

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 #: 7288 | | API No. 15 - 019-21413-0000 | |
|------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------|-------------------|
| Name: PAUL E. KLOBERDANZ | | If pre 1967, supply original completion date: | |
| Address 1: P.O. BOX 57756 | | Spot Description: | |
| Address 2: | | NE_NE_NE_ Sec. 15 Twp. 32 S. R. | 8 Vest West |
| City: OKLAHOMA CITY State: OK 2 | | Feet from 📝 North / | |
| Contact Person: PAUL E. KLOBERDANZ | 10: | 330 Feet from 🗹 East / | |
| 405 047 5570 | | Footages Calculated from Nearest Outside Sec | , – |
| Phone: (405) 947-5570 | | NE NW SE S | N |
| | | County: CHAUTAUQUA Lease Name: MK&O We | |
| | | Lease Name: We | 1#: |
| Check One: ☐ Oil Well | D&A Cathodic | Water Supply Well Other: | |
| SWD Permit#: | | | |
| | | Cemented with: | |
| Surface Casing Size: 7" | | | |
| Production Casing Size: 4 1/2", 9.5# 8rd | | | |
| List (ALL) Perforations and Bridge Plug Sets: | | | |
| Perf: 1746-50, CIBP @ 1740' Perf: 17 | 14-26' | | |
| , | | | |
| Elevation: GR 1294 KB 1299 (G.L. / K.B.) T.D.: 2650' | PRTD: 1956' An | hydrite Depth: | |
| | | (Stone Corral Form | ation) |
| Condition of Well: Good Poor Junk in Hole | (Ini | (lerval) | |
| Proposed Method of Plugging (attach a separate page if addition | • | shy 1000! mull posing mun 1" ? or | A EO! CNAT |
| Spot 50' CMT Plug on bottom, shoot 0 Plug @ 1000; Circulate CMT from 550 | • | ely 1000, pull casing, run 1 & se | et ou Civi i |
| Thay a root, chalate out from out | , to surface, | | |
| Is Well Log attached to this application? Yes V No | Is ACO-1 filed? | No | |
| If ACO-1 not filed, explain why: | | | |
| | | | |
| | | | |
| Plugging of this Well will be done in accordance with K.S. | | - | mission |
| Company Representative authorized to supervise plugging of Address: P.O. BOX 57756 | | OKLAHOMA CITY State: OK Zip: 73 | 1157 7756 |
| Phone: (405) 947-5570 CELL: (405)615-2 | · · | State: OK Zip: 70 | + 1 7 5 0 VIII |
| | | ELMORE'S, INC. | pay . |
| Plugging Contractor License #: 32844 32887 Address 1: P.O. BOX 87 | | | |
| | Addres | | 361 0007 |
| City: SEDAN 725-5538 | | State: KS Zip: 67 | <u>361 + 0087</u> |
| Phone: (620) 725-5538 | CEDE AVAILABILITY | | |
| Proposed Date of Plugging (if known): UPON PLUG | SERO AVAILABILITY | W. | |
| Payment of the Plugging Fee (K.A.R. 82-3-118) will be gua | tranteed by Operator or Acces | (M) | N |
| Date: 6/15/2012 Authorized Operator / Agent | | 2 x 0, a, O | RECEIVED |
| , advoiced Operator / Again | | (Signature) | JUN 1 8 2012 |

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 (Ca | athodic Protection Borehole Intent) T-1 (Transfer) X CP-1 (Plugging Application) | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| OPERATOR: License # 7288 | Well Location: | |
| Name: PAUL E. KLOBERDANZ | NE NE Sec. 15 Twp. 32 S. R. 8 F East West | |
| Address 1: P.O. BOX 57756 | County: CHAUTAUQUA | |
| Address 2: | County: CHAUTAUQUA Lease Name: MK&O Well #: 6 | |
| City: OKLAHOMA CITY State: OK Zip: 73157 + 7 7 5 6 | If filing a Form T-1 for multiple wells on a lease, enter the legal description of | |
| Contact Person: PAUL E. KLOBERDANZ | the lease below: | |
| Phone: (405) 947-5570 Fax: (405) 947-5572 | | |
| Email Address: paulkloberdanz@aol.com | | |
| Surface Owner Information: | | |
| Name: H.W. ALLEN COMPANY | When filing a Form T-1 involving multiple surface owners, attach an additional | |
| Name: H.W. ALLEN COMPANY Address 1: 4835 SOUTH PEORIA | 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: TULSA State: OK Zip: 74105 + | • | |
| | | |
| CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, an I have not provided this information to the surface owner(s). I address. | batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. It (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this id email address. It is knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this | |
| 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 CP-1 | ee with this form. If the fee is not received with this form, the KSONA-1 will be returned. | |
| I hereby certify that the statements made herein are true and correct to t | the best of my knowledge and belief. | |
| Date: 6/15/2012 Signature of Operator or Agent: Tare 8 | | |
| | Blobela Tilo: Own RECEIVED | |

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)

KLOBERDANZ, PAUL E. PO BOX 57756 OKLAHOMA CITY, OK 73157-7756 June 21, 2012

Re: MK AND O #6

API 15-019-21413-00-00

15-32S-8E, 180 FNL 330 FEL

CHAUTAUQUA 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 18, 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

Steve Bond

Production Department Supervisor

District: #3 1500 W. 7th

Chanute, KS 67220 (620) 432-2300