

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
(00/00) _____ 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

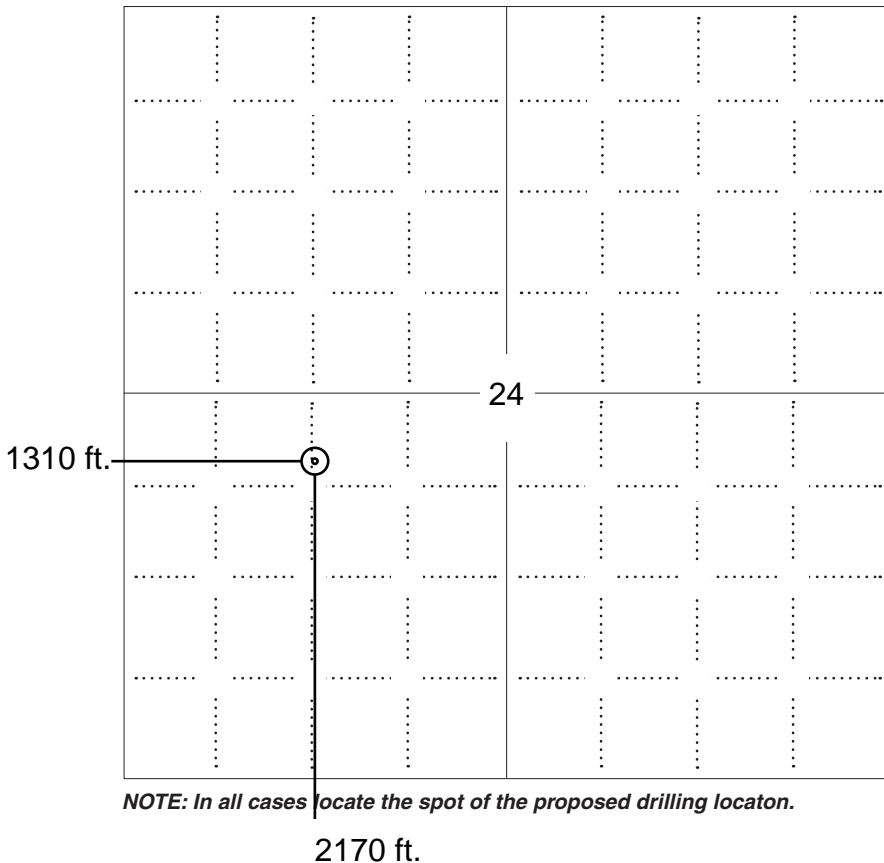
If Section is Irregular, locate well from nearest corner boundary.

Section corner used: NE NW SE SW

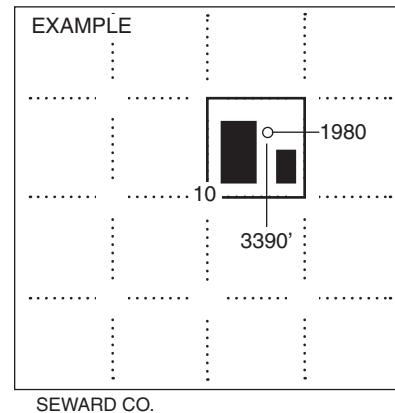
PLAT

(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 location.



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	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		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.	
Submitted Electronically			

KCC OFFICE USE ONLY

Steel Pit

RFAC

RFAS

Date Received: _____ Permit Number: _____ Permit Date: _____ Lease Inspection: Yes No

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 30 days from plugging date

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL PLUGGING RECORD K.A.R. 82-3-117

RECEIVED JUN 10 2005

Form CP-4 September 2003 Type or Print on this Form Form must be Signed All blanks must be Filled

KCC WICHITA

Lease Operator SEDONA OIL AND GAS CORPORATION 5646 MILTON, STE. 221 DALLAS, TX 75206

API Number: 15-009-24824 - 00-00

Lease Name: PATTON/CLARK

Phone: (214) 368-6383 Operator License #: 33437

Well Number: 1 25' W of Spot Location (QQQQ): S/2 - N/2 - N/2 SW/4

Type of Well: D&A Docket #: 03-04-05 (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)

2112 Feet from North / X South Section Line

The plugging proposal was approved on: 03-04-05 (Date)

1265 Feet from East / X West Section Line

by: (KCC District Agent's Name)

Sec. 24 Twp. 17 S. R. 14 East X West

Is ACO-1 filed? X Yes iNo If not, is well log attached? iYes iNo

County: BARTON

Producing Formation(s). List All (If needed attach another sheet)

Date Well Completed: 03-04-05

Depth to Top: Bottom: T.D.

Plugging Commenced: 03-05-05

Depth to Top: Bottom: T.D.

Plugging Completed: 03-05-05

Depth to Top: Bottom: T.D.

Show depth and thickness of all water, oil and gas formations.

Table with 2 main columns: Oil, Gas or Water Records and Casing Record (Surface Conductor & Production). Rows include Water Zone, Heebner Sh., Lansing Lm, and Arbuckle Dol.

Describe in detail the manner in which the well is plugged indicating where the mud fluid was placed and the method or methods used in introducing it into the hole.

- 1st. PLUG 3430' To 3315' 25 Sks Cement
2nd. Plug 950' To 720' 50 sks
3rd Plug 370' to 110' 60 sks
4th Plug 40' To Surface 10 sks (Rat hole: 15sks)

Name of Plugging Contractor: Allied Cementing Co., Inc. Ace Drilling License: None Required 33006

Address: P.O. BOX 31, Russell, KS 67665

Name of Party Responsible for Plugging Fees: Sedona Oil and Gas Corporation

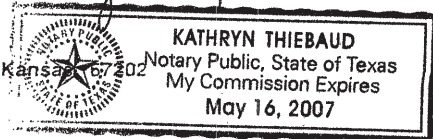
State of: Texas County: Dallas ss.

Barry N. Spruiell (Employee of Operator) or (Operator) on above-described well, being first duly sworn on oath, says that I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed and the same are true and correct so help me God

(Signature): [Handwritten Signature]

(Address): 5646 MILTON, STE. 221 DALLAS, TX 75206

SUBSCRIBED and SWORN TO before me this 6TH day of JUNE 20 05. Kathryn Thiebaud Notary Public My Commission Expires May 16, 2007



Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

BW

Summary of Changes

Lease Name and Number: Clark 3-24

API/Permit #: 15-009-24824-00-01

Doc ID: 1039056

Correction Number: 1

Approved By: Rick Hestermann 06/07/2010

Field Name	Previous Value	New Value
API	15-009-25434-00-00	15-009-24824-00-01
KCC Only - API Number	15-009-25434-00-00	15-009-24824-00-01
KCC Only - Permit Number	15-009-25434-00-00	15-009-24824-00-01
KCC Only - Production Comment		OWWO
KCC Only - Surface Pipe	380	879
Length of Surface Pipe Planned to be set	900	879

Summary of Attachments

Lease Name and Number: Clark 3-24

API: 15-009-24824-00-01

Doc ID: 1039056

Correction Number: 1

Approved By: Rick Hestermann 06/07/2010

Attachment Name

Patton_Clark_1_CP4