

0.4

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL PLUGGING APPLICATION

Form CP-1
March 2010
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 #: 31529
Name: Mike Kelso Oil, Inc.
Address 1: P.O. Box 467
Address 2: _____
City: Chase State: Ks Zip: 67524 + -0467
Contact Person: Mike Kelso
Phone: (620) 938-2943

API No. 15 - 009-00466 -8000
If pre 1967, supply original completion date: 1951
Spot Description: SW SW SW
28 Sec. 20 Twp. 19 S R. 12 East West
330 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: Barton
Lease Name: Johnson AB 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: 163' Cemented with: 163 Sacks
Production Casing Size: 5-1/2" Set at: 3381' Cemented with: 110 Sacks

List (ALL) Perforations and Bridge Plug Sets:
P.B 3316', 3250', 2904' Perfs: 3195-99, 2917-21

Elevation: 1814' (G.L./ K.B.) T.D.: 3388' PBTD: 2904' Anhydrite Depth: 636
(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 State of Kansas.

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No
If ACO-1 not filed, explain why:

RECEIVED
JUN 22 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: Mike Kelso
Address: P.O. Box 467 City: Chase State: KS Zip: 67524 + 0467
Phone: (620) 938-2943
Plugging Contractor License #: 31529 Name: Mike's Testing & Salvage, Inc.
Address 1: P.O. Box 467 Address 2: _____
City: Chase State: KS Zip: 67524 + 0467
Phone: (620) 938-2943
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: 6-11-12 Authorized Operator / Agent: _____
(Signature)

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

RECEIVED
JUN 12 2012
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 # 31529
Name: Mike Kelso Oil, Inc.
Address 1: P.O. Box 467
Address 2: _____
City: Chase State: Ks Zip: 67524 + -0467
Contact Person: Mike Kelso
Phone: (620) 938-2943 Fax: (620) 938-2945
Email Address: _____

Well Location: _____
Sec. 28 Twp. 19 S. R. 12 East West
County: Barton
Lease Name: Johnson AB 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: Lorraine E. Schmidt
Address 1: 1501 Cloyd Road
Address 2: _____
City: Santa Ana State: CA Zip: 92705 + 2455

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.

RECEIVED
JUN 22 2012

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owner(s) with 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.

KCC WICHITA

Select one of the following:

6-21-12 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: 6-11-12 Signature of Operator or Agent: [Signature] Title: President
6-21-12

RECEIVED
JUN 12 2012

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)

MIKE KELSO OIL, INC.
PO BOX 467
CHASE, KS 67524-0467

June 22, 2012

Re: JOHNSON AB #1
API 15-009-00466-00-00
28-19S-12W, 330 FSL 330 FWL
BARTON 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 December 19, 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: #4
2301 E. 13th
Hays, KS 67601
(785) 625-0550

June 15, 2012

**Mike Kelso Oil, Inc.
P.O. Box 467
Chase, KS 67524**

**RE: CP-1/KSONA-1 forms
Lease Name: Johnson AB 1 28-19S-12W Barton Cty.
API No.: 15-009-00466-0000**

Dear Operator:

The enclosed **Well Plugging Application forms (CP-1 and KSONA-1)**, received June 12, 2012, are incomplete due to non-compliance with the Kansas Surface Owner Notification Act (KSONA). These forms cannot be processed without the following corrections:

In order to comply with the Kansas Surface Owner Notification Act (KSONA), the section/twp/range must be listed correctly on the KSONA-1 form. Please correct the SECTION from 29 to 28, then initial and date beside the correction. Additionally, you will need to place a new "X", to the left of the existing "X", by the certification statement, then initial and date beside this change and then re-sign and re-date the bottom of this form. This signifies to us that you have re-notified the surface owner with the corrected KSONA-1 form properly designating the location of this well. This is required in order to meet our legal staff's minimum guidelines in order to approve your well plugging application.

Please make all of the above-referenced corrections and then return the **CORRECTED, ORIGINAL CP-1 and KSONA-1 forms, along with a copy of this letter, to my attention by July 2, 2012.** Please contact me directly at (316) 337-6108 if you have any questions.

Sincerely,


Marjorie (Maggie) Marcotte
Production department

Encls.

RECEIVED
JUN 22 2012
KCC WICHITA