KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 #: 3956		_ API No. 15 - 141-20,430)-00-00
Name: Brungardt Oil & Leasing, Inc.		If pre 1967, supply original completion date:	
		Spot Description: SW-SE-NE	E-NE
Address 1: PO Box 871 Address 2:			. 10 S. R.15 East Wes
City: Russell State: KS	Zip: 67665 +		North / South Line of Section
Contact Person: Gary Brungardt		- 515 Feet from 2	K East / West Line of Section
Phone: (785) 483-4975	· · · · · · · · · · · · · · · · · · ·	Footages Calculated from Nearest	
Priore (1997 / 1997)		County: Osborne	SE SW
	·	Lease Name: Ruggels "A"	" Well #: 1
Check One: Oil Well Gas Well OG	G X D&A Catho	odic Water Supply Well Oth	er:
SWD Permit#:	ENHR Permit#:	Gas Storage F	Permit #:
Conductor Casing Size:	Set at:	Cemented with:	Sacks
Surface Casing Size: 8 5/8"	Set at:217 '	Cemented with:	150 Sacks
Production Casing Size:	Set at:	Cemented with:	Sacks
List (ALL) Perforations and Bridge Plug Sets:		•	
•			
Elevation: 1,889 (GL./ K.B.) T.D.: 3,70	<u>001</u> РВТО:	Anhydrite Depth: 1,076'-1,11	21
Condition of Well: X Good Poor Junk in Hole	Casina Look at:		e Corral Pormation)
Proposed Method of Plugging (attach a separate page if addit		(Interval) .	
	,	:	
Is Well Log attached to this application? X Yes No	s ACO-1 filed? Yes	s No	·
If ACO-1 not filed, explain why: To be filed b	v operator		
			•
Plugging of this Well will be done in accordance with K.	S A 55.101 of son and the Ru	des and Regulations of the State Corner	ration Commission
Company Representative authorized to supervise plugging of		- •	
Address: PO Box 709	Cliv	Russell State KS	7in 67665
Phone: (785_) 483-3141			·
Plugging Contractor License #: 5184		ne: Shields Drilling C	to.
Address 1: PO Box 709	Addı	ress 2	RECEIVED
City: Russell,	, Tud	State: KS	zin: 67665 a a +aa4
Phone: (785) 483-3141			OCI 0.3 (2011
Phone: (785) 483-3141 Proposed Date of Plugging (if known): \$\mathbb{A} 9-01-2\$	011; 8:30 AM		KCC WICHITA
,			- MINIOINI OON
Payment of the Plugging Fee (K.A.R. 82-3-118) will be gu			B
Date: 9-12-2011 Authorized Operator / Ager	at Shields Drillin	ng Co. Ullow (Signature)	Jerry
Mail to: KCC - Consor	vation Division, 130 S. Mark	et - Room 2078, Wichita, Kansas 672	02 ((1)
Z- 13	•		- (· ~
100 UK	eALR.	(UNGGEL)	

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 Plt Permit); and CP-1 (Well Plugging Application).

OPERATOR: License # 3956	Well Location:
Name: Brungardt Oil & Leasing, Inc.	SW SE NE NE Sec.23 twp.10 S. R. 15 East West
Address 1: PO Box 871	County: Osborne
Address 2:	Lease Name: Ruggels "A" Wull #: 1
Clty: Russell State: KS Zip: 67665 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: Gary Brungardt	the lease below:
Phone: (785) 483-4975 Fax: ()	•
Email Address:	
Surface Owner Information:	
Name Thirlene Riagels	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1: 500 W 3 rd	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
Address 2:	county, and in the real estate property tax records of the county treasurer.
City: Russell State: KS zip: Le Nobes +	
	i tha Larm ('. I mist Larm ('W. I mist ar a constata nist me)) ha cubwilled
Select one of the following:	n 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 A owner(s) of the land upon which the subject well is or will be k	ct (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eling filed is a Form C-1 or Form CB-1, the plat(s) required by this
Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be to CP-1 that I am filling in connection with this form; 2) if the form the form; and 3) my operator name, address, phone number, fax, at I have not provided this information to the surface owner(s). I at	ct (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form leing filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. Sknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

KCC WICHITA