Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

Τ.

March 2009 his Form must be Typed Form must be Signed All blanks must be Filled

KCC WICHITA

WELL PLUGGING APPLICATION Please TYPE Form and File ONE Copy

OPERATOR: License #: 6112		API No. 15 - 073 2	2209 - 02 000	PIL
Name: Long Drilling Co LLC			al completion date:	γ
Address 1: PO Box 131		Spot Description: N	<u>IUUUUUI</u>	<u> </u>
Address 2: 2035 Virgil Road		NWSWWW Sec.	4_ Twp23_s. R. 11	_X East West
City: Hamilton KS State:	7:n. 66853, 0131	750Fee	t from X North / So	uth Line of Section
Tom Long	ZID: 00000 + 00000	310 Fee	t from East / X We	est Line of Section
Contact Person:		T	Nearest Outside Section C	orner:
Phone: (820) 670-3401	**************************************	Croon	wood .	
			baugh Well#: _	6
	<u> </u>	Lease Name.	Vven#	
Check One: X Oil Well Gas Well OG	D&A Cathodic	Water Supply Well	Other:	
X 3WB Permit #. E = 21614	ENHR Permit #:			
Conductor Casing Size:	Set at:	Cemented with:		Sacks
Surface Casing Size: 5 5/8"	Set at: 103	Cemented with:	50	Sacks
Production Casing Size: 4½"	Set at: 1992	Cemented with:	100	Sacks
List (ALL) Perforations and Bridge Plug Sets:				
Elevation: (G.L./ K.B.) T.D.:	PBTD: Ar	nhydrite Depth:		
Condition of Well: Good X Poor Junk in Hole	Casing Leak at:		(Stone Corral Formation)	
Proposed Method of Plugging (attach a separate page if addition	(In	nterval)		
				100 miles
As per KCC suggestions				•
Is Well Log attached to this application? X Yes No	Is ACO-1 filed? Yes	- No		
If ACO-1 not filed, explain why:		,, 110		
1700-1 Hot med, explain why.	,	•		
		· ·	 , .	
Plugging of this Well will be done in accordance with K.S	3.A. 55-101 <u>et. seq</u> . and the Rule	es and Regulations of the St	ate Corporation Commissi	on ·
Company Representative authorized to supervise plugging of		Drilling Co	KS _ 668	53
Address: PO Box 121 2035 Virg	City:	Hamilton Sta	te: KS Zip: ———	
Phone: 620) 678-3461 6112		T	inn às Éig	
Plugging Contractor License #:	Name	Long Dril1:	ing co LLC	
7.0d7000 1:	Addre	ess 2:		2 0121
· · / ·	and the second s	Sta	tie: KS Zip: 6685	3 0131
Phone: (620) 678-3461	- A A A A STO	an call a		•
Proposed Date of Plugging (if known): ASAP	HA 2/23/12	per Or 1		
Payment of the Plugging Fee (K.A.R. 82-3-118) will be gu	laranteed by Operator or Acces			RECEIVED
Date: 2-21-20/2 Authorized Operator / Ager		eed - agen	<u> </u>	
Date. Authorized Operator / Ager		(Si g hature)	VW _/	MAR 0 9 2012
Mail to: KCC - Conser	vation Division, 130 Ş. Marke	et - Room 2078, Wichita, K	ansas 672 0 2 🔨	20 14/10:

The second section of the second

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.

