

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

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

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
(Q/Q/Q/Q) _____ 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 Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill;
- 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 well will not be drilled or permit has expired (See: authorized expiration date) please check the box below and return to the address below.

Well will not be drilled or Permit Expired Date: _____
Signature of Operator or Agent: _____



For KCC Use ONLY
API # 15 - _____

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

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

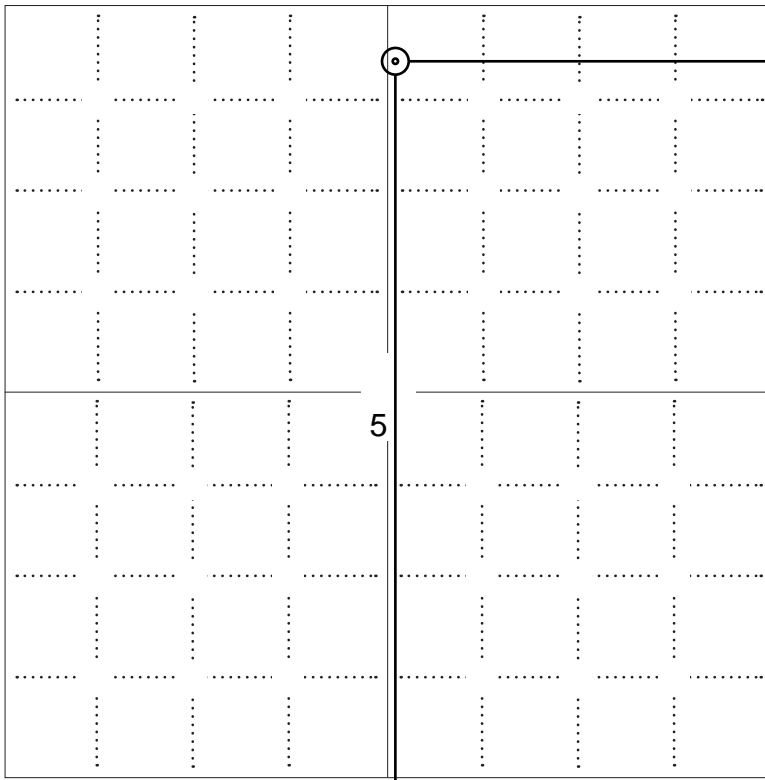
Is Section: Regular or Irregular

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

Section corner used: NE NW SE SW

PLAT

Show location of the well. Show footage to the nearest lease or unit boundary line. Show the predicted locations of lease roads, tank batteries, pipelines and electrical lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032). You may attach a separate plat if desired.

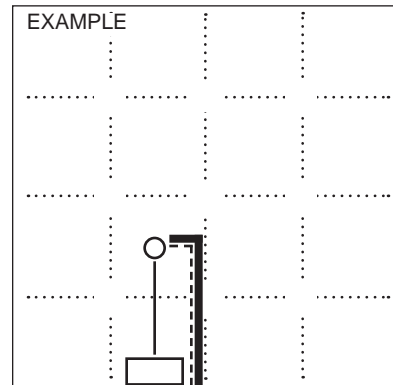


2596 ft.

5

LEGEND

- Well Location
- Tank Battery Location
- Pipeline Location
- Electric Line Location
- Lease Road Location



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).
5. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

**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) <input type="checkbox"/> N/A: Steel Pits Depth from ground level to deepest point: _____ (feet) <input type="checkbox"/> 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: <input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input type="checkbox"/> 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
 Liner Steel Pit RFAC RFAS

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

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # _____

Well Location:

Name: _____

____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West

Address 1: _____

County: _____

Address 2: _____

Lease Name: _____ Well #: _____

City: _____ State: _____ Zip: _____ + _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Contact Person: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

Surface Owner Information:

Name: _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.

