

**For KCC Use:**

Effective Date: \_\_\_\_\_

District #: \_\_\_\_\_

SGA? ☐ Yes ☐ No**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION****1026021**

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: \_\_\_\_\_

**Well Drilled For:**

|   |                                   |                                    |                                     |
|---|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Oil                        | <input type="checkbox"/> Enh Rec  | <input type="checkbox"/> Infield   | <input type="checkbox"/> Mud Rotary |
| <input type="checkbox"/> Gas                        | <input type="checkbox"/> Storage  | <input type="checkbox"/> Pool Ext. | <input type="checkbox"/> Air Rotary |
|   | <input type="checkbox"/> Disposal | <input type="checkbox"/> Wildcat   | <input type="checkbox"/> Cable      |
| <input type="checkbox"/> Seismic ; _____ # of Holes | <input type="checkbox"/> Other    |                                    |                                     |
| <input type="checkbox"/> Other: _____               |                                   |                                    |                                     |

**Well Class:****Type Equipment:**☐ 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  
(Q/Q/Q/Q)\_\_\_\_\_ feet from ☐ N / ☐ S Line of Section\_\_\_\_\_ feet from ☐ E / ☐ W Line of SectionIs 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 ☐ NoPublic 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: \_\_\_\_\_



1026021

# 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: \_\_\_\_\_

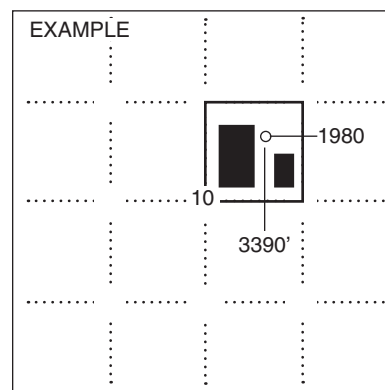
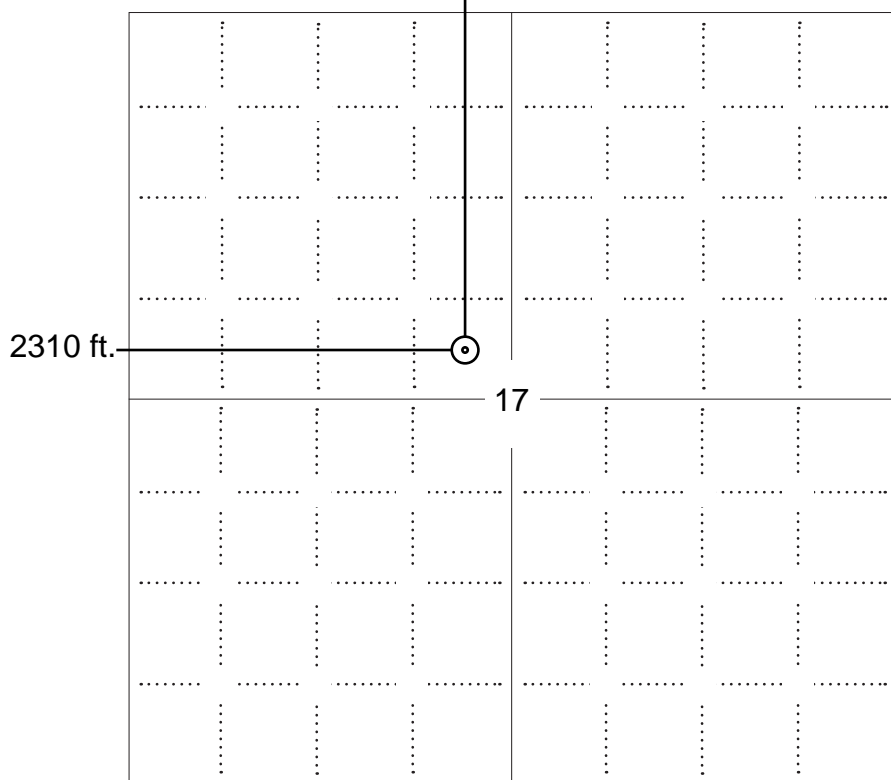
\_\_\_\_\_ feet from ☐ N / ☐ S Line of Section\_\_\_\_\_ feet from ☐ E / ☐ W Line of SectionSec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ E ☐ WIs Section: ☐ Regular or ☐ Irregular**If Section is Irregular, locate well from nearest corner boundary.**Section corner used: ☐ NE ☐ NW ☐ SE ☐ SW

## 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.)*

2310 ft.



SEWARD CO.

