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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 #: 30991
Name: Red Cedar Oil LLC
Address 1: P.O. Box 221
Address 2: _____
City: Medicine Lodge State: Kansas Zip: 67104 + 0221
Contact Person: Dale Walker
Phone: (620) 886-3951

API No. 15 - 007-20591
If pre 1967, supply original completion date: _____
Spot Description: _____
E/2_NW_SW_NW Sec. 6 Twp. 32 S. R. 15 East West
1,650 Feet from North / South Line of Section
370 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Schuette Well #: A #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: 385 Cemented with: 350 Sacks
Production Casing Size: 4 1/2 Set at: 4864 Cemented with: 125 Sacks

List (ALL) Perforations and Bridge Plug Sets:
Open Hole 4864-4890

Elevation: 1998 (G.L. / K.B.) T.D.: 4890 P.B.T.D.: 4869 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):
Per K.C.C Recommendation

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: Dale Walker
Address: Box 221 City: Medicine Lodge State: Ks Zip: 67104 + 0221
Phone: (620) 886-3951
Plugging Contractor License #: 5105 Name: Clarke Corporation
Address 1: 107 West Fowler Address 2: _____
City: Medicine Lodge State: Ks Zip: 67104 + _____
Phone: (620) 886-5665

Proposed Date of Plugging (if known): A.S.A.P

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
Date: 10/15/2012 Authorized Operator / Agent: Dale Walker (Signature)

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

RECEIVED
OCT 17 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 # 30991
Name: Red Cedar Oil LLC
Address 1: P.O. Box 221
Address 2: _____
City: Medicine Lodge State: Kansas Zip: 67104 + 0221
Contact Person: Dale walker
Phone: (620) 886-3951 Fax: (_____) _____
Email Address: _____

Well Location:
E/2 NW SW NW Sec. 6 Twp. 32 S. R. 15 East West
County: Barber
Lease Name: Schuette Well #: A #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: Kansas Seven S Corporation-Ron Williams
Address 1: 370 17th Street suite 5300
Address 2: _____
City: Denver State: Co Zip: 80202 + _____

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: 10/15/2012 Signature of Operator or Agent: Dale Walker Title: President

RECEIVED
OCT 17 2012
KCC WICHITA



Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Corporation Commission

Sam Brownback, Governor

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

RED CEDAR OIL, LLC
3816 SE PAGEANT
PO BOX 221
MEDICINE LODGE, KS 67104

October 17, 2012

Re: SCHUETTE A #1
API 15-007-20591-00-00
6-32S-15W, 1650 FNL 370 FWL
BARBER 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 April 15, 2013. 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: #1
210 E Frontview, Suite A
Dodge City, KS 67801
(620) 225-8888