KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

WELL PLUGGING APPLICATION

This Form must be Typed
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 #: 30046	RECEIVED	API No. 15 - 191-21,782 - 0000
Name: Don Jenkins	KCC DISTRICT #	
Address 1: P.O. Box 956	MAR 0 6 2012	Spot Description: 1'50' E. OF SW SW SW
Address 2: 1520 23rd Street City: Arkansas City State: KS	WICHITA, KS	Feet from North South Line of Section
Contact Person: Don Jenkins		Feet from V East Week Line of Section
Phone: (620) 442-0267 Cell (620)441-72	69	Footages Calculated from Nearest Outside Section Corner: NE NW SE SUMPOR
		County: Sumner Lease Name: Monica Well#: 1
Check One: Oil Well Gas Well O		hodic Water Supply Well Other:
SWD Permit#:		
Conductor Casing Size: NONE	Set at:	
		Cemented with: 150 Sacks
Production Casing Size: 4 1/2	Set at: 3516	Cemented with: 100 Sacks
Elevation: 1123 (G.L. / K.B.) T.D.: 3600 Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if add	e Casing Leak at:	(Stone Corral Formation) (Interval)
Is Well Log attached to this application? Yes V N	lo Is ACO-1 filed?	MAR 1 2 2012
If ACO-1 not filed, explain why:		KCC WICHITA
Plugging of this Well will be done in accordance with H	C.S.A. 55-101 <u>et. seq</u> . and the	Rules and Regulations of the State Corporation Commission
Company Representative authorized to supervise plugging	1 W = 1 LL	
Address: P.O. Box 956	C	ity: Arkansas City State: KS zip: 67005 +
Phone: (620) 441-7269	·	
Plugging Contractor License #: 3004	N	lame: Greisel Oil Field Service
Address 1: P.O. Box 438		ddress 2:
	<u> </u>	State: KS Zip: 67060 +
Phone: (316) 524-1225		
Proposed Date of Plugging (if known): March 2012	<u>, </u>	
Payment of the Plugging Fee (K.A.R. 82-3-118) will be g	guaranteed b y Oper ator or Ac	gent
Date: 03- 010 -12 Authorized Operator / Ag		and the
•		(Signature)

KANSAS CORPORATION COMMISSION OH. & 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) X CP-1 (Plugging Application)
OPERATOR: License # 30046 Name:	Well Location: E2SWSW5W Sec. ⁸ Twp. 33 S. R. 2
Address 1: P.O. Box 956	∧ _{County:} Sumner
Address 2: 1520 23rd Street	Lease Name: Monica Well #: 1
City: Arkansas City State: KS Zip: 67005 +	ACounty: Sumner Lease Name: Monica Well #: 1 If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Contact Person: Don Jenkins	the lease below:
Phone: (620) 442-0267 Fax: (620) 442-0604	
Email Address: NONE CELL (620)441-7269	
Linai Audiess.	•
Surface Owner Information: Name: Dr. Khanh Nguyen	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1: 6300 Rusty Ridge Drive	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
	and the state of t
Address 2:	-
the KCC with a plat showing the predicted locations of lease roads, ta	hodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat I on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
Select one of the following:	
owner(s) of the land upon which the subject well is or will be	e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this , and email address.
I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handli	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ing fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.
I hereby certify that the statements made herein are true and correct	to the best of my knowledge and belief. MAR 1 2 2012
Date: 03- 06 -12 Signature of Operator or Agent:	Title: Owner KCC WICHITA

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION HIS

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WELL PLUGGING APPLICATION
Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,

