



For KCC Use:  
 Effective Date: \_\_\_\_\_  
 District # \_\_\_\_\_  
 SGA?  Yes  No

KANSAS CORPORATION COMMISSION 1020016  
 OIL & GAS CONSERVATION DIVISION

Form C-1  
 October 2007

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

**NOTICE OF INTENT TO DRILL**

Must be approved by KCC five (5) days prior to commencing well

Expected Spud Date: \_\_\_\_\_  
 month day year

OPERATOR: License# \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_

CONTRACTOR: License# \_\_\_\_\_  
 Name: \_\_\_\_\_

<b>Well Drilled For:</b>	<b>Well Class:</b>	<b>Type Equipment:</b>
<input type="checkbox"/> Oil	<input type="checkbox"/> Enh Rec	<input type="checkbox"/> Infield
<input type="checkbox"/> Gas	<input type="checkbox"/> Storage	<input type="checkbox"/> Mud Rotary
	<input type="checkbox"/> Disposal	<input type="checkbox"/> Pool Ext.
<input type="checkbox"/> Seismic ; _____ # of Holes	<input type="checkbox"/> Other	<input type="checkbox"/> Wildcat
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Cable

If OWWO: old well information as follows:  
 Operator: \_\_\_\_\_  
 Well Name: \_\_\_\_\_  
 Original Completion Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

Directional, Deviated or Horizontal wellbore?  Yes  No  
 If Yes, true vertical depth: \_\_\_\_\_  
 Bottom Hole Location: \_\_\_\_\_  
 KCC DKT #: \_\_\_\_\_

Spot Description: \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  E  W  
 (00/00) \_\_\_\_\_ feet from  N /  S Line of Section  
 \_\_\_\_\_ feet from  E /  W Line of Section

Is SECTION:  Regular  Irregular?  
 (Note: Locate well on the Section Plat on reverse side)

County: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_  
 Field Name: \_\_\_\_\_

Is this a Prorated / Spaced Field?  Yes  No

Target Formation(s): \_\_\_\_\_  
 Nearest Lease or unit boundary line (in footage): \_\_\_\_\_

Ground Surface Elevation: \_\_\_\_\_ feet MSL

Water well within one-quarter mile:  Yes  No

Public water supply well within one mile:  Yes  No

Depth to bottom of fresh water: \_\_\_\_\_

Depth to bottom of usable water: \_\_\_\_\_

Surface Pipe by Alternate:  I  II

Length of Surface Pipe Planned to be set: \_\_\_\_\_

Length of Conductor Pipe (if any): \_\_\_\_\_

Projected Total Depth: \_\_\_\_\_

Formation at Total Depth: \_\_\_\_\_

Water Source for Drilling Operations:

Well  Farm Pond Other: \_\_\_\_\_

DWR Permit #: \_\_\_\_\_

(Note: Apply for Permit with DWR )

Will Cores be taken?  Yes  No

If Yes, proposed zone: \_\_\_\_\_

**AFFIDAVIT**

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq.

It is agreed that the following minimum requirements will be met:

1. Notify the appropriate district office **prior** to spudding of well;
2. A copy of the approved notice of intent to drill **shall be** posted on each drilling rig;
3. The minimum amount of surface pipe as specified below **shall be set** by circulating cement to the top; in all cases surface pipe **shall be set** through all unconsolidated materials plus a minimum of 20 feet into the underlying formation.
4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary **prior to plugging**;
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within **120 DAYS** of spud date. Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. **In all cases, NOTIFY district office** prior to any cementing.

**Submitted Electronically**

**For KCC Use ONLY**

API # 15 - \_\_\_\_\_

Conductor pipe required \_\_\_\_\_ feet

Minimum surface pipe required \_\_\_\_\_ feet per ALT.  I  II

Approved by: \_\_\_\_\_

**This authorization expires:** \_\_\_\_\_  
 (This authorization void if drilling not started within 12 months of approval date.)

