# KANSAS CORPORATION COMMISSION RELID IN REPLEMT. Form CP-1 OIL & GAS CONSERVATION DIVISION FOR CLID FAXESMARCH 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 #: 30337                                      |                                      | API No. 15119-21113-00-00                                             |         |
|-----------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------|---------|
| Name: Special Energy Corporation                                |                                      | If pre 1967, supply original completion date:                         | ·       |
| Address 1: P.O. Drawer 369                                      |                                      | Spot Description: Adams Ranch                                         |         |
| Address 2:                                                      |                                      | SW_NE_SW Sec. 15_ Twp. 34_ S. R. 30 East                              | West    |
| City: Stillwater State: OK                                      | Zip: 74076 + 0369                    | 1,620 Feet from North / South Line of                                 |         |
| Contact Person: Don Terry                                       |                                      | Feet from East / W West Line of                                       | Section |
| Phone: (405 ) 377-1177                                          |                                      | Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW |         |
| 1010. (                                                         |                                      | County: Meade                                                         |         |
|                                                                 |                                      | Lease Name: Cimarron Well #: 2-15                                     |         |
| Check One: ☐ Oil Well                                           | □D&A □ Ca                            | thodic Water Supply Well Other:                                       |         |
| SWD Permit #:                                                   | ENHR Permit#:_                       |                                                                       |         |
| Conductor Casing Size: 20"                                      | Set at: 40'                          | <u> </u>                                                              | Saeka   |
| Surface Casing Size: 8 5/8"                                     |                                      | Cemented with: 150                                                    |         |
|                                                                 | 2 257                                |                                                                       | Sacks   |
| Production Casing Size: 4 1/2"                                  | Set at:                              | Cemented with:                                                        | Sacks   |
| List (ALL) Perforations and Bridge Plug Sets:                   |                                      |                                                                       |         |
| 3,178'-3,182'                                                   |                                      |                                                                       |         |
| 2070 — — 2050                                                   | 2025                                 |                                                                       |         |
| Elevation: 2679 ( ( G.L. / K.B.) T.D.: 6350                     | PBTD:3305                            | 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 addition | onal space is needed):               | (iniervai)                                                            |         |
| According to KCC regulations                                    |                                      |                                                                       |         |
|                                                                 |                                      |                                                                       |         |
| Is Well Log attached to this application?                       | Is ACO-1 filed?                      | Ves No                                                                |         |
| <del></del>                                                     | IS ACCET MEDI: [V]                   | ies [] No                                                             |         |
| If ACO-1 not filed, explain why:                                |                                      |                                                                       |         |
|                                                                 |                                      |                                                                       |         |
| Plugging of this Well will be done in accordance with K.S       | S.A. 55-101 <u>et, seq</u> . and the | Rules and Regulations of the State Corporation Commission             |         |
| Company Representative authorized to supervise plugging of      | perations: Don Terry                 |                                                                       |         |
|                                                                 |                                      | City: Stillwater State: OK Zip: 74076 + 03                            | 69      |
| Phone: ( 405 ) 377-1177                                         |                                      | ,                                                                     |         |
| Plugging Contractor License #: 32833                            |                                      | Name: Sargeant & Lillard                                              |         |
| D O D 4450                                                      |                                      | Address 2:                                                            |         |
|                                                                 |                                      | State: OK Zip: 73082 +                                                |         |
| Phone: ( <u>580</u> ) <u>254-1881</u>                           |                                      | 000                                                                   |         |
| Proposed Date of Plugging (if known):                           |                                      | RECEIVED                                                              |         |
|                                                                 |                                      |                                                                       |         |
| Payment of the Plugging Fee (K.A.R. 82-3-118) will be gu        | 1 ~                                  | FEB 2 1 2012                                                          | •       |
| Date: 9/21/2011 Authorized Operator / Ager                      | ıt: — (C)                            | (Signature) KCC M/ICLUIT                                              |         |
|                                                                 |                                      | KCC WICHIT                                                            | A       |

