



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 must provide the name and address of the surface owner by filling out the top section of this form and 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	Urban Oil and Gas Group LLC
Well Name	ADAMS F 3
Doc ID	1367285

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4952	4970	Kansas City	5100
			5755
			6020

Current as of 9/15/17

Giant Exploration & Production
Company
Well Bore Diagram

10/29/01

WELL NAME Adams Ranch Well No. F-3 (WI)
LOCATION 660' FNL, 660' FEL SECTION 9 T. 35 S R. 29 W
COUNTY Meade STATE Kansas

SURFACE CASING

Hole Size: _____
Casing: 8-5/8", 20# & 24#
Casing Set @ 1492' w/675 ska
Pozmix.
(20# 0'-1396'; 24# 1396'-1492')

FORMATION TOPS

Council Grove 2833'
Toronto 4280'
Lansing 4415'
Hodges 4946'
Marmaton 5178'
Cherokee 5421'
Morrow 5731'
Chester 5873'
St. Genevieve 6220'
St. Louis 6484'

ORIG
CEMENT TOP 5620' (CBL)

PERFORATIONS

4952'-56'
4958'-70' 4952-56
4958-70

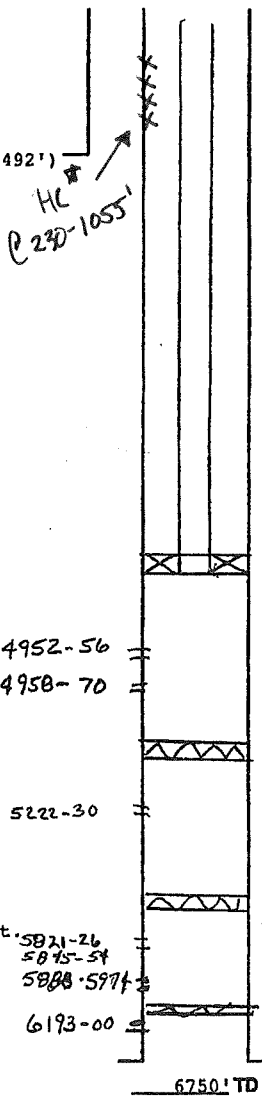
INJECTION KANSAS CITY

PBD 6217' (orig.), 5100'

PRODUCTION CASING

Hole Size: 7-7/8"
Casing: 5-1/2", 15.5#
Casing Set @ 6250' w/200 ska
Pozmix containing 18% salt.

5821-26
5845-54
5888-5974
6193-00



GLE 2320'

KBE 2330'

DF _____

WELL HISTORY

Spud date: 12/12/74
Original owner: R. Clay Underwood
IP 5/10/75 BOPD 68 BWPD 0
MCFD 330 GOR _____
Completion Treatment: _____
Acidize with 13,000 gal.

CURRENT DATA

2 3/8" IPC w/ ON-OFF TOOL
Tubing _____
PKR 45-B LOK SET @ 4673

Remarks

Perf'd 6193'-6200'. Acidized.
Perf'd 5967'-5886'. Set CTBP
6620'. Acidized. Perf'd
5821'-26', 5845'-54'. Set
pkf @5870'. Frac'd.
3/85 - Acidized, hung on pump.
9/86 - Set CTBP @5755'. Shot
holes and squeezed cement
behind pipe. Perf'd 5222'-
5230' (Marmaton).
6/87 - Set CTBP @5100'. Perf'd
4952'-56', 4958'-70'. Conv-
erted to WI. Set pkf @4675'.
Acidized.
10/87 - Began injection.
Date Last Revised: 10/29/11

★ On 10/29/11 Quantum Resources discovered multiple holes in the Csg at 230-1055'. Quantum pumped 300 SKS of cement into holes & received returns. After drillout of cement the well passed MIT.