Spud date: \_\_\_\_\_ Agent: \_\_\_\_\_

**Remember to:**

- 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: \_\_\_\_\_  
 Signature of Operator or Agent: \_\_\_\_\_



1020016

**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: \_\_\_\_\_

Lease: \_\_\_\_\_

Well Number: \_\_\_\_\_

Field: \_\_\_\_\_

Number of Acres attributable to well: \_\_\_\_\_

QTR/QTR/QTR/QTR of acreage: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Location of Well: County: \_\_\_\_\_

\_\_\_\_\_ feet from  N /  S Line of Section

\_\_\_\_\_ feet from  E /  W Line of Section

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  E  W

Is Section:  Regular or  Irregular

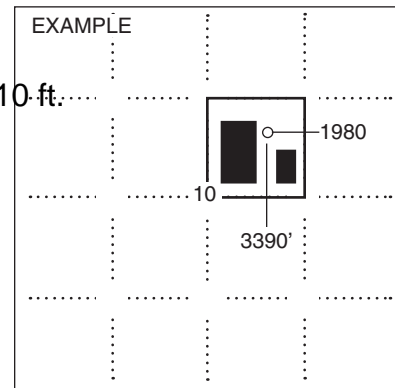
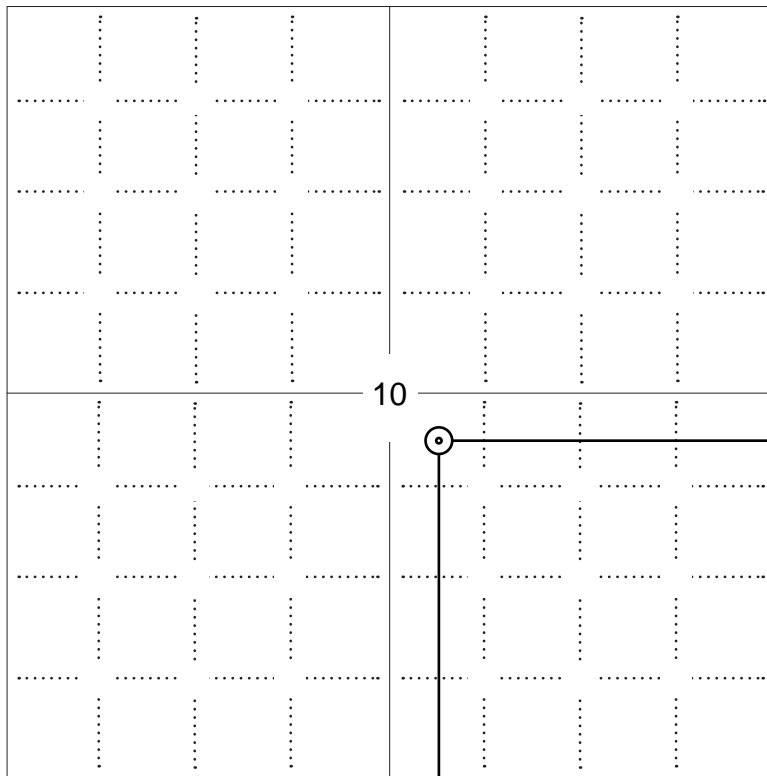
**If Section is Irregular, locate well from nearest corner boundary.**

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.**

2310 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 1020016  
OIL & GAS CONSERVATION DIVISION

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: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit <i>(If WP Supply API No. or Year Drilled)</i>		Pit is: <input type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: _____ (bbls)	
Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		Chloride concentration: _____ mg/l <i>(For Emergency Pits and Settling Pits only)</i>	
Is the bottom below ground level? <input type="checkbox"/> Yes <input type="checkbox"/> No		Artificial Liner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How is the pit lined if a plastic liner is not used?		_____	
Pit dimensions (all but working pits): _____ Length (feet)    _____ Width (feet)    _____ N/A: Steel Pits Depth from ground level to deepest point: _____ (feet)    _____ No Pit			
If the pit is lined give a brief description of the liner material, thickness and installation procedure.		Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring.	
Distance to nearest water well within one-mile of pit _____ feet    Depth of water well _____ feet		Depth to shallowest fresh water _____ feet. Source of information: _____ measured    _____ well owner    _____ electric log    _____ KDWR	
<b>Emergency, Settling and Burn Pits ONLY:</b> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Drilling, Workover and Haul-Off Pits ONLY:</b> 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.	
Submitted Electronically			

<b>KCC OFFICE USE ONLY</b>	Steel Pit	RFAC	RFAS
Date Received: _____ Permit Number: _____ Permit Date: _____ Lease Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No			

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
130 South Market, Room 2078  
Wichita, KS 67202

WELL PLUGGING RECORD  
K.A.R.-82-3-117

RECEIVED  
AUG 08 2003  
KCC WICHITA

TYPE OR PRINT  
NOTICE: Fill out completely  
and return to Cons. Div.  
office within 60 days.

API NUMBER 15-065-03,368-00-01

LEASE NAME MCINTIRE

WELL NUMBER #4 (NW NW SE)

2310 Ft. from S Section Line  
2310 Ft. from E Section Line

SEC. 10 TWP. 10S RGE. 21 XXXXXX (W)

COUNTY Graham

Date Well Completed April, 1953

Plugging Commenced 7-21-03

Plugging Completed 12:10 P.M., 7-21-03

LEASE OPERATOR John O. Farmer, Inc.

