

| 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

| pected Spud Date:   | 1/00*   | Spot Description:  |  |
|---|---|--|--|
| month day   | year  | Sec Twp S. F   | R   E   \                                |
| ERATOR: License#  |   | (0/0/0/0) feet from N /  | S Line of Section                        |
| me:   |   | feet from E /  | W Line of Section                        |
| dress 1:  |   | Is SECTION: Regular Irregular?   | _  |
| dress 2:  |   | (Note: Locate well on the Section Plat on revers   | se side)                                 |
| y: State: Zip: _  | +   | County:  | 3e 3iue)                                 |
| ntact Person:   |   | Lease Name:  | Woll #·                                  |
| one:  |   | Field Name:  |  |
| NTRACTOR: License#  |   | Is this a Prorated / Spaced Field?   | Yes N                                    |
| me:   |   | Target Formation(s):   |  |
| Mall Dailled Ferry M. II Cl.  |   | Nearest Lease or unit boundary line (in footage):  |  |
|   | ype Equipment:  | Ground Surface Elevation:  |  |
| Oil Enh Rec Infield   | Mud Rotary  | Water well within one-quarter mile:  | Yes N                                    |
| Gas Storage Pool Ext.   | Air Rotary  | Public water supply well within one mile:  | Yes N                                    |
| Disposal Wildcat  | Cable   | Depth to bottom of fresh water:  |  |
| Seismic ; # of Holes Other  |   | Depth to bottom of usable water:   |  |
| Other:  |   | Surface Pipe by Alternate:   |  |
| If OWWO: old well information as follows:   |   | Length of Surface Pipe Planned to be set:  |  |
| _   |   | Length of Conductor Pipe (if any):   |  |
| Operator:   |   | Projected Total Depth:   |  |
| Well Name: Original Completion Date: Original To  | stal Donth:   | Formation at Total Depth:  |  |
| Original Completion Date Original 10  | nai Depiii  | Water Source for Drilling Operations:  |  |
| ectional, Deviated or Horizontal wellbore?  | Yes No  | Well Farm Pond Other:  |  |
| es, true vertical depth:  |   | DWR Permit #:  |  |
| tom Hole Location:  |   | (Note: Apply for Permit with DWR )   |  |
| C DKT #:  |   | Will Cores be taken?   | Yes                                      |
|   |   | If Yes, proposed zone:   |  |
|   | ΔF  | FIDAVIT  |  |
| ,   | pletion and eventual pl   | ugging of this well will comply with K.S.A. 55 et. seq.  |  |
| s agreed that the following minimum requirements  | npletion and eventual pl  | ugging of this well will comply with K.S.A. 55 et. seq.  |  |
| <ol> <li>agreed that the following minimum requirements</li> <li>Notify the appropriate district office <i>prior</i> to sp</li> <li>A copy of the approved notice of intent to drill and the specific strong of the approved notice of intent to drill and the specific sp</li></ol> | ppletion and eventual pluwill be met: sudding of well; shall be posted on each fied below shall be set nimum of 20 feet into the he operator and the dis efore well is either plug n pipe shall be cemente surface casing order # | h drilling rig; by circulating cement to the top; in all cases surface pipe <b>sha</b> le underlying formation. trict office on plug length and placement is necessary <b>prior to</b> | o plugging;  f spud date. e II cementing |

Well Not Drilled - Permit Expired Date: \_

Signature of Operator or Agent:



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

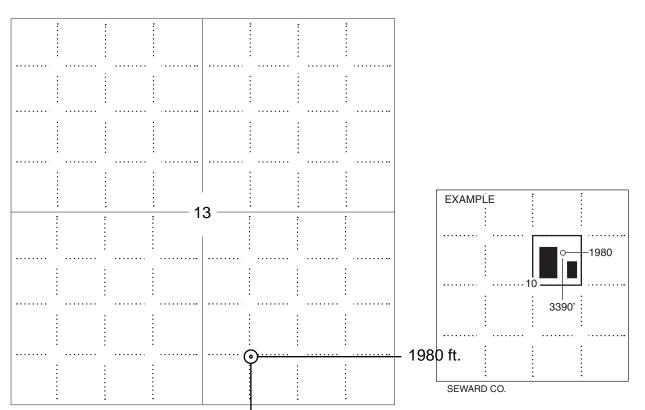
Plat of acreage attributable to a well in a prorated or spaced field

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.

| 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.

#### 660 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

29733 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): | Artificial Liner? |  | SecTwpR East West Feet from North / South Line of Section Feet from East / West Line of Section County Chloride concentration: mg/l mg/l (For Emergency Pits and Settling Pits only) How is the pit lined if a plastic liner is not used? Width (feet) N/A: Steel Pits |  |  |  |
| Pit dimensions (all but working pits): Length (fe   |                   |  | (feet) No Pit  |  |  |  |
| If the pit is lined give a brief description of the material, thickness and installation procedure  |                   |  | edures for periodic maintenance and determining including any special monitoring.  |  |  |  |
| Distance to nearest water well within one-mile  | e of pit          | Depth to shallor<br>Source of infor  | owest fresh waterfeet.<br>rmation:   |  |  |  |
| feet Depth of water wellfeet  |                   | measu  | uredwell 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 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 OF  | NLY Steel Pit RFAC RFAS  |  |  |  |
| Date Received: Permit Num   | ber:              | Permi  | nit Date: Lease Inspection:  Yes No  |  |  |  |