

For KCC Use:  
Effective Date: \_\_\_\_\_  
District # \_\_\_\_\_  
SGA?  Yes  No

**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:  Oil  Gas  Seismic ; \_\_\_\_\_ # of Holes  Other: \_\_\_\_\_  
Well Class:  Enh Rec  Storage  Disposal  Infield  Pool Ext.  Wildcat  Other  
Type Equipment:  Mud Rotary  Air Rotary  Cable

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  
(AAA) \_\_\_\_\_ feet from  N /  S Line of Section  
\_\_\_\_\_ feet from  E /  W Line of Section

Is 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  No

Public 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: \_\_\_\_\_



**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 Section  
 Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  E  W

Is Section:  Regular or  Irregular

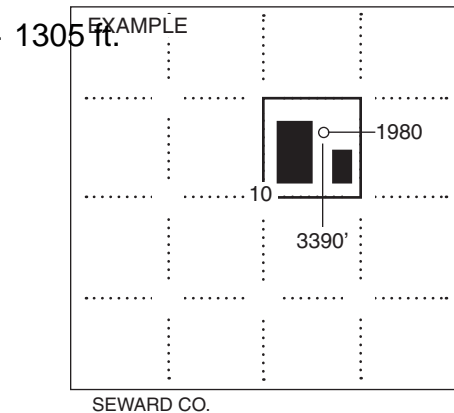
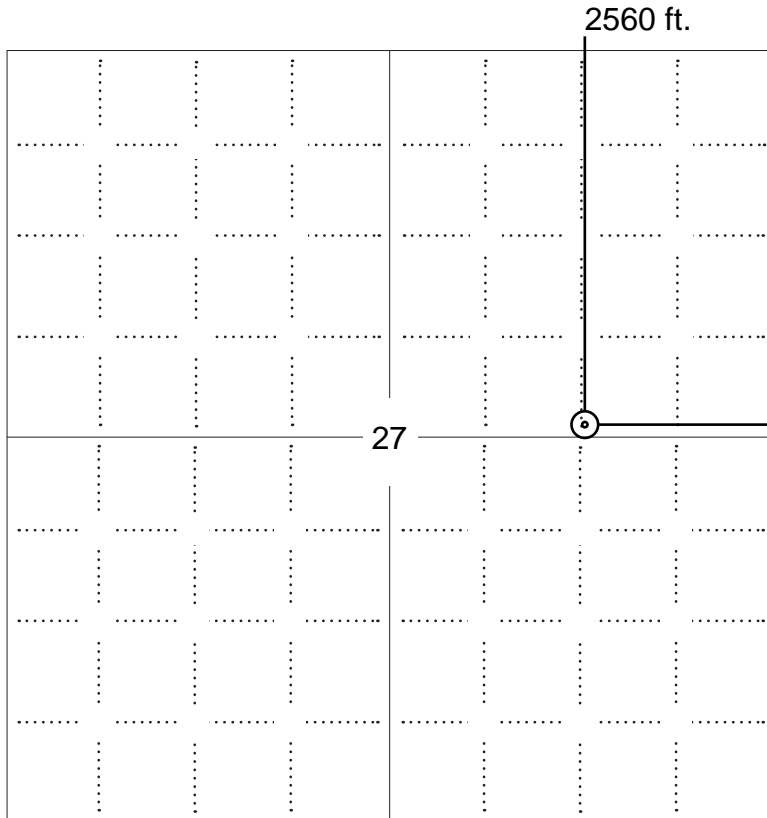
**If Section is Irregular, locate well from nearest corner boundary.**

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).

**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: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit <i>(If WP Supply API No. or Year Drilled)</i>		Pit is: <input type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: _____ (bbls)	
Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		Chloride concentration: _____ mg/l <i>(For Emergency Pits and Settling Pits only)</i>	
Is the bottom below ground level? <input type="checkbox"/> Yes <input type="checkbox"/> No		Artificial Liner? <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 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 _____ feet    Depth of water well _____ feet		Depth to shallowest fresh water _____ feet. Source of information: _____ measured    _____ well owner    _____ electric log    _____ KDWR	
<b>Emergency, Settling and Burn Pits ONLY:</b> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Drilling, Workover and Haul-Off Pits ONLY:</b> 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.	
Submitted Electronically			

