

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

Spud date: \_

\_ Agent: \_

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1022465

Form C-1
October 2007
Form must be Typed
Form must be Signed

| SGA? Yes No  |  | INTENT TO DRILL  All blanks must be Filled ive (5) days prior to commencing well   |
|--|--|--|
| Expected Spud Date:  |  | Spot Description:  |
| month da   | ay year  | Sec Two S.B. F. W  |
| OPERATOR II  |  | (a/a/a/a) feet from N / S Line of Section  |
| OPERATOR: License# Name:   |  | feet from E / W Line of Section  |
| Address 1:   |  | Is SECTION: Regular Irregular?   |
| Address 2:   |  |  |
| City: State:   |  | - (Note: Locate well on the Section Plat on reverse side)  |
| Contact Person:  |  | County: Well #:  |
| Phone:   |  | Field Name:  |
| CONTRACTOR: License#   |  |  |
| Name:  |  | - Target Formation(s):   |
|  |  | Nearest Lease or unit boundary line (in footage):  |
| Well Drilled For: Well Class:  | Type Equipment:  | Ground Surface Elevation:  |
| 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: I II  |
| If OWWO: old well information as follows:  |  | Length of Surface Pipe Planned to be set:  |
|  |  | Longth of Conductor Directification  |
| Operator:  |  | Projected Total Depth:   |
| Well Name: Original Completion Date: Origin  | aal Total Donth:   | _ , , ,  |
| Original Completion Date Origin  | iai iotai beptii   | Water Source for Drilling Operations:  |
| Directional, Deviated or Horizontal wellbore?  | Yes No   |  |
| If Yes, true vertical depth:   |  |  |
| Bottom Hole Location:  |  | (Note: Apply for Permit with DWR )   |
| KCC DKT #:   |  | - Will Cores be taken? Yes No  |
|  |  | If Yes, proposed zone:   |
| The undersigned hereby affirms that the drilling,  |  | FFIDAVIT  Slugging of this well will comply with K.S.A. 55 et. seq.  |
| It is agreed that the following minimum requirem   |  |  |
|  |  |  |
| <ol> <li>Notify the appropriate district office <i>prior</i></li> <li>A copy of the approved notice of intent to</li> <li>The minimum amount of surface pipe as a through all unconsolidated materials plus</li> </ol> | drill <b>shall be</b> posted on easpecified below <b>shall be se</b> | et by circulating cement to the top; in all cases surface pipe shall be set  |
| 4. If the well is dry hole, an agreement between   | een the operator and the di  | istrict office on plug length and placement is necessary prior to plugging;  |
| 5. The appropriate district office will be notifi  |  |  |
|  |  | ted from below any usable water to surface within <i>120 DAYS</i> of spud date.  |
|  |  | #133,891-C, which applies to the KCC District 3 area, alternate II cementing be plugged. <i>In all cases, NOTIFY district office</i> prior to any cementing. |
| must be completed within 60 days of the  | pad date of the frem chair.  | be plagged. In an eaces, north, alestic enter prior to any comonaing.  |
|  |  |  |
| Submitted Electronically   |  |  |
| dominica Electromically  |  | Barrary barrata  |
| For KCC Use ONLY   |  | Remember to:   |
|  |  | - File Drill Pit Application (form CDP-1) with Intent to Drill;  |
| API # 15   |  | - File Completion Form ACO-1 within 120 days of spud date; - File acreage attribution plat according to field proration orders;                              |
| Conductor pipe required  | feet   | Notify appropriate district office 48 hours prior to workover or re-entry;   |
| Minimum surface pipe required  | feet per ALT.  | Submit plugging report (CP-4) after plugging is completed (within 60 days);  |
| Approved by:   |  | - Obtain written approval before disposing or injecting salt water.  |
|  |  | - If this permit has expired (See: authorized expiration date) please  |
| This authorization expires:  | 12 months of approval data )   | check the box below and return to the address below.   |

Well Not Drilled - Permit Expired Date: \_
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

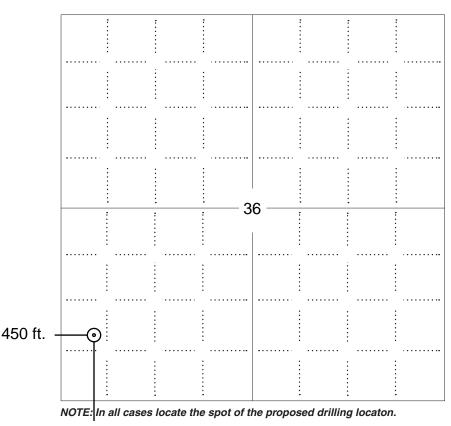
If the intended well is in a prorated or spaced field, please fully complete this side of the form. If the intended well is in a prorated or spaced field complete the plat below showing that the well will be properly located in relationship to other wells producing from the common source of supply. Please 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.

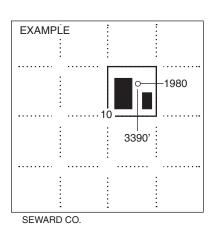
| API No. 15                            |  |
|---------------------------------------|--|
| Operator:                             | Location of Well: County:  |
| Lease:                                | feet from N / S Line of Section  |
| Well Number:                          | feet from E / W Line 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.)





### 900 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

022465

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 1 Length (feom ground level to de | No No et)  Describe proce  |                                |  |  |  |
|  |   | ccgy,  |                                |  |  |  |
| Distance to nearest water well within one-mile   | of pit  | 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:     |  |  |  |