OPERATOR: License # 6112	Well Location:	
Name: Long Drilling Co LLC	NW SW -NW- NWSec.4 Twp.23 S. RI 1 X East West	
Address 1: PO Box 131		
Address 1: PO Box 131 Address 2:	Lease Name: Rickabaugh Well #: 6	
City: <u>Hamilton</u> State: <u>KS</u> Zip: <u>66853+0131</u>	If filing a Form T-1 for multiple wells on a lease, enter the legal description o	
Contact Person: Tom Long	the lease below:	
Contact Person: Tom Long Phone: (620 678-3461 Fax: (620-678-3461		
Email Address:		
Surface Owner Information:		
Name: Buford W. Rickabaugh	When filing a Form T-1 involving multiple surface owners, attach an additiona	
Address 1: 1721 320th St	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: Madison State: KS Zip: 6680-8547		
are preliminary non-binding estimates. The locations may be entered or	c batteries, pipelines, and electrical lines. The locations shown on the plat	
Select one of the following:	n tne Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.	
Select one of the following: X Certify that, pursuant to the Kansas Surface Owner Notice A Owner(s) of the land upon which the subject well is or will be ke	oct (House Bill 2032), I, have provided the following to the surface ocated: 1) a copy of the Form C-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	
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 CP-1 that I am filing in connection with this form; 2) if the form I form; and 3) my operator name, address, phone number, fax, a	oct. (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-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 nd email address. cknowledge that, because I have not provided this information, the vner(s). To mitigate the additional cost of the KCC performing this	
Select one of the following: Certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be keen that I am filing in connection with this form; 2) if the form I form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). I an KCC will be required to send this information to the surface owner(s). I acknowledge that I am being charged a \$30.00 handling	act (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-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. Cknowledge that, because I have not provided this information, the wher(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form. The fee with this form. If the fee is not received with this form, the KSONA-	
Select one of the following: A 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 keepen that I am filing in connection with this form; 2) if the form I form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface owner(s), I acknowledge that I am being charged a \$30.00 handling. If choosing the second option, submit payment of the \$30.00 handling.	act (House Bill 2032), I, have provided the following to the surface ocated: 1) a copy of the Form C-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 not email address. cknowledge that, because I have not provided this information, the ener(s). To mitigate the additional cost of the KCC performing this if fee, payable to the KCC, which is enclosed with this form. fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.	
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 keeper that I am filling in connection with this form; 2) if the form it form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s). I a kCC will be required to send this information to the surface owner(s) and the surface owner(s) and the surface o	act (House Bill 2032), I, have provided the following to the surface ocated: 1) a copy of the Form C-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. cknowledge that, because I have not provided this information, the wher(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form. fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.	
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 keen that I am filling in connection with this form; 2) if the form I form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface owner(s), I acknowledge that I am being charged a \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	act (House Bill 2032), I, have provided the following to the surface ocated: 1) a copy of the Form C-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 not email address. cknowledge that, because I have not provided this information, the ener(s). To mitigate the additional cost of the KCC performing this if fee, payable to the KCC, which is enclosed with this form. fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.	

KCC WICHITA

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

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

February 29, 2012

Lone Drilling Co., LLC P.O. Box 131 2035 Virgil Road Hamilton, KS 66853-0131

RE

CP-1-form

Lease Name: RICKABAUGH 6

4-23S-11E

API No.:

GREENWOOD CTY 15-073-22209-0000

Dear Operator:

The enclosed Well Plugging Application form (CP-1), received February 29, 2012, is incomplete because it is a *copy* rather than an original and due to non-compliance with the Kansas Surface Owner Notification Act (KSONA). This form cannot be processed without the following correction(s):

An ORIGINAL CP-1 form must be submitted. We cannot accept faxed copies.

In order to comply with the Kansas Surface Owner Notification Act (KSONA), effective July 1, 2010, a KSONA-1 form must be completed and mailed with a copy of the CP-1 to the Surface Owner. You must provide the ORIGINAL KSONA-1, along with the ORIGINAL CP-1, to our office.

Please make all of the above-referenced corrections and then return both ORIGINAL forms, along with a copy of this letter, to my attention by March 14, 2012. If you have any questions, please contact me directly at (316) 337-6108.

Sincerely,

Marjorie (Maggie) Marcotte

Production department

Encls.

