

ORIG. FORMS
RETD IN LIEU OF FAXED
COPIES RET'D TO OPER.
W/ LTR. 3/06/12

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

Form CP-1
March 2010
This Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 34244
Name: Cortez Heartland, LLC
Address 1: 3131 McKinney Ave., Suite 430
Address 2: _____
City: Dallas State: TX Zip: 75204 +
Contact Person: Mike Catrino
Phone: (214) 628-9155

API No. 15 - 165-21854-0000
If pre 1967, supply original completion date: _____
Spot Description: _____
W/2 NW NW Sec. 30 Twp. 19 S. R. 19 East West
660 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rush
Lease Name: Schenk Well #: 1-30

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: 560 Cemented with: 230 Sacks
Production Casing Size: 5 1/2" Set at: 4374 Cemented with: 225 Sacks

List (ALL) Perforations and Bridge Plug Sets:
DV tool @ 2100', cemented w/100 sax. Estimated top of cement from DV tool to be 1600'. Perf 3830-4209'. CIBP @ 4250'. Perf 4342-4350'.
Elevation: 2223 (G.L. / K.B.) T.D.: 4400 P.B.T.D.: 4250 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):
According to the rules and regulations of the KCC.

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: Mike Catrino
Address: 3131 McKinney Ave., Ste 430 City: Dallas State: TX Zip: 75204 +
Phone: (214) 628-9155
Plugging Contractor License #: 3004 Name: Gressel Oil Field Service LLC
Address 1: P.O. Box 438 Address 2: _____
City: Haysville State: KS Zip: 67060 +
Phone: (316) 524-1225
Proposed Date of Plugging (if known): unknown : ORA 3/06/12

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
Date: 1/5/2012 Authorized Operator / Agent: Mike Catrino (Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

-DIST. 1 : NO LTR. - ALR. PLUGGED

RECEIVED
MAR 12 2012
KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form 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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 34244
Name: Cortez Heartland, LLC
Address 1: 3131 McKinney Ave., Suite 430
Address 2: _____
City: Dallas State: TX Zip: 75204
Contact Person: Mike Catrino
Phone: (214) 628-9155 Fax: (_____) _____
Email Address: _____

Well Location:
W/2 NW NW Sec. 30 Twp. 19 S. R. 19 East West
County: Rush
Lease Name: Schenk Well #: 1-30

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

Surface Owner Information:

Name: Schenk Farms LLC
Address 1: Bernard R. & Mary Jo Schenk
Address 2: 3706 23rd St.
City: Great Bend State: KS Zip: 67530

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:

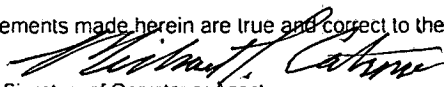
I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this 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: 1/5/2012

Signature of Operator or Agent: 

Title: EVP/COO

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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MAR 12 2012
KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

~~FAXED CC~~

~~REG: KSONA-1~~

Form CP-1
March 2010

WELL PLUGGING APPLICATION

~~FORM KSONA-1~~

This Form must be Typed
This Form must be Signed
All blanks must be Filled

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

OPERATOR License # 34285 34244
Name: Cortez Heartland, LLC
Address 1: 3131 McKinney Ave., Suite 430
Address 2: _____
City Dallas State TX Zip 75204
Contact Person Mike Catrino
Phone (214) 628-9155

API No. 15 165-21854 5000
If pre 1987, supply original completion date: _____
Spot Description: _____
W/2 NW NW Sec. 30 Twp 19 S. R. 19 East West
660 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner.
 NE NW SE SW
County: Rush
Lease Name: Schenk Well #: 1-30

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: 560 Cemented with: 230 Sacks
Production Casing Size: 5 1/2" Set at: 4374 Cemented with: 225 Sacks

List (ALL) Perforations and Bridge Plug Sets

DN tool @ 2100 cemented w/ 100 sack. Perf 3830-4209. C&P @ 4250. Perf 4342-4350.

Elevation: 2223 (G.L. / K.B.) T.D.: 4400 PBTD: 4250 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):

According to the rules and regulations of the KCC

Estimated top of cement from DN tool to be 1600'

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. 65-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: Mike Catrino

Address: 3131 McKinney Ave, Ste 430 City: Dallas State: TX Zip: 75204

Phone: (214) 628-9155

Plugging Contractor License #: 3004 Name: Gressel Oil Field Service LLC

Address 1: P.O. Box 438 Address 2: _____

City: Haysville State: KS Zip: 67060

Phone: (316) 524-1225

Proposed Date of Plugging (if known): unknown

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

Date: 1/5/2012 Authorized Operator / Agent: Mike Catrino
(Signature)

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MAR 06 2012

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

KCC WICHITA

MAR 06 2012 09:18 From: 3163241027 To: 3376211 Page: 1/2

Gressel Oil Field Service LLC

FROM THE DESK OF
SHANNON HOWLAND

FAX

DATE: March 6, 2012
TO: KCC
ATTN:
FAX #: 620-225-8885 & 316-337-6211
PAGES: 2 (Including this page)
RE: Schenk 1-30

Plugging orders were giving by Eric on 1/5/12.

If you have any questions I can be reached at (316) 524-1225 or
showland@bearpetroleum.com.

Thanks, Shannon

RECEIVED
MAR 06 2012
KCC WICHITA

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 #: 4058
Name: American Warrior Inc.
Address 1: P.O. Box 399
Address 2: _____
City: Garden City State: Ks. Zip: 67846 + _____
Contact Person: Jody Smith
Phone: (620) 275-2963

API No. 15 - 083-21755-0000
If pre 1967, supply original completion date: _____
Spot Description: _____
SE NE NW NW Sec. 4 Twp. 24 S. R. 21 East West
400 Feet from North / South Line of Section
1,096 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Hodgeman
Lease Name: Burke Well #: 1-4

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: 85/8 Set at: 225' Cemented with: 150sx Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: 2353 (G.L. / K.B.) T.D.: 4663' P.B.T.D.: _____ Anhydrite Depth: 1444'
(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 Instruction.

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

If ACO-1 not filed, explain why:

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MAR 13 2012
KCC WICHITA

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: Jody Smith
Address: P.O. Box 399 City: Garden City State: Ks. Zip: 67846 + _____
Phone: (620) 275-2963
Plugging Contractor License #: 5929 Name: Duke Drilling Co. Inc.
Address 1: P.O. Box 823 Address 2: _____
City: Great bend State: Ks Zip: 67530 + _____
Phone: (620) 793-8366
Proposed Date of Plugging (if known): 2/19/12 *PWA*

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

Date: 3/9/12 Authorized Operator / Agent: _____
Jody Smith
(Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

DIST. 1

NO LTR - AIR PLUGGED

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**

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Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 4058
Name: American Warrior Inc.
Address 1: P.O. Box 399
Address 2: _____
City: Garden City State: Ks. Zip: 67846 + _____
Contact Person: Jody Smith
Phone: (620) 275-2963 Fax: (620) 275-5067
Email Address: jsmith@pmtank.com

Well Location:
SE NE NW NW Sec. 4 Twp. 24 S. R. 21 East West
County: Hodgeman
Lease Name: Burke Well #: 1-4

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

Surface Owner Information:

Name: Thomas P. & Lori A. Burke
Address 1: P.O. Box 113
Address 2: _____
City: Spearville State: Ks Zip: 67876 + _____

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: 3/9/12 Signature of Operator or Agent:  Title: Foreman