**KCC OFFICE USE ONLY**

Steel Pit

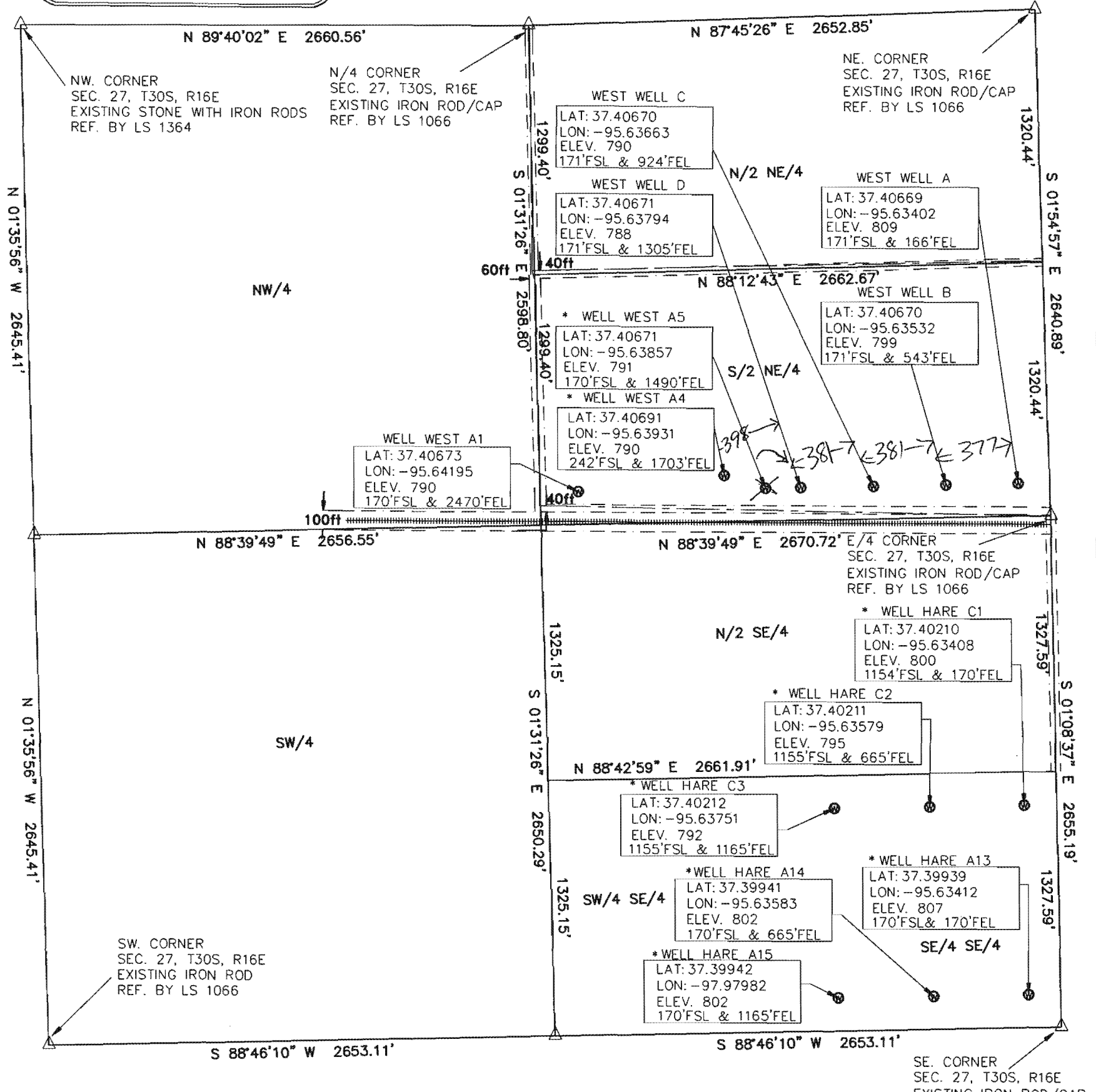
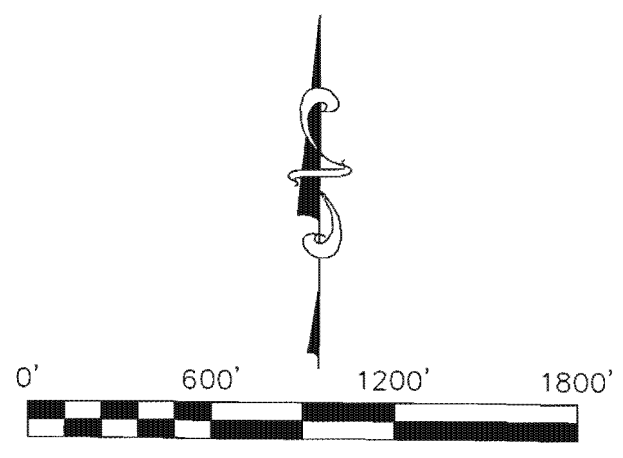
RFAC

RFAS

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

**LEGEND**

- ⊙ Existing Iron Rod  
Origin Unknown (unless noted)
- △ Section Corner  
(calculated, unless noted)
- Centerline of Road
- - - Fence line
- - - Section Sub-Division Line
- (M) Measured Dimension
- (D) Deed Dimension
- (P) Plat Dimension
- R/W Right of Way
- ⊙ Well



\*Corrected Lat&Long of previous wells. NAD83  
SE. CORNER SEC. 27, T30S, R16E EXISTING IRON ROD/CAP REF. BY LS 1066

**SURVEYOR'S CERTIFICATION**

I, R. Gary Walker, a duly licensed Land Surveyor in the State of Kansas, do hereby certify that this plot was prepared from the notes of an actual on the ground field survey done by me or under my direct supervision on January 25, 2010 and that the information shown hereon is true and correct.

