



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	Quantum Resources Management LLC
Well Name	ADAMS RANCH F-26
Doc ID	1096712

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4561	4571	Lansing	

CONFIDENTIAL

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: license # 9534
name Hixon Development Company
address P.O. Box 2810
City/State/Zip Farmington, NM 87499

Operator Contact Person Aldrich L. Kuchera
Phone (505) 326-3325
5987

Contractor: license #
name Service Drilling Company

Wellsite Geologist John Corbett
Phone (505) 326-3325

PURCHASER Diamond Shamrock

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD Temp Abd
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)

If OWWO: old well info as follows:
Operator
Well Name
Comp. Date Old Total Depth

WELL HISTORY

Drilling Method: Mud Rotary Air Rotary Cable
10-16-85 10-23-85 11-01-85
Spud Date Date Reached TD Completion Date

4778' 4717'
Total Depth PBTD

Amount of Surface Pipe Set and Cemented at 1578 feet

Multiple Stage Cementing Collar Used? Yes No

If Yes, Show Depth Set feet

If alternate 2 completion, cement circulated
from 1578 feet depth to surface w/ 750 SX cmt

API NO. 15-119-20714-0000

County Meade

C SW NE Sec 15 Twp 35 Rge 29 East X West
(location)

990 Ft North from Southeast Corner of Section
1980 Ft West from Southeast Corner of Section
(Note: locate well in section plat below)

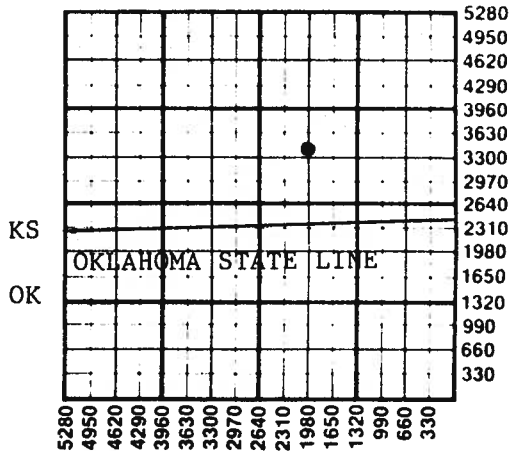
Lease Name Adams Well# F-26

Field Name Cimarron Bend

Producing Formation Lansing

Elevation: Ground 2434' KB 2442'

Section Plat



WATER SUPPLY INFORMATION

Source of Water:

Division of Water Resources Permit # T-85-845

Groundwater 2400 Ft North From Southeast Corner and
(Well) 2140 Ft. West From Southeast Corner of
Sec 15 Twp 35 Rge 29 East West

Surface Water Ft North From Southeast Corner and
(Stream, Pond etc.) Ft West From Southeast Corner
Sec Twp Rge East West

Other (explain) (purchased from city, R.W.D.#)

Disposition of Produced Water: Disposal Repressuring

Docket #

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rules 82-3-130 and 82-3-107 apply.

Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months.

One copy of all wireline logs and drillers time log shall be attached with this form. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules, and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Aldrich L. Kuchera
Title President Date November 13, 1985

Subscribed and sworn to before me this day of 19

Notary Public
Date Commission Expires September 24, 1988

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify)

Form ACO-1 (7-84)

CONFIDENTIAL

SIDE TWO

Operator Name Hixon Development Lease Name Adams Well# F-26 SEC 15 TWP 35 RGE 27 East West

WELL LOG

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Formation Description
 Log Sample

Name	Top	Bottom
Council Grove	2965	3768
Heebner	3768	4434
Toronto	4434	4556
Lansing	4556	4778
TD	4778	

CASING RECORD <input checked="" type="checkbox"/> new <input type="checkbox"/> used							
Report all strings set - conductor, surface, intermediate, production, etc.							
Purpose of string	size hole drilled	size casing set (In O.D.)	weight lbs/ft.	setting depth	type of cement	# sacks used	type and percent additives
Surface casing	12-1/4"	8-5/8"	24#	1578'	Class H	750	2-3% CaCl
Production csg	7-7/8"	5-1/2"	15.5#	4761'	Class H	200	10# Kolite/sk
						150	1/8#cellophane
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
shots per foot	specify footage of each interval perforated			(amount and kind of material used)			Depth
4	4561'-4571'			1500 gallons 15% HCL			
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First Production 11-08-85		Producing method <input type="checkbox"/> flowing <input checked="" type="checkbox"/> pumping <input type="checkbox"/> gas lift <input type="checkbox"/> Other (explain)					
Estimated Production Per 24 Hours	Oil 172 Bbls	Gas 21 MCF	Water 0 Bbls	Gas-Oil Ratio 122 CFPB	Gravity 39° API		

Disposition of gas: vented sold used on lease

METHOD OF COMPLETION open hole perforation other (specify)

PRODUCTION INTERVAL 4561'-4571'

Dually Completed. Commingled

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

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

Sam Brownback, Governor

October 10, 2012

Yolanda Perez
Quantum Resources Management LLC
1401 MCKINNEY ST, STE 2400
HOUSTON, TX 77010

Re: Plugging Application
API 15-119-20714-00-00
ADAMS RANCH F-26
SE/4 Sec.15-35S-29W
Meade County, Kansas

Dear Yolanda Perez:

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 08, 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