  | Section |
| Phone; (816 ) 560-7300  |                       | '                |                        | m Nearest Outside Sect                |  |         |
|   |                       |                  | ounty: Greenwo         |                                       | •                                      |         |
|   |                       |                  |                        | ab vvei                               | g. 4                                   |         |
|   | <del></del>           |                  |                        | T T T T T T T T T T T T T T T T T T T | т                                      |         |
| Check One: ☑ Olf Well ☐ Gas Well ☐ og                             | D&A                   | Cathodic         | Water Supply Well      | Other:                                | ·                                      |         |
| SWD Permit #:   | ENHR Pern             | nit#:            | Ces :                  | Storage Permit#:                      | <del></del>                            | -       |
| Conductor Casing Size:  | . Set at              | <del>_</del>     | Cemented with:         |                                       | <u></u> -                              | Secks   |
| Surface Casing Size: 8 5/8"                                       | Set at: <u>65'</u>    |                  | Comented with:         | 60exs                                 |  | Sacks   |
| Production Casing Size: 5 1/2*                                    | Set at2824'           |                  | Cemented with:         | 75sxs                                 |  | Sacks   |
| List (ALL) Perforations and Skidge Plug Sets:                     |                       |                  |                        |                                       |  |         |
| ,   |                       |                  |                        |                                       |  |         |
|   |                       |                  |                        |                                       |  |         |
| Sevetion: 1403 ([]GL/[]KB) T.D.: 2840'                            | PBTD:                 | Anhydrit         | e Depth:               |                                       |  |         |
| Condition of Well: 🗹 Good 🔲 Poor 🔲 Junk in Hole                   |                       |                  |                        | (Stone Corral Formal)                 | (אם                                    |         |
| Proposed Method of Plugging (attach a separate page if addition   |                       | 7-th             |                        |                                       |  |         |
| Mix and circulate mud in well. Spot th                            |                       |                  | 840 2 000 1 20         | In 100' to ourfo                      | .00                                    |         |
|   | , cagin tabing        | high of t        | J70, £,000, 1,2(       | אווטפ נט פטוום                        | Ce.                                    |         |
| e Whill are abbedred to the continuous                            |                       |                  |                        | RF                                    | CEIVED                                 |         |
| s Well Log attached to this application? Yes No Is ACO-1 filed? Y |                       |                  | 1                      |                                       |  |         |
| 1 ACO-1 not filed, explain why:                                   |                       |                  |                        | NOV                                   | / 2 9 2010                             |         |
|   |                       |                  |                        | KCC                                   | WICHITA                                |         |
| Plugging of this Well will be done in accordance with K.S.        | A. 55-101 et. sec. ar | nd the Rules and | Regulations of the Sta | ite Comoration Commi                  | *AICHIT                                | ı       |
| Company Representative authorized to supervise plugging op        |                       |                  |                        |                                       | 231011                                 |         |
| Address: P.O. Box 166   |                       | Civ. Harr        | ilton stat             | . Ks zip 668                          | 53 .                                   |         |
| Phone: (620 ) 344-6283  |                       |                  |                        | z z.p                                 |  |         |
| lugging Contractor License # 32147                                |                       | Nome:            |                        |                                       |  |         |
| ddress 1: same as above   |                       |                  |                        |                                       |  |         |
| ity:  |                       |                  |                        |                                       | ······································ |         |
| hone: ( )   |                       |                  |                        | e: Zip:                               | ·-                                     |         |
| late December   |                       | <del></del>      |                        |                                       |  |         |
|   |                       |                  |                        | <del></del>                           |  |         |
| ayment of the Plugging Fee (K.A.R. 82-3-118) will be guar         | antes (V) (vitor      | r or Agent,      |                        |                                       |  |         |
| rate: _S/89/// Authorized Operator / Agent                        | - June                | 1/1              | Black                  | STAC 231                              | CORD                                   |         |
| ( )   | ///                   | 1.1.             | (©igneture)            |                                       | 7                                      |         |
| Mail to: KCC - Conserve   | Aton Division 130     | S. Market - Roc  | m 2078 Wichita Kar     | 1000 87202 1 //1/                     |  |         |