R. Gary Walker, L.S. No. 1066

**SURVEYOR'S NOTES**

1. The bearings shown hereon are based upon the Kansas State Plane Coordinate System, South Zone, NAD 83.
2. This survey does not reflect any easements, rights-of-way, or other instruments of record which may encumber this property per agreement with client.
3. Underground, above ground utilities, nor improvements were located or shown on this survey.
4. All distances are measured unless otherwise noted.

	<b>CORNERSTONE REGIONAL SURVEYING, L.L.C.</b> 1921 N. Penn Independence, KS 67301 Ph: 620-331-6767 Fax: 620-331-6776		DRAWN BY: DLB	DATE: 1/26/10	JOB NO. 1-1001016-K
			CHECKED BY: RGW	REVISION DATE: 1/26/10	REFERENCE JOB NO. 0301018M&1-0908163K
			PREPARED FOR: <b>COLT ENERGY, INC.</b>		

**WELL LOCATION SURVEY of a portion of SECTION 27, TOWNSHIP 30 SOUTH, RANGE 16 EAST of the 6th P.M. WILSON COUNTY, KANSAS**



*Mark Parkinson, Governor  
Thomas E. Wright, Chairman  
Michael C. Moffet, Commissioner  
Joseph F. Harkins, Commissioner*

February 01, 2010

DENNIS KERSHNER  
Colt Energy Inc  
PO BOX 388  
IOLA, KS 66749-0388

Re: Drilling Pit Application  
API 15-205-27813-00-00  
WEST A5  
NE/4 Sec.27-30S-16E  
Wilson County, Kansas

Dear DENNIS KERSHNER:

District staff has inspected the above referenced location and has determined that the reserve pit shall be constructed **without slots**, the bottom shall be flat and reasonably level, and the free fluids must be removed. The fluids are to be removed from the reserve pit as soon as practical after drilling operations have ceased.

**If production casing is set all completion fluids shall be removed from the working pits daily. NO completion fluids or non-exempt wastes shall be placed in the reserve pit.**

The fluids should be taken to an authorized disposal well. Please call the District Office at (620) 432-2300 when the fluids have been removed. Please file form CDP-5 (August 2008), Exploration and Production Waste Transfer, through SOLAR within 30 days of fluid removal.

**A copy of this letter should be posted in the doghouse along with the approved Intent to Drill.** If you have any questions or concerns please feel free to contact the District Office at (620) 432-2300.

## Summary of Changes

Lease Name and Number: WEST A5

API/Permit #: 15-205-27813-00-00

Doc ID: 1034956

Correction Number: 1

Approved By: Rick Hestermann 11/02/2009

Field Name	Previous Value	New Value
Contractor Name	Advise on ACO-1 -- Must be licensed by KCC	Advise on ACO-1 -- Must be licensed by KCC
ElevationPDF	786 Estimated	787 Estimated
Ground Surface Elevation	786	787
Is Footage Measured from the North or the South Section Line	South	North
Is Footage Measured from the North or the South Section Line	South	North
KCC Only - Date Received	11/02/2009	02/01/2010
KCC Only - Production Comment		Survey attached
KCC Only - Regular Section Quarter Calls	SE SE SW NE	SW SW SE NE
LocationInfoLink	<a href="https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=27&amp;t">https://solar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=27&amp;t</a>	<a href="https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=27&amp;t">https://solar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=27&amp;t</a>
Number of Feet East or West From Section Line	1490	1305

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number of Feet East or West From Section Line	1490	1305
Number of Feet North or South From Section Line	2820	2560
Number of Feet North or South From Section Line	2820	2560
Quarter Call 2	SW	SE
Quarter Call 2	SW	SE
Quarter Call 3	SE	SW
Quarter Call 3	SE	SW
Quarter Call 4 - Smallest	SE	SW
Quarter Call 4 - Smallest	SE	SW
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1030357	../../../../kcc/detail/operatorEditDetail.cfm?docID=1034956

## Summary of Attachments

Lease Name and Number: WEST A5

API: 15-205-27813-00-00

Doc ID: 1034956

Correction Number: 1

Approved By: Rick Hestermann 11/02/2009

Attachment Name

West Survey - See West Well D

Fluid