10/7/92 TBC PARTED FISH
2 3/8 TBC LOK-SET @ 4675

8/13/87 2 3/8" IPC TBC LOK SET @ 4673

8/5/02 HIT BT #56

Proposed PFA WBO

Giant Exploration & Production Company
Well Bore Diagram

WELL NAME Adams Ranch Well No. F-3 (WI)
LOCATION 660' FNL, 660' FEL SECTION 9 T 35 S R 29 W
COUNTY Meade STATE Kansas

SURFACE CASING

Hole Size: _____
Casing: 8-5/8", 20# & 24#
Casing Set @ 1492' w/675 sks
Pozmix.
(20# 0'-1396'; 24# 1396'-1492')

FORMATION TOPS

Council Grove	2833'
Toronto	4280'
Lansing	4415'
Hodges	4946'
Marmaton	5178'
Cherokee	5421'
Morrow	5731'
Chester	5873'
St. Genevieve	6220'
St. Louis	6484'

CEMENT TOP 5620' (CBL)

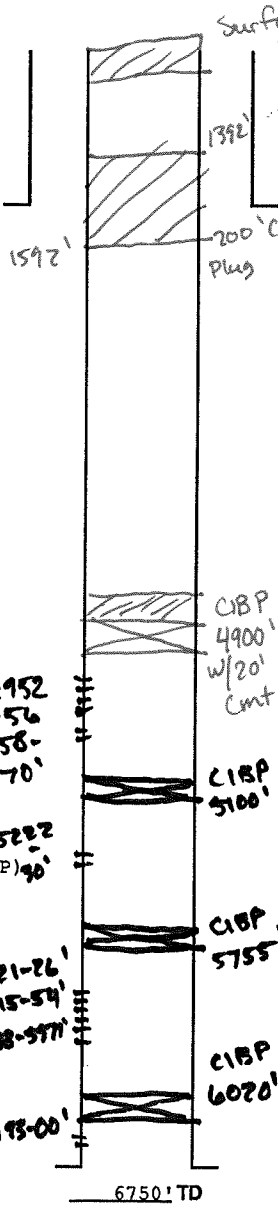
PERFORATIONS

4952'-56'
4958'-70'

PBD 6217' (orig.), 5100' (CIBP)

PRODUCTION CASING

Hole Size: 7-7/8"
Casing: 5-1/2", 15.5#
Casing Set @ 6250' w/200 sks
Pozmix containing 18% salt.



GLE 2320'
KBE 2330'
DF _____

WELL HISTORY

Spud date: 12/12/74
Original owner: R. Clay Underwood
IP 5/10/75 BOPD 68 BWPD 0
MCFD 330 GOR _____
Completion Treatment: _____
Acidize with 13,000 gal.

CURRENT DATA

Pumping Unit _____
Tubing 2-3/8" @4675' (packer)
Pump Size _____
Rod string _____
Remarks _____
Perf'd 6193'-6200'. Acidized.
Perf'd 5967'-5886'. Set CIBP @6020'. Acidized. Perf'd 5821'-26', 5845'-54'. Set pkr @5870'. Frac'd.
3/85 - Acidized, hung on pump.
9/86 - Set CIBP @5755'. Shot holes and squeezed cement behind pipe. Perf'd 5222'-5230' (Marmaton).
6/87 - Set CIBP @5100'. Perf'd 4952'-56', 4958'-70'. Converted to WI. Set pkr @4675'. Acidized.
10/87 - Began injection.
Date Last Revised: 3/25/96

September 26, 2017

Penny Plumlee
Urban Oil and Gas Group LLC
1000 E 14TH ST SUITE 300
PLANO, TX 75074

Re: Plugging Application
API 15-119-20189-00-01
ADAMS F 3
NE/4 Sec.09-35S-29W
Meade County, Kansas

Dear Penny Plumlee:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 1 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 1's phone number is (620) 682-7933. Failure to notify DISTRICT 1, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after March 26, 2018. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The March 26, 2018 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely,
Production Department Supervisor

cc: DISTRICT 1