

For KCC	Use:
Effective	Date:
District #	
0040	DV DN-

Spud date: _

Agent:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form C-1 October 2007 Form must be Typed

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 shall be 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

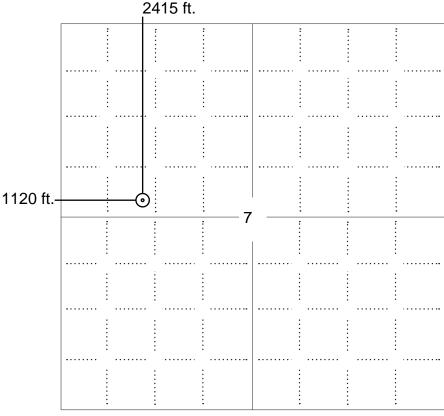
Plat of acreage attributable to a well in a prorated or spaced field

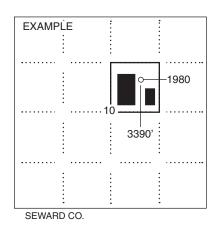
If the intended well is in a prorated or spaced field, please fully complete this side of the form. If the intended well is in a prorated or spaced field complete the plat below showing that the well will be properly located in relationship to other wells producing from the common source of supply. Please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

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		
	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

1035501

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)	Pit is: Proposed Existing If Existing, date constructed: Pit capacity:		SecTwpR East West Feet from North / South Line of Section Feet from East / West Line of Section			
		(bbls)	County			
Is the pit located in a Sensitive Ground Water	Area? Yes	No	Chloride concentration: mg/l (For Emergency Pits and Settling Pits only)			
Is the bottom below ground level? Yes No Artificial Liner? Yes No		No	How is the pit lined if a plastic liner is not used?			
Pit dimensions (all but working pits): Length (t		eet)	Width (feet) N/A: Steel Pits			
Depth fr	om ground level to de	eepest point:	(feet) No Pit			
material, thickness and installation procedure	ł.	liner integrity, in	ncluding any special monitoring.			
Distance to nearest water well within one-mile	of pit	Depth to shallo Source of infor	west fresh waterfeet.			
feet Depth of water well	feet		redwell owner electric logKDWR			
Emergency, Settling and Burn Pits ONLY:		Drilling, Work	over and Haul-Off Pits ONLY:			
Producing Formation:		Type of materia	al utilized in drilling/workover:			
Number of producing wells on lease:		Number of wor	king pits to be utilized:			
Barrels of fluid produced daily:		Abandonment	procedure:			
Does the slope from the tank battery allow all flow into the pit? Yes No	spilled fluids to	Drill pits must I	pe closed within 365 days of spud date.			
Submitted Electronically						
KCC OFFICE USE ONLY Steel Pit RFAC RFAS						
Date Received: Permit Num	ıber:	Perm	it Date: Lease Inspection:			

.... (SEAL)