ADDRESS P.O. Box 352, Russell, KS 67665

PHONE# (785) 483-3144 OPERATORS LICENSE NO. 5135

Character of Well Oil  
(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on \_\_\_\_\_ (date)  
by \_\_\_\_\_ (District #4) \_\_\_\_\_ (KCC District Agent's Name).

Is ACO-1 filed? No If not, is well log attached? Not available

Producing Formation Lansing/KC Depth to Top 3482' Bottom 3786' T.D. 3794'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
Lansing/KC	oil & water	3478'	3676' OA	8-5/8"	165'	-0-
				5-1/2"	3788'	-0-

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each set.  
1st plug @ 2000' w/160 sks. cement & 300# hulls; 2nd plug @ 1400' w/55 sks. cement & 100# hulls. Pulled to 1100' w/40 sks. cement. Circulated to surface. Pulled tubing - pumped 15 sks. cement down 5-1/2" casing. Pressured to 700#. Shut in @ 500#. Pumped 50 sks. cement & 100# hulls down backside. Shut in @ 500#.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Allied Cementing Company, Inc. License No. \_\_\_\_\_

Address P.O. Box 31, Russell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: John O. Farmer, Inc.

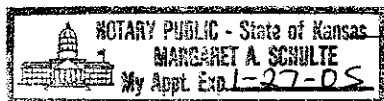
STATE OF Kansas COUNTY OF Russell, ss.

John O. Farmer III XXXXXXXXXXXXXXXXXXXXXXXX (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of th above-described well as filed that the same are true and correct, so help me God.

(Signature) John O. Farmer III

(Address) P.O. Box 352, Russell, KS 67665

SUBSCRIBED AND SWORN TO before me this 6th day of August, 20 03



Margaret A. Schulte  
Notary Public  
Margaret A. Schulte

Form CP-4  
Revised 05-88

TO: STATE CORPORATION COMMISSION  
CONSERVATION DIVISION - PLUGGING  
130 SOUTH MARKET, SUITE 2078  
WICHITA, KANSAS 67202

API Well Number: 15-065-03368-00-01  
Spot: NWNWSE Sec/Twnshp/Rge: 10-10S-21W  
2310 feet from S Section Line, 2310 feet from E Section Line  
Lease/Unit Name: MCINTIRE Well Number: 4  
County: GRAHAM Total Vertical Depth: 3794 feet

Operator License No.: 5135  
Op Name: FARMER, JOHN O., INC.  
Address: PO BOX 352 370 W WICHITA AVE  
RUSSELL, KS 67665

Production Casing Size: 5.5 feet: 3788 100 SX CMT  
Surface Casing Size: 8.625 feet: 165 100 SX CMT

31  
#123

Well Type: OIL UIC Docket No: \_\_\_\_\_ Date/Time to Plug: 07/21/2003 9:00 AM  
Plug Co. License No.: 5135 Plug Co. Name: FARMER, JOHN O., INC.  
Proposal Rcvd. from: DUANE EICHMAN Company: FARMER, JOHN O., INC. Phone: (785) 483-8355

Proposed Plugging Method: Ordered out 375 sxs 60/40 pozmix - 10% gel - 500# hulls.  
D.V. Tool at 1716' w/500 sxs.  
Fluid Level 500'.  
Perfs 3478' - 3576'.  
CIBP at 3600'.

Plugging Proposal Received By: RICHARD WILLIAMS Witness Type: Plugging Operations 100% Witnessed (Complete)  
Date/Time Plugging Completed: 07/21/2003 12:10 PM KCC Agent: RICHARD WILLIAMS

Actual Plugging Report:

Ran tubing to 2080'.  
Allied pumped 160 sxs cement with 300# hulls. Lost circulation.  
Pulled to 1200'. Allied pumped 55 sxs cement with 100# hulls.  
Pulled to 900'. Allied pumped 40 sxs cement - circulated cement.  
PTOH. Squeezed with 15 sxs cement.  
Max. P.S.I. 700#. S.I.P. 700#.  
Hooked up to backside - pumped 50 sxs cement with 100# hulls.  
Max. P.S.I. 500#. S.I.P. 500#.

RECEIVED  
JUL 24 2003  
KCC WICHITA

Remarks: ALLIED CEMENTING COMPANY.

Plugged through: TBG

District: 04

Signed R. Williams

(TECHNICIAN)

INVOICED

DATE 7.24.03

WV. NO. 2004060112

JUL 22 2003