

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

Spud date: \_

\_ Agent: \_

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

|   | Spot Description:   |
|---|---|
| month day year  | Sec Twp S. R E \( \bigcup \)  |
| PERATOR: License#   | feet from N / S Line of Section   |
| ame:  | feet from E / W Line of Section   |
| ddress 1:   | Is SECTION: Regular Irregular?  |
| dress 2:  | (Note: Locate well on the Section Plat on reverse side)   |
| ty:   | County:   |
| ntact Person:   | Lease Name: Well #:   |
| one:  | Field Name:   |
| DNTRACTOR: License#   | Is this a Prorated / Spaced Field?  |
| ime:  | 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:   |
|   | Length of Conductor Pipe (if any):  |
| Operator:   |   |
| Well Name:  | Projected Total Depth:  |
| Original Completion Date: Original Total Depth:   | Formation at Total Depth:   |
| rectional, Deviated or Horizontal wellbore?   | Water Source for Drilling Operations:   |
| Yes, true vertical depth:   | Well Farm Pond Other:   |
| ottom Hole Location:  | DWR Permit #:(Note: Apply for Permit with DWR )   |
| CC DKT #:   | Will Cores be taken?  |
|   | If Yes, proposed zone:  |
| A F-1   | FIDAVIT   |
| ΔFI   |   |
|   | igging of this well will comply with K.S.A. 55 et. seq.   |
| ne undersigned hereby affirms that the drilling, completion and eventual plu  | agging of this well will comply with K.S.A. 55 et. seq.   |
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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

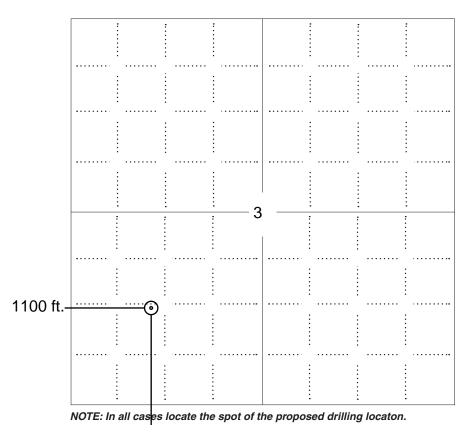
If the intended well is in a prorated or spaced field, please fully complete this side of the form. If the intended well is in a prorated or spaced field complete the plat below showing that the well will be properly located in relationship to other wells producing from the common source of supply. Please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

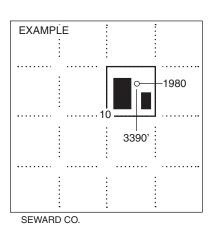
| API No. 15                            |  |
|---------------------------------------|--|
| Operator:                             | Location of Well: County:  |
| Lease:                                | feet from N / S Line of Section  |
| Well Number:                          | feet from E / W Line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





## 1325 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

1024064

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  |                                    |  |  |
|  |   |  |                                    |  |  |
| •  |   | 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:  Yes No |  |  |