I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

Submitted Electronically

CORRECTION**DECLARATION OF UNITIZATION**

KNOW ALL MEN BY THESE PRESENTS, that the undersigned Operator is an owner and the operator of the following described leases located in Labette County, Kansas:

Lease 1

Lease No: 15-4001411-000 #101352
Lessor: Kathy A. Pruitt and Robert E. Pruitt, wife and husband
Lessee: Quest Cherokee, LLC
Recorded: Book 43 OG Page 114
Date: October 3, 2007
Legal Desc.: SW/4 SE/4 of 32-T34S-R18E,
among other lands

Lease 2

Lease No: 15-1000014-000 #18
Lessor: Aaron D. Martin, a single man
Lessee: STP, Inc.
Recorded: Book 32 OG Page 37
Date: Oct. 18, 2001
Legal Desc.: SE/4 SW/4 of Section 32-T34S-R18E,
among other lands

Lease 3

Lease No: 15-4001154-000 #101070
Lessor: Ronald L. Madron and Carol J. Madron, Co-Trustees of the Ronald L. Madron
Revocable Trust under Agreement dated January 18, 2000 and Ronald L. Madron and
Carol J. Madron, Co-Trustees of the Carol J.
Madron Revocable Trust under Agreement dated January 18, 2000
Lessee: Quest Cherokee, LLC
Recorded: Book 41 OG Page 202
Date: June 18, 2007
Legal Desc.: NW/4 NE/4 of Section 5-T35S-R18E,
among other lands

Lease 4

Lease No: 15-4002060-000 #102058
Lessor: Thomas R. Wilson and Debra G. Wilson, husband and wife
Lessee: PostRock MidContinent Production, LLC
Recorded: Book 49 OG Page 93
Date: June 21, 2010
Legal Desc.: NE/4 NW/4 of Section 5-T35S-R18E,
among other lands

Operator is the owner of the leases described above. Lease 1 does not contain a unitization provision expressly granting the right to form this unit. Leases 2 thru 4 do contain a unitization provision granting the right to form units. Now therefore, by joining with the Lessor of the above described Lease 1 for their ratification and approval and Leases 2 through 4 Operator does hereby and by these presents, pool, combine into and designate the following described lands as a Gas Unit:

Well Name: Madron #5-1 #628630
Located 168 FNL and 2596 FEL of Sec. 5-35S-18E
API#: 15-099-24491
SW/4 SE/4 and SE/4 SW/4 Section 32, Township 34 South, Range 18 East and
NE/4 NW/4 and NW/4 NE/4 Section 5, Township 35 South, Range 18 East
Labette County, Kansas

Said unit is well specific and only pertains to the Madron #5-1 well, converted from a disposal well to a producing well, and does not encompass any wells already in existence on the above described properties other than the above-named well.

By this Correction Declaration of Unitization, the undersigned provides notice of the formation of the Unit, which Unit shall be effective as of the Spud Date of the well and shall correct and replace the previously incorrect Declaration Of Unitization signed June 28, 2010 and recorded in Book 49 OG at Page 92 of the Labette Co., Kansas records.

Kathy A. Pruitt
Kathy A. Pruitt

Robert E. Pruitt
Robert E. Pruitt

QUEST CHEROKEE, LLC
By: PostRock MidContinent Production, LLC, its sole member
By: PostRock Energy Services Corporation, its sole member

By: _____
D. K. Pinson, Vice President of Land

STATE OF OKLAHOMA)
COUNTY OF OKLAHOMA)

Before me, the undersigned, a Notary Public in and for said County and State on this _____ day of _____, 2010, personally appeared D.K. Pinson, to me known to be the Vice President of Land of PostRock Energy Services Corporation and acknowledged to me that he executed the same as his free and voluntary act and deed and as the free and voluntary act and deed of such company, for the uses and purposes therein set forth.

Given under my hand and seal of office the day and year last above written.

