

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 #: 32081  
Name: Smokey Valley Resources Inc.  
Address 1: 6604 Tarrytown  
Address 2: \_\_\_\_\_  
City: Park City State: KS. Zip: 67219  
Contact Person: George Saling  
Phone: (\_\_\_\_) 316-250-6886

API No. 15 - 159-02031-00-00  
If pre 1987, supply original completion date: 1-13-56  
Spot Description: SE NE NE  
Sec. 24 Twp. 19 S. R. 6  East  West  
4241 Feet from  North /  South Line of Section  
449 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Rice  
Lease Name: Spohn Well #: 3

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 Set at: 181 Cemented with: 125 Sacks  
Production Casing Size: 5 Set at: 3499 Cemented with: 100 Sacks

List (ALL) Perforations and Bridge Plug Sets:  
Open Hole Perf 3413-3419

Elevation: 1622 ( G.L. /  K.B.) T.D.: 3459 PBTD: 3459 Anhydrite Depth: None  
(Stone Coral 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):

Rules of K.C.C.

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

If ACO-1 not filed, explain why:

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: George Saling  
Address: 6604 Tarrytown City: Park City State: KS. Zip: 67219  
Phone: (\_\_\_\_) 316-250-6886

Plugging Contractor License #: 31529 Name: Mikes Testing & Salvage  
Address 1: P.O. Box 467 Address 2: \_\_\_\_\_  
City: Chase State: KS Zip: 67524  
Phone: (\_\_\_\_) 620-938-2943

Proposed Date of Plugging (if known): ASAP

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

Date: 10-25-2011 Authorized Operator / Agent: \_\_\_\_\_

George Saling  
(Signature)

RECEIVED  
OCT 31 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); I-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 # 32081  
Name: Smokey Valley Resources Inc  
Address 1: 6604 Tarrytown  
Address 2: \_\_\_\_\_  
City: Park City State: KS Zip: 67219  
Contact Person: George Saling  
Phone: (316) 250-6886 Fax: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_\_ Sec. 24 Twp. 19 S. R. 6  East  West  
County: Mcperson Rice  
Lease Name: Spohn Well #: 1, 2, 3

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

NE/4 24-19-6W

1-NW SE NE

2-NE SE NE

3-SE NE NE

*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.*

**Surface Owner Information:**

Name: Robert Wise  
Address 1: 120 W Kansas Suite B  
Address 2: \_\_\_\_\_  
City: Mcperson State: KS Zip: 67460

*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 I-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: 10-26-11 Signature of Operator or Agent: George Saling Title: Pres.

RECEIVED

OCT 31 2011



Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Corporation Commission

Sam Brownback, Governor

**NOTICE OF RECEIPT OF WELL PLUGGING APPLICATION (CP-1)**

SMOKEY VALLEY RESOURCES, INC.  
6604 TARRYTOWN ST  
PARK CITY, KS 67219

October 31, 2011

Re: SPOHN #3  
API 15-159-02031-00-00  
24-19S-6W, 4241 FSL 449 FEL  
RICE 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 April 28, 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  
Production Department Supervisor

District: #2  
3450 N. Rock Road, Suite 601  
Wichita, KS 67226  
(316) 630-4000