

| For KCC U | Jse: | | | |
|--------------|------|-----|--|---|
| Effective D | ate: | | | _ |
| District # _ | | | | |
| T | | П., | | |

Kansas Corporation Commission Oil & Gas Conservation Division

Form C-1 October 2007 Form must be Typed

| | ITENT TO DRILL All blanks must be Filled (5) days prior to commencing well | | |
|---|--|--|--|
| | | | |
| Expected Spud Date: | Spot Description: | | |
| | Sec Twp S. R E W | | |
| OPERATOR: License# | feet from N / S Line of Section | | |
| Name: | feet from E / W Line of Section | | |
| Address 1: | Is SECTION: Regular Irregular? | | |
| Address 2: | (Note: Locate well on the Section Plat on reverse side) | | |
| City: | County: | | |
| Contact Person: | Lease Name: Well #: | | |
| Phone: | Field Name: | | |
| CONTRACTOR: License# | | | |
| Name: | · | | |
| Name. | Target Formation(s): | | |
| Well Drilled For: Well Class: Type Equipment: | Nearest Lease or unit boundary line (in footage): | | |
| Oil Enh Rec Infield Mud Rotary | Ground Surface Elevation:feet MSL | | |
| Gas Storage Pool Ext. Air Rotary | Water well within one-quarter mile: | | |
| Disposal Wildcat Cable | Public water supply well within one mile: | | |
| Seismic ; # of Holes Other | Depth to bottom of fresh water: | | |
| Other: | Depth to bottom of usable water: | | |
| | Surface Pipe by Alternate: III | | |
| If OWWO: old well information as follows: | 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: | | |
| | Water Source for Drilling Operations: | | |
| Directional, Deviated or Horizontal wellbore? Yes No | Well Farm Pond Other: | | |
| If Yes, true vertical depth: | DWR Permit #: | | |
| Bottom Hole Location: | (Note: Apply for Permit with DWR) | | |
| KCC DKT #: | Will Cores be taken? | | |
| | If Yes, proposed zone: | | |
| AFF The undersigned hereby affirms that the drilling, completion and eventual plu It 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 <i>shall be</i> posted on each | | | |
| The minimum amount of surface pipe as specified below shall be set through all unconsolidated materials plus a minimum of 20 feet into the 4. If the well is dry hole, an agreement between the operator and the dist The appropriate district office will be notified before well is either plugg If an ALTERNATE II COMPLETION, production pipe shall be cemented Or pursuant to Appendix "B" - Eastern Kansas surface casing order #1 must be completed within 30 days of the spud date or the well shall be | by circulating cement to the top; in all cases surface pipe shall be set e underlying formation. rict office on plug length and placement is necessary prior to plugging ; led or production casing is cemented in; d from below any usable water to surface within 120 DAYS of spud date. 33,891-C, which applies to the KCC District 3 area, alternate II cementing | | |
| Submitted Electronically | Remember to: | | |
| For KCC Use ONLY | - File Drill Pit Application (form CDP-1) with Intent to Drill; | | |
| ΔPI # 15 - | - File Completion Form ACO-1 within 120 days of spud date; | | |

| | Remember to: |
|----------------------------|--|
| For KCC Use ONLY API # 15 | File Drill Pit Application (form CDP-1) with Intent to Drill; File Completion Form ACO-1 within 120 days of spud date; File acreage attribution plat according to field proration orders; Notify appropriate district office 48 hours prior to workover or re-entry; Submit plugging report (CP-4) after plugging is completed (within 60 days); Obtain written approval before disposing or injecting salt water. 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: |



IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

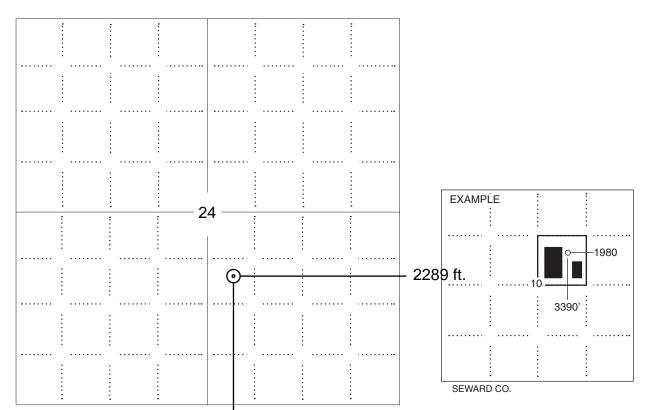
Plat of acreage attributable to a well in a prorated or spaced field

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: | Sec Twp S. R | | |
| 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.

1760 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

1019895

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: | Pit is: | | | | |
| Emergency Pit Burn Pit | Proposed | Existing | SecTwp | R East West | |
| Settling Pit Drilling Pit | If Existing, date constructed: | | Feet from North / South Line of Section | | |
| Workover Pit Haul-Off Pit (If WP Supply API No. or Year Drilled) | Pit capacity: (bbls) | | Feet from East / West Line of Section County | | |
| Is the pit located in a Sensitive Ground Water | Area? Yes | No | Chloride concentration: | mg/l | |
| is the pit located in a Sensitive Ground water | Alea: Tes |] NO | | cy Pits and Settling Pits only) | |
| Is the bottom below ground level? Yes No | Artificial Liner? | | How is the pit lined if a plastic liner is not used? | | |
| Pit dimensions (all but working pits): | Length (fe | et) | Width (feet) | N/A: Steel Pits | |
| Depth fro | om ground level to de | epest point: | (feet) | No Pit | |
| If the pit is lined give a brief description of the material, thickness and installation procedure | | • | dures for periodic maintena ncluding any special monito | | |
| Distance to nearest water well within one-mile | of pit | Depth to shallo | west fresh water mation: | feet. | |
| feet Depth of water wellfeet | | measu | redwell owner | electric logKDWR | |
| Emergency, Settling and Burn Pits ONLY: | | Drilling, Work | over and Haul-Off Pits Of | NLY: | |
| Producing Formation: | | Type of materia | al utilized in drilling/workove | r: | |
| Number of producing wells on lease: | | Number of working pits to be utilized: | | | |
| Barrels of fluid produced daily: | Abandonment | procedure: | | | |
| Does the slope from the tank battery allow all flow into the pit? Yes No | Drill pits must be closed within 365 days of spud date. | | | | |
| Submitted Electronically | | | | | |
| KCC OFFICE USE ONLY Steel Pit RFAC RFAS | | | | | |
| Date Received: Permit Num | ber: | Permi | t Date: L | ease Inspection: Yes No | |