

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 #: 33912 (past license 32966)
Name: Greensburg Oilfield LLC
Address 1: 1225 17th Street, Suite 1300
Address 2: _____
City: Denver State: CO Zip: 80202 + _____
Contact Person: Doran Oancia
Phone: (303) 815-1010 Extension 3215

API No. 15 - 097-20,644 · 00 · 01
If pre 1967, supply original completion date: _____
Spot Description: _____
NW NE NW Sec. 29 Twp. 28 S. R. 19 East West
4,840 Feet from North / South Line of Section
3,300 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kiowa
Lease Name: Copeland SWD Well #: 2

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: D-20,041 ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8-5/8" Set at: 423' Cemented with: 375 Sacks
Production Casing Size: 4-1/2" Set at: 4983' Cemented with: 125 Sacks

List (ALL) Perforations and Bridge Plug Sets:

records not available

Elevation: 2297 (G.L. / K.B.) T.D.: _____ PBTD: _____ 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):

Pratt has been in discussion with the state on this. Their instructions are as follows: Pratt will set a cast iron plug 50 feet above the top perf or the top of the open hole, depending how the well was completed. 2 sacks of cement will be added on top of the plug. Then they will pop the slips on teh casing and find a free point, shoot off the 4 1/2. Then while pulling casing they will stop at the hydryte and pump 15 sacks of gel and 50 sacks of cement. They will then come up to surface pipe and top off the well with cement. The state will then provide plugging orders.

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

KSONA FEE
PAID

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: Jason Griffith

Address: 1224 NE 20 Road City: Freeport State: KS Zip: 67049 + _____

Phone: (620) 243-2507

Plugging Contractor License #: 5893 Name: Pratt Well Service, Inc Att'n Brad Tatro

Address 1: 10387 NE State Road Address 2: _____

City: Pratt State: KA Zip: 67124 + _____

Phone: (620) 672-2531

Proposed Date of Plugging (if known): Week of December 9 2013

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: December 5 2013 Authorized Operator / Agent: _____
(Signature)

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

tel 316-337-6200

KCC WICHITA

DEC 09 2013

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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 # 33912 (past license 32966)
Name: Greensburg Oilfield LLC
Address 1: 1225 17th Street, Suite 1300
Address 2: _____
City: Denver State: CO Zip: 80202 + _____
Contact Person: Doran Oancia
Phone: (303) 815-1010 x 3215 Fax: (_____) _____
Email Address: doancia@highsierraenergy.com

Well Location:
NW NE NW Sec. 29 Twp. 28 S. R. 19 East West
County: Kiowa
Lease Name: Copeland SWD Well #: 2

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: Victor L and Joyce A Copeland Trust
Address 1: PO Box 1926
Address 2: _____
City: Rancho Santa Fe State: CA Zip: 92067 + _____

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: December 5 2013 Signature of Operator or Agent: _____ Title: _____

KCC WICHITA

DEC 09 2013

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PAID**