OPERATOR: License #: 30046	wosi be submitted wi	API No. 15 - 191-21,782 - 0000	le
Name:Don_Jenkins		If pre 1967, supply original completion date:	
Address 1: _ P.O. Box 956		Spot Description: 150' E. OF SW SW SW	
Address 2: 1520 23rd Street	EZ	SWSWSW Sec. 8 Twp. 33 (\$) R. 2 ▼East	West
City: Arkansas City State: KS	67005 ·	330 Feet from North / South Line of S	
Contact Person: Don Jenkins	ZIP:	Feet from East West Line of S	ection
Phone: (620) 442-0267 Cell (620)441-7269	a	Footages Calculated from Nearest Outside Section Corner:	
Findle (<u> </u>	7	NE NW SE SW	
		County: Sumner Lease Name: Monica Well #: 1	
		Lease Name: Well#: 1	
Check One: 📝 Oil Well Gas Well GG	D&A Cathod	ic Water Supply Well Other:	
SWD Permit#:	ENHR Permit #:		
Conductor Casing Size: NONE	Set at:	Cemented with:	Sacks
Surface Casing Size: 8 5/8	Set at: 250	Cemented with: 150	Sacks
Production Casing Size: 4 1/2	Set at:3516	Cemented with: 100	Sacks
List (ALL) Perforations and Bridge Plug Sets:	•		
•		·	
Elevation: 1123 ([GL / [KB] T.D.: 3600	PBTD: 3500 A	nhydrite Depth:	-
Condition of Well: Good Poor Junk in Hole	Casing Leak at:	(Stone Correl Formation)	
Proposed Method of Plugging (attach e separate page if addition	(1	Interval)	
Is Well Log attached to this application? Yes V No	Is ACO-1 filed? Ves	No	
If ACO-1 not filed, explain why:	is 7,00° 1 most.		
	•		
Plugging of this Well will be done in accordance with K.S.		es and Regulations of the State Corporation Commission	
Company Representative authorized to supervise plugging op	,		
	City:	Arkansas City State: KS Zip: 67005 +	
Phone: (620) 441-7269		1	
D D D 100		Greisel Oil Field Service	
	Addre		
	VWW F U V W V W V W W W W W W W W W W W W W W	State: KS, Zip: 67060 +	<u></u>
•	en for a man of the control of the c	•	
Proposed Date of Plugging (if known): March 2012			
Payment of the Plugging Fee (K.A.R. 82-3-118) will be gua	rantand huðmerstor ar å sant		
Date: 03- 06-12. Authorized Operator / Agent:			
Aprilo Applace /		(Signature)	

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

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 #	Well Location:
Name: Don Jenkins	EDSW5W5W Sec.8 Twp. 33 S. R. 2 F East West
Address 1: P.O. Box 956	
Address 2: 1520 23rd Street	Lease Name: Monica Well #: 1
City: Arkansas City State: KS Zip: 67005 +	
Contact Person: Don Jenkins	the lease below:
Phone: (620) 442-0267 Fax: (620) 442-0604	
Email Address: NONE CELL (620)441-7269	
Address of the second of the s	,
Surface Owner Information:	
	When filing a Form T-1 involving multiple surface owners, attach an additional
Name: Dr. Khanh Nguyen Address 1: 6300 Rusty Ridge Drive	sheet listing all of the information to the left for each surface owner. Surface
Address 2:	 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.
City: Austin State: TX Zip: 78731	
	· ····································
If this form is being submitted with a Form C-1 (Intent) or CB-1 (C	athodic Protection Borehole Intent), you must supply the surface owners and
the KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be enter Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notion owner(s) of the land upon which the subject well is or will 	tank batteries, pipelines, and electrical lines. The locations shown on the placed on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted ice Act (House Bill 2032). I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form orm being filed is a Form C-1 or Form CB-1, the plat(s) required by this
the KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be enter Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notion owner(s) of the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, fall I have not provided this information to the surface owner(s) KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 hands of the second option, submit payment of the \$30.00 hands.	ice Act (House Bill 2032). I have provided the following to the surface be located: 1) a copy of the Form CB-1, Form CB-1, Form CB-1, Form T-1, or Form orm being filed is a Form C-1 or Form CB-1, the plat(s) required by this ax, and email address. 1. I acknowledge that, because I have not provided this information, the se owner(s). To mitigate the additional cost of the KCC performing this dling fee, payable to the KCC, which is enclosed with this form.
the KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be enter Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notion owner(s) of the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, fall I have not provided this information to the surface owner(s) KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 hands.	ice Act (House Bill 2032). I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form orm being filed is a Form C-1 or Form CB-1, the plat(s) required by this ax, and email address. 1. I acknowledge that, because I have not provided this information, the se owner(s). To mitigate the additional cost of the KCC performing this dling fee, payable to the KCC, which is enclosed with this form. 1. I acknowledge that, because I have not provided this information, the se owner(s). To mitigate the additional cost of the KCC performing this dling fee, payable to the KCC, which is enclosed with this form. 1. I acknowledge that the fee is not received with this form, the KSONA-1 will be returned.

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

Sam Brownback, Governor

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

• JENKINS, DON PO BOX 956 ARKANSAS CITY, KS 67005-0956 March 12, 2012

Re: MONICA #1

API 15-191-21782-00-00 8-33S-2E, 330 FSL 4850 FEL SUMNER COUNTY, KANSAS

Dear Operator:

The purpose of this letter is twofold. First, 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.

This letter is also to notify you that during the central office's review of your CP-1 for license number verfication, staff has discovered that you are not the current operator of record of the above well on file with the Conservation Division. Central office staff is therefore requesting that you verify that you are the operator of record of the above well. The proper procedure for verifying operator authority is by filing a Conservation Division form T-1 (Request for Change of Operator; Transfer of Injection or Surface Pit Permit). If a T-1 has already been filed with the Conservation Division reflecting the transfer of operator authority, please disregard this paragraph. If a T-1 has not been filed reflecting the transfer, please see the attached letter, which explains the T-1 filing process.

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. Furthermore, 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 September 8, 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

Stwe Bond

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