## 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 #: 31100		API No. 15 - 153-20,457	-000	
Name: ROBUCK PETROLEUM, LLC		If pre 1967, supply original comp	eletion date:	
Address 1: P.O. BOX 345	· <del></del>	Spot Description: C NE%		
Address 2:		NE NE Sec 13 TV	vp. 5 -S R. 31 East	West
City: McCOOK State: NE	7in: 69001 . 0345	Feet from	South Line of	Section
Contact Person; BRETT ROBUCK	- Zip		East / West Line of	
Phone: (308 ) 345-7200		Footages Calculated from Neare		
Prione: (955 ) 575-7255		NE NW	SE SWYNYG/`	√
		County: RAWLINS		
		Lease Name: BRYAN	Well #: _4	
Check One: Oil Well Gas Well OG	D&A Cathodic	Water Supply Well	Other: SWD	
SWD Permit #: D-21,455	ENHR Permit #:		Permit #:	
Conductor Casing Size:				
Surface Casing Size: 8 5/8TH		Cemented with: 360		Sacks
Production Casing Size: 4½				Sacks
List (ALL) Perforations and Bridge Plug Sets:	_ 36( at	Cemented with: 550		Sacks
2400-50				
Elevation: 2909 ( G.L / [ K.B.) T.D.: 4352	2628	= 2621		
Elevation: 2000 [[V]G.E7 []A.B.) [.D.: 4502	PBTD: An	hydrite Depth: 2631	Stone Corral Formation)	
Condition of Well: Good Poor Junk in Hole		90, 1030 terval)	,	
Proposed Method of Plugging (attach a separate page if additi	ional space is needed):	(C) <b>7</b> (1)		
AS PER STATE RECOMMENDATION	)N			
Is Well Log attached to this application?	Is ACO-1 filed?			
If ACO-1 not filed, explain why:	132, 133			
,				
Plugging of this Well will be done in accordance with K.S	3.A. 55-101 <u>et. seq</u> . and the Rule:	s and Regulations of the State Corp	oration Commission	
Company Representative authorized to supervise plugging of				
Address: P.O. BOX 345	City: _	McCOOK State: NE	z <sub>ip:</sub> 69001 + 03	45
Phone: ( 308 ) 345-7200		DBUCK, DON 6.		EAK
Plugging Contractor License # 31100 3/66	Name:	ROBUCKPETROLEUN	TILL CAPARATING	C/70 W
Address 1: 1510 W. 14TH STREET		s 2: P.O. BOX 345	8M41-M	<i>G</i> 7
City: MCCOOK ALRORA	- Tiddioo	Star NE	69801 02	15
Phone: (308_) 345-7200		Stare:	2lp:_92011+_92	<del></del>
Proposed Date of Plugging (if known): MAY 9, 2012	PA 5/06/	by s. RBDM	·	
rioposed bate of Pidgging (ii kilowii):				
Payment of the Plugging Fee (K.A.R. 82-3-118) will be gu	, )	RECEIVED		
Date: MAY 8, 2012 Authorized Operator / Agen	/ <del>'                                   </del>	<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>		
		(Signature)	MAY-1-0-201	<b>Z</b>
Mail to: KCC - Consen	ration Division, 130 S. Market	- Room 2078, Wichita, Kansas 6	7202 KCC WICHI	<b>P</b> A
ST. 4 NO LTK.	- ALR- PU	u66ED	WOO ANICHI	IA

## 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) CE	3-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) X CP-1 (Plugging Application)		
OPERATOR: License # 31100  ROBUCK PETROLEUM LLC	Well Location:  SW NE NE Sec. 13 Twp. 5 S. R. 31 ☐ East  West  County: RAWLINS  Lease Name: BRYAN Well #: 4		
Name: P.O. P.O.Y 345	Sec. 13 Twp. 5 S. R. 31 East West		
Address 1: P.O. BOX 345	County: RAVVLINS		
Address 2:	Lease Name: Well #: 4  If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: BRETT ROBUCK			
Phone: ( 308 ) 345-7200 Fax: (308 ) 345-7201	_		
Email Address: rpllc@msn.com	<del>_</del>		
Surface Owner Information:			
Name: John & Phyllis Cheney, c/o Allen Cheney	<ul> <li>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</li> </ul>		
Address 1: 31 Space C Laite			
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: Selden State: KS Zip: 67757 +	<del>-</del>		
the KCC with a plat showing the predicted locations of lease roads,	athodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plated on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
owner(s) of the land upon which the subject well is or will the CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, fa			
KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the e owner(s). To mitigate the additional cost of the KCC performing this lling fee, payable to the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 hand form and the associated Form C-1, Form CB-1, Form T-1, or Form	ling fee with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.		
I hereby certify that the statements made herein are true and correct	ct to the best of my knowledge and belief.		
Date: MAY 8, 2012 Signature of Operator or Agent:	Title: OWNER		