

For KCC Use:	
Effective Date: _	
District #	
0040 🖂	

Spud date: \_

Agent:

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1028559

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

month day year	_ Spot Description:
, ,	Sec Twp S. R E\
DPERATOR: License#	feet from N / S Line of Section
lame:	
ddress 1:	_ Is SECTION: Regular Irregular?
ddress 2:	(Note: Locate well on the Section Plat on reverse side)
ity:	County:
ontact Person:	Lease Name: Well #:
hone:	Field Name:
ONTRACTOR: License#	Is this a Prorated / Spaced Field? Yes N
ame:	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 MS
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: II
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:
pirectional, Deviated or Horizontal wellbore? Yes No	
Yes, true vertical depth:	DWR Permit #:
ottom Hole Location:	(Note: Apply for Permit with DWR )
(CC DKT #:	Will Cores be taken?
	If Yes, proposed zone:
he undersigned hereby affirms that the drilling, completion and eventual	FFIDAVIT plugging of this well will comply with K.S.A. 55 et. seq.
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 <b>shall be</b> posted on each of the shall be posted on the shall be post	et 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 4. If the well is dry hole, an agreement between the operator and the of 5. The appropriate district office will be notified before well is either plus 6. If an ALTERNATE II COMPLETION, production pipe shall be cemel Or pursuant to Appendix "B" - Eastern Kansas surface casing order	listrict office on plug length and placement is necessary prior to plugging;
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Signature of Operator or Agent:



### IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

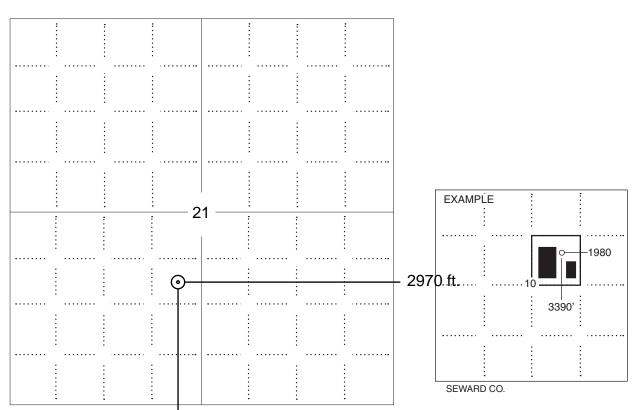
Plat of acreage attributable to a well in a prorated or spaced field

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.

ADING 15	
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:	SecTwp S. R 🗌 E 🗍 W
Number of Acres attributable to well:	Is Section: Regular or Irregular
QTR/QTR/QTR/QTR of acreage:	io cooloni.
	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.

## 1678 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

1028559

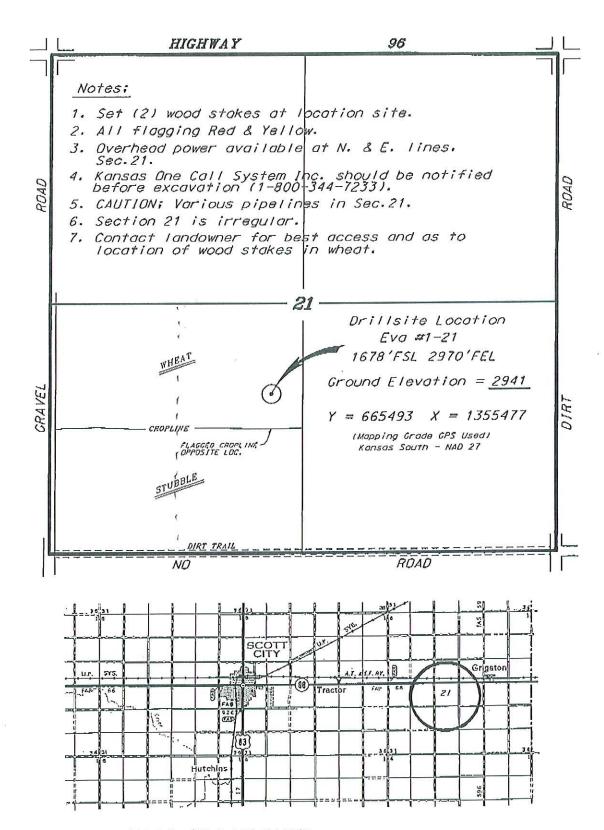
Form CDP-1
April 2004
Form must be Typed

# **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,			
·		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		

## BEREXCO, INC. EVA LEASE SW. 1/4. SECTION 21, T18S, R31W SCOTT COUNTY, KANSAS



e Centralling data is based upon the best maps and photographs evullable to us and upon a regular Section of land containing 640 ocres.

\*\*Efrical or lond containing 640 ocras.

\*\*Approximate section lines were determined using the normal standard of care of difficild serveyors procedure in the start of the section corners, which is a receive additional the procedure in the section in the section is were not heccased by loggified management ascuring this service and according this old and all other partial relations are received in the section is partial relational corner and the control that as strictly in this old and all other partial relations from old logges corner and expenses and sold entitles services. The its officer and entitled according this old one of the section o

May 21, 2009