

For KCC	Use:		
Effective	Date:		
District #			
	\Box		

Spud date: _

Agent:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1032734

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

Expedied Spud Dale:		INTENT TO DRILL five (5) days prior to commencing well Form must be Signed All blanks must be Filled
month sky year OPERATOR: License# Name: Address 2: City: State: Zip: + City: State: Zip: + CONTRACTOR: License# Name: CONTRACTOR: License# Name: CONTRACTOR: License# Name: Well Dilled For: Well Class: Type Equipment: Gas Storage Pool Ext. Air Rotary Gas Storage Pool Ext. Air Rotary Operator: Well Dilled For: Well Class: Type Equipment: Ground Studes Describe: Ground Studes Describe: Ground Studes Describe: Well Dilled For: Well Class: Type Equipment: Ground Studes Describe: Ground Studes Describe: Ground Studes Describe: Well Name: Orgenator: Well Name: Directional, Devisited or Horizontal wellbore? Well Name: Directional, Devisited or Horizontal wellbore? Well Name: Corpial Completion Date: Original Completion Date: Original Total Depth: Water Source for Dilling Operations: W	Expected Striid Date:	Snot Description:
SECTION: Regular Irregular? Note: Locate well on the Section Plat or reverse side)	month day year	
Section E Well of Sec Address 1: Address 2: City: State: Zip: + County: Regular Irregular? (Address 2: City: State: Zip: + County: Count		(0/0/0/0)
Address 1:	OPERATOR: License#	
Address 2: City State: Zp: London Plat on reverse side) County: Contact Person: Phone: Contact Person: Name: Well Drilled For: Well Class: Well Drilled For: Well Class: Wick Disposal Wick Drilled For: Water Well Within one quarter mile: Depth to bottom of resh water: Depth to bottom of resh water		
County: Contact Person: Contract Person: Contract Person: Contract Person: Contract Person: Contract Person: Woll Drillod For: Woll Class: Woll Woll Woll will into ne mile: Woll Water well wilth one equarter mile: Woll Class: Woll Class Plep Planned to be set: Langth of Conductor Pipe (if any): Projected Total Depth: Woll Conductor Pipe (if any): Projected Total Depth: Woll Conductor Pipe (if any): Projected Total Depth: Woll Woll Conductor Pipe (if any): Woll Woll Woll Woll Class: Woll Woll Woll Woll Woll Woll Woll Wol		IS SECTION: Regular Irregular?
Contract Person: Lease Name: Well #: Field Name: Type Equipment: Is this a Prorated / Spaced Field? Target Formation(s): Nearest Lease or unit boundary line (in foolage): Ground Surface Elevation: Target Formation(s): Nearest Lease or unit boundary line (in foolage): Ground Surface Elevation: Target Formation(s): Nearest Lease or unit boundary line (in foolage): Ground Surface Elevation: Target Formation(s): Nearest Lease or unit boundary line (in foolage): Ground Surface Elevation: Target Formation(s): Nearest Lease or unit boundary line (in foolage): Ground Surface Elevation: Target Formation(s): Nearest Lease or unit boundary line (in foolage): Ground Surface Elevation: Target Formation(s): Nearest Lease or unit boundary line (in foolage): Ground Surface Elevation: Target Formation(s): Nearest Lease or unit boundary line (in foolage): Ground Surface Elevation: Target Formation(s): Nearest Lease or unit boundary line (in foolage): Ground Surface Elevation: Target Formation(s): Nearest Lease or unit boundary line (in foolage): Ground Surface Elevation: Target Formation(s): Nearest Lease or unit boundary line (in foolage): Ground Surface Elevation: Target Formation(s): Nearest Lease or unit boundary line (in foolage): Ground Surface Elevation: Target Formation(s): Nearest Lease or unit boundary line (in foolage): Ground Surface Playe Panes Leases: Target Formation(s): Nearest Leases or unit boundary line (in foolage): Target Formation(s): Nearest Leases or unit boundary line (in foolage): Target Formation(s): Target Formation(s):	Address 2:	(Note: Locate well on the Section Plat on reverse side)
Phone: CONTRACTOR: License# Well Criss: Type Equipment: Is this a Prorsted J Spaced Field? Yes Target Formation(s): Nearest Lease or unit boundary line (in footage): Ground Surface Elevation: Well Criss: Well Criss: Type Equipment: Ground Surface Elevation: Ground Surface Elevation: Ground Surface Elevation: Well Criss: Well Criss		County.
CONTRACTOR: License# Name: Well Drilled For: Well Class: Type Equipment: Isa a Prorated / Spaced Field? Target Formation(s): Nearest Lease or unit boundary line (in footage): Ground Surface Elevation: Get.h Water Well within one-quarter mile: Yes Ground Surface Elevation: Get.h Water well within one-quarter mile: Yes Ground Surface Elevation: Get.h Water well within one mile: Yes Dept. Water well within one mile: Yes Dept. Water well within one mile: Yes Dept.		Lease Name: Well #:
Name: Weil Drilled For: Weil Class: Type Equipment:		Field Name:
Well Drilled For: Well Class: Type Equipment: Nearest Lease or unit boundary line (in footage): feet h Nearest Lease or unit boundary line (in	CONTRACTOR: License#	Is this a Prorated / Spaced Field? Yes No
Ground Surface Elevation:	Name:	Target Formation(s):
Ground Surface Elevation:	Well Drilled For: Well Class: Type Equipment:	Nearest Lease or unit boundary line (in footage):
Gas Storage Pool Ext. Air Rotary Water well within one-quarter mile: Yes Public water supply well within one mile: Yes Public water water Public water water Public water Pu		Ground Surface Elevation:feet MSL
Seismic		Water well within one-quarter mile:
Seismic ;		Public water supply well within one mile:
Other: If OWWO: old well information as follows: Surface Pipe by Alternate: I II Length of Surface Pipe by Alternate: I II Length of Surface Pipe by Alternate: I II Length of Surface Pipe Planned to be set: Length of Surface Pipe Planned to Pipe Planned Tipe Plann		Depth to bottom of fresh water:
Length of Surface Pipe Planned to be set: Length of Conductor Pipe (if any): Length of Conductor Pipe (if any): Projected Total Depth: Promation at Tot		Depth to bottom of usable water:
Operator: Well Name: Original Completion Date: Original Total Depth: Directional, Deviated or Horizontal wellbore? Water Source for Drilling Operations: Water Source for Drilling Operation Offers: Water Sourc		Surface Pipe by Alternate: I II
Well Name: Original Completion Date: Original Total Depth:	If OWWO: old well information as follows:	Length of Surface Pipe Planned to be set:
Well Name: Original Completion Date: Original Total Depth: Formation at Total Depth: Formation at Total Depth: Water Source for Drilling Operations: Well	Operator:	Length of Conductor Pipe (if any):
Original Completion Date: Original Total Depth: Water Source for Drilling Operations: Water Source for Drilling Operations: Well Farm Pond Other: Water Source for Drilling Operations: Well Farm Pond Other: DWR Permit #: (Note: Apply for Permit with DWR) Will Cores be taken? 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. For KCC Use ONLY API # 15	•	D : IT : . ID
Water Source for Drilling Operations: Water Source So		
Submitted Electronically Several Point S		·
If Yes, true vertical depth: Bottom Hole Location: KCC DKT #: Will Cores be taken? Will Cores be taken?	Directional, Deviated or Horizontal wellbore?	
Note: Apply for Permit with DWR Yes Will Cores be taken? Yes Y	If Yes, true vertical depth:	
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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 Minimum surface pipe required feet Minimum surface pipe required feet 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	KCC DKT #:	
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For KCC Use ONLY API # 15	Submitted Electronically	Remember to:
API # 15	For KCC Use ONLY	
- File acreage attribution plat according to field proration orders; Conductor pipe required		
Conductor pipe requiredfeet		_
Approved by: Obtain written approval before disposing or injecting salt water If this permit has expired (See: authorized expiration date) please		
- If this permit has expired (See: authorized expiration date) please	Minimum surface pipe required feet per ALT. I	
This puthaviration avaisage	Approved by:	
	This authorization expires:	
(This authorization void if drilling not started within 12 months of approval date.) Well Not Drilled - Permit Expired Date:	· ·	