RECEIVED
MAR 0 9 2012
KCC WICHITA

DIST. 3
PAGD-CC

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Please TYPE Form end File ONE Copy

	Form CP-1
	March 2009
This Form mus	t be Typed
Form must	he Signed
All blanks mu	st be Filled

OPERATOR: License #: 6112		API No. 15 - 0.73 2.2	_ <i>6060</i>	· · · · · · · · · · · · · · · · · · ·
Name: Long Drilling Co LLC	API No. 15 - 0.73 22209 12 If pre 1967, supply original completion date:			
Address 1: PO Box 131		Spot Description:	10)	
Address 2: 2035 Virgil Road	N	N W 4 Sec. 4	тwµ 2.3 s. R. 1 .	
Address 2: KS City: Hamilton State:	66853,0131	1	from X North /- S	
Tom Long	ήρ: <u>0000</u>		from East / X	
Contact Person:		Footages Calculated from		Corner:
Phone: (620) 678-3461		County: Green	w se sw	
8		Lease Name: Ricka	baugh Well#	6
		Lease Manie.		
Check One: X Oll Well Gas Well OG	D&A Cethodi	ic Water Supply Well	Other:	
X SWD Permit #. E _ 2.1614				
Conductor Casing Size:	Şet at:	Cemented with:		Sacks
Surface Casing Size: 5 5/8"	Set at: 103	Comented with: _	50	Sacks
Production Casing Size: 4½"	Set at:1992 !	Cemented with:	100	Sacks
List (ALL) Perforations and Bridge Plug Sets:				
Elevation: (G.L./ K.B.) T.D.:	PBTO: A	nhydrile Depth:		
Condition of Well: Good X Poor Junk in Hole			(Stone Correl Formetto	n) ,
	(interval)		
Proposed Method of Plugging (ettach a separate page if addition	mar space is treevey.			RECEIVED
As per KCC suggestions				
man 1 1	,	9 9		FEB 2 9 2012
Is Well Log attached to this application? X Yes No	Is ACO-1 filed? Yes	No	! /	^^ \AU^ 1177A
If ACO-1 not filed, explain why:			K	ICC WICHITA
			-	
Plugging of this Well will be done in accordance with K.S.	3,A, 55-101 et. seg. and the Ru	iles and Regulations of the \$1	ate Corporation Commi	ission
Company Representative authorized to supervise plugging of	pperations: Tom Lone	g Drilling Co	LLC	
Address: PO Box 121 2035 Virg	il RD City	Hamilton Sta	te: KS Zip: 66	853
620 \ 678 - 3461			at e	
Plugging Contractor License #:	Nar	ne: Long Drill:	ing Co LLC	· · · · · · · · · · · · · · · · · · ·
	Add			
City: Hamilton		Šta	ite: KS Zip: 668	0131
Phone: (620) 678-3461			-	
Proposed Date of Plugging (if known): ASAP		,		
Lichages pare of Leadania (Kynony)	•			
Payment of the Plugging Fee (K.A.R. 82-3-118) will be go	uaranteed by Operator or Age	m. 0 a	+	RECEIVED
Date: 2-21-20/2 Authorized Operator / Age	n: Tarrico 1	Ild all	<u> </u>	· · · · · · · · · · · · · · · · · · ·

Long Drilling Co. LLC

P.O. Box 131 Hamilton, Kansas 66853

Pulling Pipe • Tailing In

620-678-3461 Tom's Cell 620-437-7444

invoice Date		
		Order No.
	77	P. A. Invoice No.
Lease		Voucher No.
Well No Rig No		Paid by

February-297-2012

Kansas State Corporation Commission Oil & Gas Conservation Divison 130 S Market #2078 Wichita KS 67202-3802

3166337-2200 Fax 316-337-6211

Attn: Well Plugging

Please find a Well Plugging Application and a 2 Well Plugging Record.

Thank-you.

Long Drilling Co LLC Patricia Reed

7 Sheets

No Koon A-1 recht 1/23/12)

No Koon A-1 recht 1/23/12)

Course like the painting like

Report as 3-7 of the

Non and a 2 pags. Cory, well by

on and a 2 pags. Cory, well by

on and a 2 pags. Cory, well by.

RECEIVED

FEB 2 9 2012

KCC WICHITA

RECEIVED
MAR 0 9 2012
KCC WICHITA