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

# CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Farm 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.

| OPERATOR: License # 31772  Name: Black Star 231 Corp   | Well Location:   |  |  |  |  |
|--|--|--|--|--|--|
|  | - Sec. 9 Twp. 24 S. R. 10 P East West  |  |  |  |  |
| Address 1: 2300 Main St , Suite #900   | Carete Greenwood   |  |  |  |  |
| Address 2:   | Lease Name: Schwab Well #: 4   |  |  |  |  |
| City: Kansas City Stata: Mo Zip: 64108 , Contact Person: Jim Pryor   | If filing a Form T-1 for multiple wells on a lease, enter the legal description  |  |  |  |  |
| Phone: (816 ) 560-7300 Fex: (816 ) 842-5155  |  |  |  |  |  |
| Email Address: pryor 231@hotmail.com   | -<br>·   |  |  |  |  |
| Surface Owner Information;   |  |  |  |  |  |
| Name: see attached   |  |  |  |  |  |
| Address 1:   | Surface owner. Surface   |  |  |  |  |
| Address 2:   | country, and in the real estate property tax records of the country treasurer.   |  |  |  |  |
| City: State: Zip:+   | •  |  |  |  |  |
| If this form is being submitted with a Form C-1 (intent) or CB-1 (Cath<br>he KCC with a plat showing the predicted locations of lease roads, to<br>the preliminary non-binding estimates. The locations may be entered to  | adic Protection Barehole Intent), you must supply the surface owners and the batteries, pipelines, and electrical lines. The locations shown on the plat   |  |  |  |  |
| If this form is being submitted with a Form C-1 (intent) or CB-1 (Cath<br>the KCC with a plat showing the predicted locations of lease roads, to<br>are preliminary non-binding estimates. The locations may be entered a<br>Select one of the following:  | odic Protection Barehole Intent), you must supply the surface owners and<br>nk batteries, pipelines, and electrical lines. The locations shown on the plat<br>on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.   |  |  |  |  |
| Select one of the following:    Certify that, pursuant to the Kenses Surface Owner Notice owner(s) of the land upon which the subject well is or will be   | on the Form C-1 plet, Form CB-1 plet, or a separate plat may be submitted.  Act (House Bill 2032), I have provided the following to the surface located: 1) a capy of the Form C-1, Form CB-1, Form T-1, or Form   |  |  |  |  |
| Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface common.   | Act (House Bill 2032), I have provided the following to the surface located: 1) a capy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  |  |  |  |  |
| Select one of the following:  I certify that, pursuant to the Kenses Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, at I have not provided this information to the surface owner(s). It is KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling choosing the second option, submit newspect of the \$20.00 handling   | Act (House Bill 2032), I have provided the following to the surface located: 1) a capy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this give, payable to the KCC, which is enclosed with this form.   |  |  |  |  |
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| Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, at I have not provided this information to the surface owner(s). If KCC will be required to send this information to the surface owner(s). I acknowledge that I am being charged a \$30,00 handling the associated Form C-1, Form CB-1, Form T-1, or Form CP-mereby certify that the statements made herein are true and correct to             | Act (House Bill 2032), I have provided the following to the surface located: 1) a capy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  Becknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this give, payable to the KCC, which is enclosed with this form.  If the with this form. If the fee is not received with this form, the KSONA-1 will be returned. |  |  |  |  |
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

KCC WICHITA

TIME: 09:42:46

PLAINS MARKETING, L.P.

DIVISION OF INTEREST - STATEMENT OF LEASE OWNERSHIP
LISTED BY OPERATOR

PAGE 5

|                 |  |                               |                          | Fraich (                 | PT OFERAIUR     |   |                     |             |
|-----------------|--|-------------------------------|--------------------------|--------------------------|-----------------|---|---------------------|-------------|
|                 | SCHWAR 2 455   |                               | COUNTY<br>GREENWOOD      |                          | STATE<br>KANSAS | DPERATOR<br>BLACK STAR 231 CORPOR   | ?ATINN              |             |
| SS OWNER AL     | D *****INTEREST OWNE   |                               | DECIMAL                  | TYPEINT                  | SS OWNER !      | NO XXXXXINTEREST OWNERXXXXX   | DECIMAL             | TYPEIN      |
| 0500 <b>938</b> | SHIRLEY BERENTZ LI<br>SHIRLEY & JACK BER<br>324 BERENTZ DR<br>EUREKA KS<br>515-24-2941 | T OTD 8-<br>RENTZ CO<br>67045 | 0.01822920               | OR                       | D524881         | RUTH L EDWARDS LIV TR<br>RUTH L EDWARDS & JO ANN WEMLI<br>CO- TRUSTTEES<br>1201 MARTINDALE ST<br>BURLINGTON KS 66839<br>510-58-7995 | 13 17 17 10 O       | RI          |
| 0733678         | BLACK STAR 231 COR<br>5705 H W 90TH TERR<br>KARSAS CITY HO<br>43-1727231               | P<br>64154                    | 0.85677080               | WY                       | 0733681         | DELBERT P SCHWAB<br>701 N SYALLARD<br>STILLWAYER CK 74075<br>448-30-3739  | 0.03125900          | RI          |
| 0733682         | CARL E SCHWAB<br>34 LONGWOOD DR<br>HUNTINGTON_STATION                                  | ! <b>BY</b>                   | 0.03125000               | R1.                      | 0733683         | DORIS L YEASER<br>505 POOL DR   | a de 😎 en est       | <b>≤</b> RI |
|                 | 509-30-5857  | 11746                         |                          |                          |                 |   | £ €                 | 宝           |
|                 | TOTAL  |                               | 1.9800000                | _                        |                 | 513-32-5093   | EIVI<br>29          | NOTE OF     |
| :天天天天天天大兴兴美生    | <del>7,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5</del>                                     | <del>XXXXXXXXXX</del> X       | <del>英英英英英英</del> 英英英英英英 | K <del>anan</del> anaka) | KKKK KKKKKK     | яянянняннянняннянняннянняння  | eesexalaxxaxxa<br>S |             |

Sueface MINERAL GWNERS

Phone 816-448-3600



Fax 816-448-3101

Marjorie Marcotte Kansas Corporation Commission 130 South Market Street, Room 2078 Wichita, Kansas, 67202

August 29th, 2011

Dear Ms. Marcotte,

\* Rec'd lts. W/ CP-/5+ KSONA-15 FOR (3) wells: SCHWAB 2 9-245-10E 8CHWAB 4 " "

You will recall that these forms expired, due to the death of the contractor. To renew them, you asked me to resubmit them with current dates and original signatures. I have enclosed these documents for plugging approval as you recommended.

If there are any questions please call me at 816-560-7300 cell. I hope we can proceed to plugging these wells as soon as Hurricane Services can do the job. Please advise.

Sincerely,

Jim Pryor

RECEIVED
AUG 2 9 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)

BLACK STAR 231 CORP. LIVESTOCK EXCHANGE BLDG 1600 GENESSEE, STE 814 KANSAS CITY, MO 64102 August 29, 2011

Re: SCHWAB #4

API 15-073-20940-00-00

9-24S-10E, 2640 FSL 330 FEL

GREENWOOD 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 February 25, 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,

Stur Bond

Steve Bond

Production Department Supervisor

District: #3 1500 W. 7th

Chanute, KS 67220 (620) 432-2300