#### 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 (Ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | athodic Protection Borehole Intent)                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OPERATOR: License # 30337                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Well Location:                                                                                                                                                                                                                                                                                                              |
| Name: Special Energy Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SW_NE_SWSec. 15 Twp. 34 S. R. 30 ☐ East  West                                                                                                                                                                                                                                                                               |
| Address 1: P.O. Drawer 369                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5.41 -                                                                                                                                                                                                                                                                                                                      |
| Address 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | County: Meade  Lease Name: Cimarron Well #: 2-15                                                                                                                                                                                                                                                                            |
| City: Stillwater State: OK Zip: 74076 + 0369  Contact Person: Don Terry  Phone: (405) 377-1177 Fax: (405) 743-1617                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | If filing a Form T-1 for multiple wells on a lease, enter the legal description of                                                                                                                                                                                                                                          |
| Contact Person: Don Terry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | the lease below:                                                                                                                                                                                                                                                                                                            |
| Phone: (405) 377-1177 Fax: (405) 743-1617                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                             |
| Email Address: don.terry@specialenergycorp.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                             |
| Surface Owner Information:  Name: Raymond E. Adams, Jr.  Address 1: P.O. Box 218  Address 2: State: KS Zip: 66507 + State: 66507 + State: | 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 (Cathod the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | batteries, pipelines, and electrical lines. The locations shown on the plat                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.                                                                                                                             |
| If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.                                                                                                                                                                                                                                |
| I hereby certify that the statements made herein are true and correct to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <del>the be</del> st of my knowledge and belief.                                                                                                                                                                                                                                                                            |
| Date: 9/21/2011 Signature of Operator or Agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Title: Operations Manager                                                                                                                                                                                                                                                                                                   |
| Signature of Operator of Agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RECEIVED                                                                                                                                                                                                                                                                                                                    |

KCC WICHITA

FEB 2 1 2012

#### Other surface owners:

Ann Russell & Raymond Adams, Jr., Co-Trustees of the Adams Family GST Trust P.O. Box 3930 Lawrence, KS 66046

Ann Russell & Raymond Adams, Jr., Co-Trustees of the Adams Family Trust P.O. Box 3930 Lawrence, KS 66046

RECEIVED
FEB 2 1 2012
KCC WICHITA

16:16 Special Energy (FRX)4057431617 P. 005/007

\*\*\*POWED US OF BY S

KANSAS CORPORATION COMMISSION FOR A CP-1

March 2010

OIL & GAS CONSERVATION DIVISION OF UPDTO. This Form must be Typed

WELL PLUGGING APPLICATION PROJUNALS. Form must be Signed

Form KSONA-1, Certification of Compilance with the Kansas Surface Owner Notification Act,

MIST be submitted with this form.

MIIST he enhantled with this form.

| OPERATOR: License #: 30337                                                                   | API No. 15 - 119-21113-00-00                              |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Namo: Special Energy Corporation                                                             | If pre 1967, supply original completion date:             |
| Address 1: P.O. Drawer 369                                                                   | Spot Description: Adams Ranch                             |
| Address 2:                                                                                   | SW_NE, SW Soc. 15 Twp. 34 S. R. 30 East ✔ West            |
| City: Stillwater State: OK Zip: 74076 + 0369                                                 | 1,620 Feet from North / V South Line of Soction           |
|                                                                                              | 1,600 Feet from East / West Line of Section               |
| Contact Person: Don Terry                                                                    | Footages Calculated from Nearest Cutaide Section Corner:  |
| Phone: (405 ) 377-1177                                                                       | — NE ☐ NW ☐ SE 🗹 SW                                       |
|                                                                                              | County: Meade                                             |
|                                                                                              | Lesse Namo: Cimarron Well #: 2-15                         |
| Chock One: ☐ Oil Well                                                                        | thodic Water Supply Well Other:                           |
| SWD Permit #: ENHR Permit #:                                                                 | Gas Storage Permit #:                                     |
|                                                                                              | Comented with: 10 Sacks                                   |
| Surface Casing Size: 8 5/8" Set at: 1672'                                                    | Cornented with: 150 Sacks                                 |
| Production Casing Size: 4 1/2" Set at: 3,357'                                                | Cemented with: 200 Sacks                                  |
| List (ALL) Perforations and Bridge Plug Sets:                                                |                                                           |
| 3,178'-3,182'                                                                                |                                                           |
|                                                                                              |                                                           |
| Elevation: 2679 ([GL/ ] KA) T.D.: 6350 PBTD: 3305                                            | Anhydde Degih:                                            |
|                                                                                              | (Stone Corrol Formation)                                  |
| Condition of Well: Good Poor Junk in Hole Casing Leak at:                                    | (Interval)                                                |
| Proposed Mathod of Pluggling (utlach a separate page if additional space is needed):         |                                                           |
| According to KCC regulations                                                                 |                                                           |
|                                                                                              | [m]                                                       |
| Is Well Log attached to this application? Tes Ves V No Is ACO-1 filed? V                     | res L No                                                  |
| If ACO-1 not filed, explain why:                                                             |                                                           |
|                                                                                              |                                                           |
| Plupging of this Well will be done in accordance with K.S.A. 55-101 <u>ct. seg</u> . and the | Rules and Regulations of the State Cornoration Commission |
| Company Representative authorized to supervise plugging operations: Don Terry                | The dia to guidants of the date action of the date.       |
|                                                                                              | Stillwater State: OK Zip: 74076 + 0369                    |
| Phone: (405 ) 377-1177                                                                       | Oldici,                                                   |
|                                                                                              | Name: Sargeant & Lillard                                  |
| Address 1: P.O. Box 1450                                                                     |                                                           |
| Mondword                                                                                     | - OK - 73082                                              |
| City:                                                                                        | State: 2p:                                                |
|                                                                                              |                                                           |
| Proposed Date of Plugging (If known):                                                        |                                                           |
| Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or A            | RECEIVED                                                  |
| Date: 9/21/2011 Authorized Operator / Agent:                                                 | Africa FED 1 2 2000                                       |
|                                                                                              | (Signature) LD 13 ZUIZ                                    |