Signature of Operator or Agent:



IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

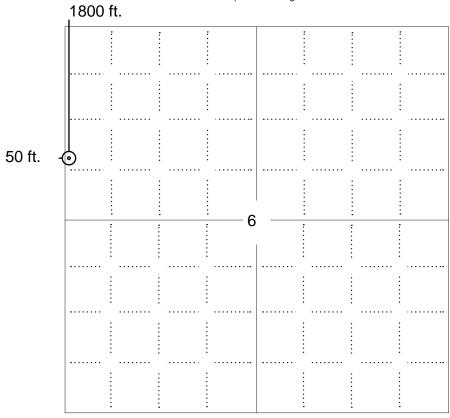
Plat of acreage attributable to a well in a prorated or spaced field

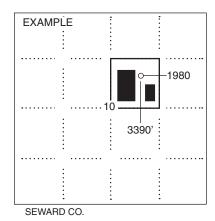
If the intended well is in a prorated or spaced field, please fully complete this side of the form. If the intended well is in a prorated or spaced field complete the plat below showing that the well will be properly located in relationship to other wells producing from the common source of supply. Please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





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

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

032734

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? Yes No Length (feet) om ground level to deepest point: liner Describe proce		SecTwpR East West West Feet from North / South Line of Section Feet from East / West Line of Section Coun Coun Chloride concentration: mg/ (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		
Distance to nearest water well within one-mile	of pit	Depth to shallo	owest fresh waterfeet.		
		Source of infor			
feet Depth of water wellfeet			uredwell owner electric logKDWR		
Emergency, Settling and Burn Pits ONLY:		•	cover and Haul-Off Pits ONLY:		
Producing Formation:			al utilized in drilling/workover:		
Number of producing wells on lease:		Number of working pits to be utilized:			
Barrels of fluid produced daily: Does the slope from the tank battery allow all flow into the pit? Yes No		Abandonment procedure: Drill pits must be closed within 365 days of spud date.			
Submitted Electronically					
	NLY Steel Pit RFAC RFAS				
Date Received: Permit Num	ber:	Permi	nit Date: Lease Inspection:		