



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 #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____

API No. 15 - _____
If pre 1967, supply original completion date: _____
Spot Description: _____
____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
____ Feet from North / South Line of Section
____ Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: _____
Lease Name: _____ Well #: _____

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: _____ Set at: _____ Cemented with: _____ Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: _____ (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):

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: _____
Address: _____ City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____
Plugging Contractor License #: _____ Name: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____

Proposed Date of Plugging (if known): _____

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

Submitted Electronically



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 # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____

Well Location:
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
County: _____
Lease Name: _____ Well #: _____

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

Surface Owner Information:

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____

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 Submitted Electronically

I

| | |
|-----------|---|
| Form | CP1 - Well Plugging Application |
| Operator | Adams Resources Exploration Corporation |
| Well Name | GRIEVE TRUST 1-10 |
| Doc ID | 1089737 |

Perforations And Bridge Plug Sets

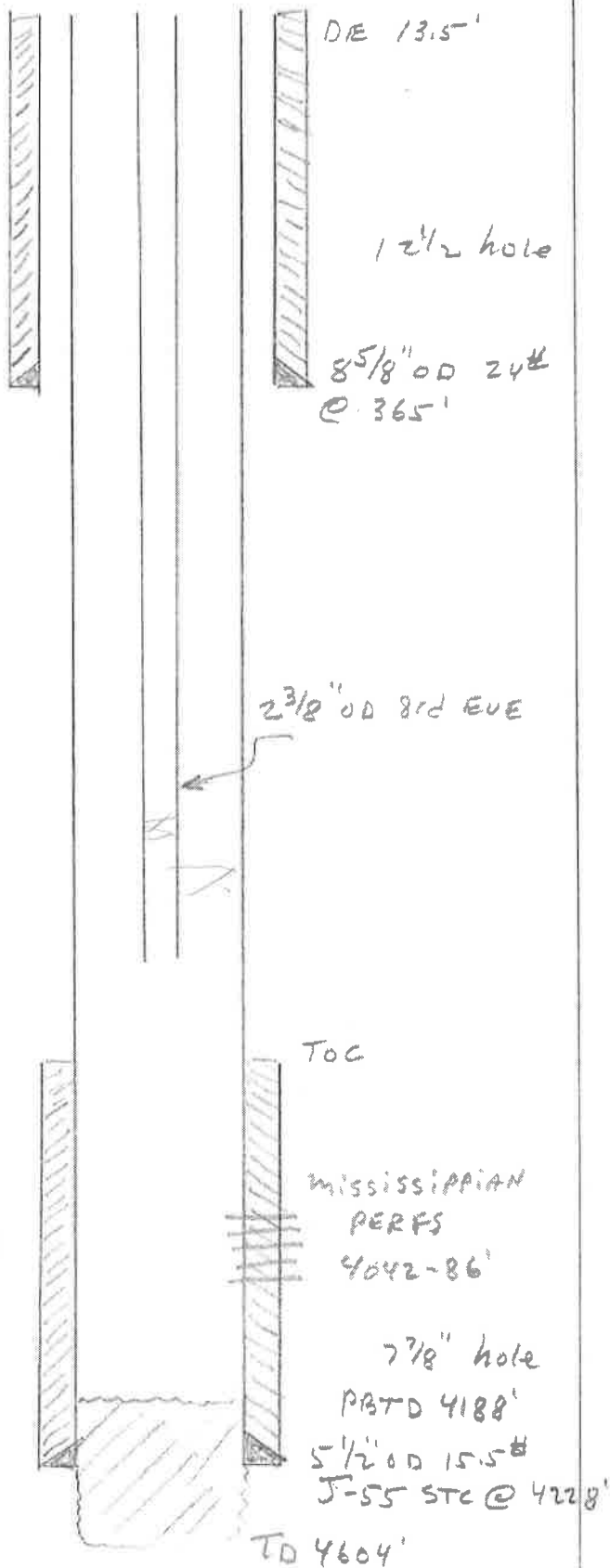
| Perforation Top | Perforation Base | Formation | Bridge Plug Depth |
|-----------------|------------------|---------------|-------------------|
| 4042 | 4086 | Mississippian | |

GRIEVE TRUST #1-1

SUBSURFACE DIAGRAM

(NOT TO SCALE)

SURF PIPE CEMENTED
W/
CMT CIRC TO SURF



LONG STRING CMT W/ 250 SKS
CALL TOC 3456'

ACIDIZED W/ 3000 GAL 10% HCl
FRAC'D W/ 185,000# 30/70 + 10/30 SD

MT 9/3/11

GRIEVE TR #1-10

AFTER P&A

SUBSURFACE DIAGRAM

(NOT TO SCALE)

CUT OFF BELOW FLOW DEPTH

10' 4 SX PLUG



8 5/8 @ 365'

100' 21 SX PLUG

SET CIAP @ 415' ±

9PP9 mud

CALL TOG 3450'

100' 6 SX PLUG

SET CIAP @ 4035' ±

PERFS 4042-86'

9PP9 mud

PBTD



WAT 5/3/11

Plugging Procedure

Grieve Trust #1-10

1. MIRU w/o rig and mud tank
2. Blow down any press that is on well
3. Kill the well by bullheading and load the hole with w/10 # mud
4. POH and set CIBP in 5-1/2" csg @ 4035' +/-, test plug to 500#
5. Check bradenhead pressure
6. Circ hole w/10# mud
7. Set 100' cmt plug 3935'-4035', 17 sxs
8. PU 2-3 jts, WOC
9. GIH and tag plug
10. Set 100' cmt plug 315'-415 in 5-1/2" csg, 13 sxs
11. PU 2-3 jts, WOC
12. GIH and tag plug
13. Cut all pipe , 8-5/8" and 5-1/2", 4' below surf
14. Set cmt plug in top 0-10', 4 sxs'
15. Weld on top plate with needle valve
16. RD move off

WELL DATA

DE: 13.5'

TBG: 2-3/8" OD 8rd EUE

CSG: 8-5/8" OD 24# @ 365'

5-1/2" OD 15.5# J-55 STC @ 4228'

TD: 4604'

PBTD: 4188'

PERFS: 4042'-4086' Mississippian

August 07, 2012

Jessica Hughes
Adams Resources Exploration Corporation
PO BOX 844
HOUSTON, TX 77001

Re: Plugging Application
API 15-151-22357-00-00
GRIEVE TRUST 1-10
NE/4 Sec.10-26S-11W
Pratt County, Kansas

Dear Jessica Hughes:

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 February 03, 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,
Production Department Supervisor

cc: District 1

(620) 225-8888