#### 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.

| OPERATOR: License # 30337                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Well Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Special Energy Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SW NE_SW Sec. 15 Twp. 34 S. R. 30 East  West                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Name:P.O. Drawer 369                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A.B. I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Addrage 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Lease Name: Cimarron Well #: 2-15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| City: Stillwater State: OK Zip: 74076 + 0369  Contact Person: Don Terry  Phone: (405 ) 377-1177 Fax: (405 ) 743-1617                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | If filing a Form T-1 for multiple wells on a lease, enter the legal description of                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Contact Person: Don Terry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | the lease below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Phone: (405 ) 377-1177 Fax: (405 ) 743-1617                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Email Address: don.terry@specialenergycorp.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Surface Owner Information: Raymond E. Adams. Jr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Miles files a Form T.1 is which multiple surface oursers attach un talditional                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Name: Raymond E. Adams, Jr. Address 1: P.O. Box 218                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | When filing a Form T-1 involving multiple surface owners, attach an additional<br>sheet listing all of the information to the left for each surface owner. Surface                                                                                                                                                                                                                                                                                                                                                        |
| Address 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | owner information can be found in the meands of the register of deeds for the county, and in the real estate property tax records of the county treasurer.                                                                                                                                                                                                                                                                                                                                                                |
| City: Maple Hill State: KS Zip: 66507                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| the KCC with a plat showing the predicted locations of lease roads, tar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | odic Protection Borehole Intent), you must supply the surface owners and nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat. Form CB-1 plat or a sense of plat may be submitted.                                                                                                                                                                                                                                                                                         |
| the KCC with a plat showing the predicted locations of lease roads, tar<br>are preliminary non-binding estimales. The locations may be entered of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | odic Protection Borehole Intent), you must supply the surface owners and<br>nk batteries, pipelines, and electrical lines. The locations shown on the plat<br>on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.                                                                                                                                                                                                                                                                                  |
| the KCC with a plat showing the predicted locations of lease roads, tare preliminary non-binding estimates. The locations may be entered estimated one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Act (House Bill 2032). I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, the plat(s) required by this                                                                                                                                                                                                                                                                                                                                                                           |
| the KCC with a plat showing the predicted locations of lease roads, tare preliminary non-binding estimates. The locations may be entered estimated one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, the land upon the surface owner(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Act (House Bill 2032). I have provided the following to the surface located: 1) a copy of the Form CB-1, Form CB-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this                                                                                                                                        |
| the KCC with a plat showing the predicted locations of lease roads, tare preliminary non-binding estimates. The locations may be entered estence of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling of choosing the second option, submit payment of the \$30.00 handling.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Act (House Bill 2032). I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, the plat(s) required by this and email address.  acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ig fee, payable to the KCC, which is enclosed with this form.                                                                                                                                                |
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#### Other surface owners:

Ann Russell & Raymond Adams, Jr., Co-Trustees of the Adams Family GST Trust P.O. Box 3930 Lawrence, KS 66046

Ann Russell & Raymond Adams, Jr., Co-Trustees of the Adams Family Trust P.O. Box 3930 Lawrence, KS 66046

> RECEIVED FEB 1 3 2012 KCC WICHITA



Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner Sam Brownback, Governor

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

SPECIAL ENERGY CORP. PO BOX 369 STILLWATER, OK 74076-0369 February 13, 2012

Re: CIMARRON #2-15

API 15-119-21113-00-00

15-34S-30W, 1620 FSL 1600 FWL MEADE 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 August 11, 2012. 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

Stew Bond

Production Department Supervisor

District: #1 210 E Frontview, Suite A Dodge City, KS 67801 (620) 225-8888