

| For KCC Use:      |  |
|-------------------|--|
| Effective Date: _ |  |
| District #        |  |
| 0040 🖂            |  |

# Kansas Corporation Commission Oil & Gas Conservation Division

Form C-1 October 2007 Form must be Typed

| Expected Spud Date:                                                                | Spot Description:                                                                                                                                        |  |  |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| month day year                                                                     | Sec Twp S. R                                                                                                                                             |  |  |
| ODERATOR II                                                                        | (a/a/a/a) feet from N / S Line of Section                                                                                                                |  |  |
| DPERATOR: License#                                                                 | feet from E / W Line of Section                                                                                                                          |  |  |
| Name:                                                                              | Is SECTION: Regular Irregular?                                                                                                                           |  |  |
| Address 1:                                                                         | is Scotton. Tregular Tregular:                                                                                                                           |  |  |
| Address 2:                                                                         | (Note: Locate well on the Section Plat on reverse side)                                                                                                  |  |  |
| Dity:         +                                                                    | County:                                                                                                                                                  |  |  |
| Contact Person:Phone:                                                              | Lease Name: Well #:                                                                                                                                      |  |  |
| none                                                                               | Field Name:                                                                                                                                              |  |  |
| CONTRACTOR: License#                                                               | Is this a Prorated / Spaced Field?                                                                                                                       |  |  |
| Name:                                                                              | Target Formation(s):                                                                                                                                     |  |  |
| Well Drilled For: Well Class: Type Equipment:                                      | Nearest Lease or unit boundary line (in footage):                                                                                                        |  |  |
|                                                                                    | Ground Surface Elevation:feet MSL                                                                                                                        |  |  |
| Oil Enh Rec Infield Mud Rotary                                                     | Water well within one-quarter mile:                                                                                                                      |  |  |
| Gas Storage Pool Ext. Air Rotary                                                   | Public water supply well within one mile:                                                                                                                |  |  |
| Disposal Wildcat Cable                                                             | Depth to bottom of fresh water:                                                                                                                          |  |  |
| Seismic ;# of Holes Other                                                          | Depth to bottom of usable water:                                                                                                                         |  |  |
| Other:                                                                             | Surface Pipe by Alternate:                                                                                                                               |  |  |
| If OWWO: old well information as follows:                                          | . ,                                                                                                                                                      |  |  |
| <u> </u>                                                                           | Length of Surface Pipe Planned to be set:                                                                                                                |  |  |
| Operator:                                                                          | Length of Conductor Pipe (if any):                                                                                                                       |  |  |
| Well Name:                                                                         | Projected Total Depth:                                                                                                                                   |  |  |
| Original Completion Date: Original Total Depth:                                    | Formation at Total Depth:                                                                                                                                |  |  |
| Directional, Deviated or Horizontal wellbore?                                      | Water Source for Drilling Operations:                                                                                                                    |  |  |
| Directional, Deviated or Horizontal wellbore? Yes No  f Yes, true vertical depth:  | Well Farm Pond Other:                                                                                                                                    |  |  |
| Bottom Hole Location:                                                              | DWR Permit #:                                                                                                                                            |  |  |
| KCC DKT #:                                                                         | (Note: Apply for Permit with DWR )                                                                                                                       |  |  |
|                                                                                    | Will Cores be taken? Yes No                                                                                                                              |  |  |
|                                                                                    | If Yes, proposed zone:                                                                                                                                   |  |  |
|                                                                                    |                                                                                                                                                          |  |  |
| AF                                                                                 | FIDAVIT                                                                                                                                                  |  |  |
| The undersigned hereby affirms that the drilling, completion and eventual pl       | ugging of this well will comply with K.S.A. 55 et. seq.                                                                                                  |  |  |
| t is agreed that the following minimum requirements will be met:                   |                                                                                                                                                          |  |  |
| 1. Notify the appropriate district office <i>prior</i> to spudding of well;        |                                                                                                                                                          |  |  |
| 2. A copy of the approved notice of intent to drill <b>shall be</b> posted on each | n drilling rig;                                                                                                                                          |  |  |
| 3. The minimum amount of surface pipe as specified below <b>shall be set</b>       |                                                                                                                                                          |  |  |
| through all unconsolidated materials plus a minimum of 20 feet into the            | , 0                                                                                                                                                      |  |  |
| 4. If the well is dry hole, an agreement between the operator and the dis          | , , , , , , , , , , , , , , , , , , , ,                                                                                                                  |  |  |
| 5. The appropriate district office will be notified before well is either plug     |                                                                                                                                                          |  |  |
| 6. If an ALTERNATE II COMPLETION, production pipe shall be cemented.               |                                                                                                                                                          |  |  |
|                                                                                    | I33,891-C, which applies to the KCC District 3 area, alternate II cementing plugged. <i>In all cases, NOTIFY district office</i> prior to any cementing. |  |  |

| abilitied Liectroffically                                                                                         |                                                                                                                                                                            |  |  |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                                                                                                   | Remember to:                                                                                                                                                               |  |  |
| For KCC Use ONLY                                                                                                  | - File Drill Pit Application (form CDP-1) with Intent to Drill;                                                                                                            |  |  |
| API # 15                                                                                                          | - File Completion Form ACO-1 within 120 days of spud date;                                                                                                                 |  |  |
| Conductor pipe requiredfeet                                                                                       | <ul> <li>File acreage attribution plat according to field proration orders;</li> <li>Notify appropriate district office 48 hours prior to workover or re-entry;</li> </ul> |  |  |
| Minimum surface pipe requiredfeet per ALT. I                                                                      | - Submit plugging report (CP-4) after plugging is completed (within 60 days);                                                                                              |  |  |
| Approved by:                                                                                                      | - Obtain written approval before disposing or injecting salt water.                                                                                                        |  |  |
| This authorization expires:  (This authorization void if drilling not started within 12 months of approval date.) | - If this permit has expired (See: authorized expiration date) please check the box below and return to the address below.                                                 |  |  |
|                                                                                                                   | Well Not Drilled - Permit Expired Date:                                                                                                                                    |  |  |
| Spud date: Agent:                                                                                                 | Signature of Operator or Agent:                                                                                                                                            |  |  |
|                                                                                                                   | <u> </u>                                                                                                                                                                   |  |  |



### IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

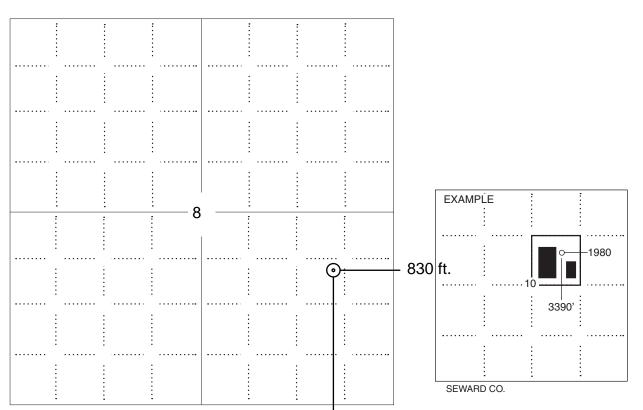
Plat of acreage attributable to a well in a prorated or spaced field

If the intended well is in a prorated or spaced field, please fully complete this side of the form. If the intended well is in a prorated or spaced field complete the plat below showing that the well will be properly located in relationship to other wells producing from the common source of supply. Please show all the wells and within 1 mile of the boundaries of the proposed acreage attribution unit for gas wells and within 1/2 mile of the boundaries of the proposed acreage attribution unit for oil wells.

| API No. 15 -                          |                                                                                                      |
|---------------------------------------|------------------------------------------------------------------------------------------------------|
| Operator:                             | Location of Well: County:                                                                            |
| Lease:                                | feet from N / S Line of Section                                                                      |
| Well Number:                          | feet from E / W Line of Section                                                                      |
| Field:                                | SecTwpS. R 🗌 E 🗍 W                                                                                   |
| Number of Acres attributable to well: | Is Section: Regular or Irregular                                                                     |
|                                       | If Section is Irregular, locate well from nearest corner boundary.  Section corner used: NE NW SE SW |

#### **PLAT**

(Show location of the well and shade attributable acreage for prorated or spaced wells.) (Show footage to the nearest lease or unit boundary line.)



NOTE: In all cases locate the spot of the proposed drilling locaton.

1840 ft.

#### In plotting the proposed location of the well, you must show:

- 1. The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.
- 2. The distance of the proposed drilling location from the south / north and east / west outside section lines.
- 3. The distance to the nearest lease or unit boundary line (in footage).
- 4. If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat must be attached: (C0-7 for oil wells; CG-8 for gas wells).



## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

019393

Form CDP-1
April 2004
Form must be Typed

# **APPLICATION FOR SURFACE PIT**

## Submit in Duplicate

| Operator Name:                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                                                                                                                                                                                                      | License Number:                |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|--|
| Operator Address:                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                   |                                                                                                                                                                                                                      |                                |  |  |
| Contact Person:                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   |                                                                                                                                                                                                                      | Phone Number:                  |  |  |
| Lease Name & Well No.:                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                                                                                                                                                                                                                      | Pit Location (QQQQ):           |  |  |
| Type of Pit:  Emergency Pit Burn Pit  Settling Pit Drilling Pit  Workover Pit Haul-Off Pit  (If WP Supply API No. or Year Drilled)  Is the pit located in a Sensitive Ground Water  Is the bottom below ground level?  Yes No  Pit dimensions (all but working pits):  Depth from If the pit is lined give a brief description of the material, thickness and installation procedure | Artificial Liner?  Yes No  Length (feet)  om ground level to deepest point:  liner Describe proce |                                                                                                                                                                                                                      |                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   | ccgy,                                                                                                                                                                                                                |                                |  |  |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                |                                                                                                   | Depth to shallo                                                                                                                                                                                                      | west fresh waterfeet.          |  |  |
| feet Depth of water wellfeet                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                                                                                                                                                                                                                      | redwell owner electric logKDWR |  |  |
| Emergency, Settling and Burn Pits ONLY:  Producing Formation:  Number of producing wells on lease:  Barrels of fluid produced daily:  Does the slope from the tank battery allow all spilled fluids to flow into the pit?  Yes No  Submitted Electronically                                                                                                                          |                                                                                                   | Drilling, Workover and Haul-Off Pits ONLY:  Type of material utilized in drilling/workover:  Number of working pits to be utilized:  Abandonment procedure:  Drill pits must be closed within 365 days of spud date. |                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   |                                                                                                                                                                                                                      |                                |  |  |
| KCC OFFICE USE ONLY Steel Pit RFAC RFAS                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                                                                                                      |                                |  |  |
| Date Received: Permit Num                                                                                                                                                                                                                                                                                                                                                            | ber:                                                                                              | Permi                                                                                                                                                                                                                | it Date: Lease Inspection:     |  |  |