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

### 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 1026021  
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):<br>____ - ____ - ____ - ____<br>Sec. ____ Twp. ____ R. ____ <input type="checkbox"/> East <input type="checkbox"/> West<br>____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br>____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br>____ County |  |
| Type of Pit:<br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit<br><input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit<br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit<br>(If WP Supply API No. or Year Drilled)                    | Pit is:<br><input type="checkbox"/> Proposed <input type="checkbox"/> Existing<br>If Existing, date constructed:<br>_____<br>Pit capacity:<br>_____ (bbls) |   |  |
| Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Chloride concentration: _____ mg/l<br>(For Emergency Pits and Settling Pits only)   |  |
| Is the bottom below ground level?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Artificial Liner?<br><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<br>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<br>_____ feet Depth of water well _____ feet  |  | Depth to shallowest fresh water _____ feet.<br>Source of information:<br>_____ measured _____ well owner _____ electric log _____ KDWR  |  |
| <b>Emergency, Settling and Burn Pits ONLY:</b><br>Producing Formation: _____<br>Number of producing wells on lease: _____<br>Barrels of fluid produced daily: _____<br>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><br>Type of material utilized in drilling/workover: _____<br>Number of working pits to be utilized: _____<br>Abandonment procedure: _____<br>_____<br>Drill pits must be closed within 365 days of spud date.  |  |
| Submitted Electronically  |  |   |  |

KCC OFFICE USE ONLY

Steel Pit

RFAC

RFAS

Date Received: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Permit Date: \_\_\_\_\_ Lease Inspection: ☐ Yes ☐ No

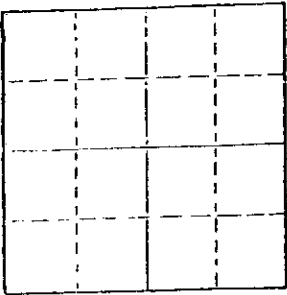
Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

15-101-20521-0000

STATE OF KANSAS  
CORPORATION COMMISSION

## WELL PLUGGING RECORD

1  
e All Information Completely  
ake Required Affidavit  
Mail or Deliver Report to  
Conservation Division  
State Corporation Comm.  
245 North Water  
Wichita, KS 67202

Locate well correctly on above  
Section Plat

Lane \_\_\_\_\_ County. Sec. 17 Twp. 18S Rge. 29W E/W  
Location as "NE/CNW/SW" or footage from lines \_\_\_\_\_

SE SE NW  
Lease Owner Pickrell Drilling Company  
Lease Name Reifschneider 'C' Well No. 1  
Office Address 110 N. Market, Suite 205, Wichita, KS 67202  
Character of Well (Completed as Oil, Gas or Dry Hole) \_\_\_\_\_  
Dry Hole

Date Well completed 3-18 1981  
Application for plugging filed 3-18 1981  
Application for plugging approved 3-18 1981  
Plugging commenced 3-18 1981  
Plugging completed 3-18 1981  
Reason for abandonment of well or producing formation \_\_\_\_\_

Dry Hole  
If a producing well is abandoned, date of last production \_\_\_\_\_  
19 \_\_\_\_\_

Was permission obtained from the Conservation Division or  
its agents before plugging was commenced? Yes

Name of Conservation Agent who supervised plugging of this well Gil Balthazor  
Producing formation \_\_\_\_\_ Depth to top \_\_\_\_\_ Bottom \_\_\_\_\_ Total Depth of Well 4625  
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 |
|-----------|---------|------|----|--------|---------|------------|
|           |         |      |    | 8 5/8" | 206' KB | None       |
|           |         |      |    |        |         |            |
|           |         |      |    |        |         |            |
|           |         |      |    |        |         |            |

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 hold. If cement or other  
plugs were used, state the character of same and depth placed, from \_\_\_\_\_ feet to  
\_\_\_\_\_ feet for each plug set.

60 sx at 840'

30 sx at 200'

20 sx at 40' with S/BP

5 sx Rathole - completed 6:30 a.m. on 3-18-81

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

Name of Plugging Contractor Pickrell Drilling Company

STATE OF Kansas COUNTY OF Sedgwick, ss.  
C. W. Sebitts (Employer or owner) or (owner or operator)  
of the 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 the above-described well  
as filed and that the same are true and correct. So help me God.

(Signature) \_\_\_\_\_

110 N. Market, Suite 205, Wichita, KS 67202  
(Address)SUBSCRIBED AND SWORN TO before me this 25th day of March, 1981

My commission expires \_\_\_\_\_

December 9, 1982Jana Lea Schneweis  
Notary Public.