



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

Corporation Commission

Sam Brownback, Governor

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

• ADAMS AFFILIATES, INC.
1437 S. BOULDER, STE 930
TULSA, OK 74119

October 13, 2017

Re: COX #1-5
API # ~~5-081-20792-00-00~~
5-28S-32W, 2640 FSL 2515 FWL
HASKELL COUNTY, KANSAS

Dear Operator:

The purpose of this letter is twofold. First, 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.

This letter is also to notify you that during the central office's review of your CP-1 for license number verification, staff has discovered that you are not the current operator of record of the above well on file with the Conservation Division. Central office staff is therefore requesting that you verify that you are the operator of record of the above well. The proper procedure for verifying operator authority is by filing a Conservation Division form T-1 (Request for Change of Operator; Transfer of Injection or Surface Pit Permit). If a T-1 has already been filed with the Conservation Division reflecting the transfer of operator authority, please disregard this paragraph. If a T-1 has not been filed reflecting the transfer, please see the attached letter, which explains the T-1 filing process.

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. Furthermore, this notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

This notice is void after April 11, 2018. 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,

Rene Stucky
Production Department Supervisor

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

OCT 13 2017

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-1
July 2014

This Form must be Typed
Form must be Signed
All blanks must be Filled

CONSERVATION DIVISION
WICHITA, KS

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

OPERATOR: License #: 34289
Name: ADAMS AFFILIATES, INC
Address 1: 1437 S. BOULDER, SUITE 930
Address 2: _____
City: TULSA State: OK Zip: 74119 + _____
Contact Person: JENNIFER SEXTON
Phone: (918) 582-4242

API No. 15 - 081-20792-00-01
If pre 1967, supply original completion date: _____
Spot Description: _____
E2 E2 W2 Sec. 5 Twp. 28 S. R. 32 East West
2,623 Feet from North / South Line of Section
2,767 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: HASKELL
Lease Name: COX Well #: 1-5 SWD

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: D30593.0 ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8.625 Set at: 914' Cemented with: 410 Sacks
Production Casing Size: 5.5 Set at: 2782' Cemented with: 600 Sacks

List (ALL) Perforations and Bridge Plug Sets:

PERFS FROM 2744'-2825'
ARROW PACKER AT 2675'

Elevation: 2954 (G.L. / K.B.) T.D.: 2825' PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

SET CIBP ABOVE PERFS; SPOT WITH CEMENT; CUT OFF CASING BELOW SURFACE AND WELD ON ID CAP

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

If ACO-1 not filed, explain why:

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: JENNIFER SEXTON

Address: 1437 S. BOULDER, SUITE 930 City: TULSA State: OK Zip: 74119 + _____

Phone: (918) 582-4242

Plugging Contractor License #: 34059 Name: HURRICANE SERVICES, INC.

Address 1: 3490 W JONES Address 2: _____

City: GARDEN CITY State: KS Zip: 67846 + _____

Phone: (620) 277-0562

Proposed Date of Plugging (if known): UPON PLUGGING APPROVAL BY KCC

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

OK per legal

Date: _____ Authorized Operator / Agent: _____
(Signature)

OCT 13 2017

CONSERVATION DIVISION
WICHITA, KS

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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

Form KSONA-1
July 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 34289
Name: ADAMS AFFILIATES, INC
Address 1: 1437 S. BOULDER, SUITE 930
Address 2: _____
City: TULSA State: OK Zip: 74119 + _____
Contact Person: JENNIFER SEXTON
Phone: (918) 582-4242 Fax: (_____) _____
Email Address: JSEXTON@ADAMSAFF.COM

Well Location:
E2 E2 W2 Sec. 5 Twp. 28 S. R. 32 East West
County: HASKELL
Lease Name: COX Well #: 1-5 SWD

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

Surface Owner Information:

Name: COX LAND, A KANSAS GENERAL PARTNERSHIP
Address 1: 450 HIGHWAY 83
Address 2: _____
City: SUBLETTE State: KS Zip: 67877 + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 10/10/2017 Signature of Operator or Agent: Jennifer Sexton Title: PETROLEUM CONSULTANT