

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 #: 33235
Name: Chieftain Oil Inc.
Address 1: P.O. Box 124
Address 2: 605 South 6th Street
City: Kiowa State: KS Zip: 67070 +
Contact Person: Ron Molz
Phone: (620) 825-4030

API No. 15 - 007-23417-0000
If pre 1967, supply original completion date: _____
Spot Description: _____
NW NE NE SW Sec. 4 Twp. 32 S. R. 10 East West
2,416 Feet from North / South Line of Section
2,085 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Rowe a Well #: 1

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 5/8 Set at: 348 Cemented with: 215 Sacks
Production Casing Size: 5 1/2 Set at: 4937 Cemented with: 200 Sacks

List (ALL) Perforations and Bridge Plug Sets:
4412-4422 4426-4432

Elevation: 1572 (G.L. / K.B.) T.D.: 4943 PBTD: 4891 Anhydrite Depth: _____
(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):

Per KCC requirements

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: Mark Morgenstern

Address: 107 W. Fowler City: Medicine Lodge State: KS Zip: 67104 +

Phone: (620) 886-5665

Plugging Contractor License #: 5105 Name: Clarke Corporation

Address 1: 107 W. Fowler Address 2: P.O. Box 187

City: Medicine Lodge State: KS Zip: 67104 +

Phone: (620) 886-5665

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: 12/1/2011 Authorized Operator / Agent: Mark Morgenstern
(Signature)

RECEIVED
DEC 1 2 2011
12-2-11
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 # 33235
Name: Chieftain Oil Inc.
Address 1: P.O. Box 124
Address 2: 605 South 6th Street
City: Kiowa State: KS Zip: 67070 + _____
Contact Person: Ron Molz
Phone: (620) 825-4030 Fax: (_____) _____
Email Address: _____

Well Location:
NW NE NE SW Sec. 4 Twp. 32 S. R. 10 East West
County: Barber
Lease Name: Rowe a 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: Charles D. Rowe / Donna F. Rowe
Address 1: 9203 SE Blackmore
Address 2: _____
City: Sharon State: KS Zip: 67138 + _____

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: 12/1/2011 Signature of Operator or Agent: Mark Mergemaster Title: Supervisor **RECEIVED**

DEC 02 2011

KCC WICHITA



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

Corporation Commission

Sam Brownback, Governor

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

CHIEFTAIN OIL CO., INC.
605 S. 6TH; PO BOX 124
KIOWA, KS 67070-1912

December 02, 2011

Re: Rowe A #1
API 15-007-23417-00-00
4-32S-10W, 2416 FSL 2085 FWL
BARBER 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 May 30, 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: #1
210 E Frontview, Suite A
Dodge City, KS 67801
(620) 225-8888