Notary Public

My Commission Expires: _____

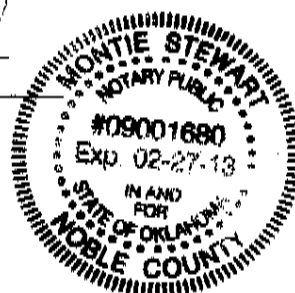
STATE OF OKLAHOMA)
COUNTY OF _____)

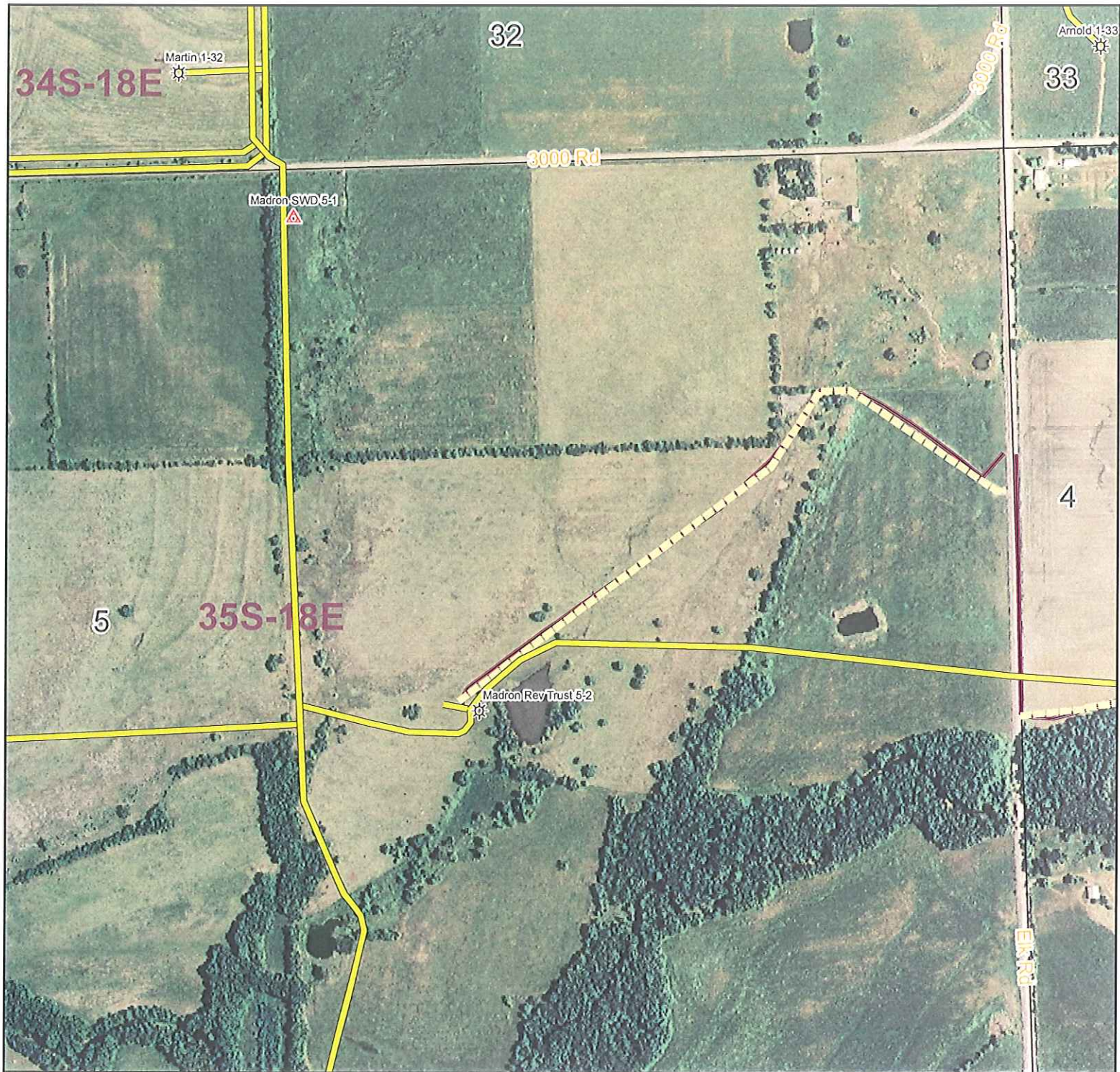
The foregoing instrument was acknowledged to me on _____ day of _____, 2010 by Kathy A. Pruitt and Robert E. Pruitt, wife and husband.

Given under my hand and seal of office the day and year last above written.

Montie Stewart
Notary Public

My Commission Expires: 2-27-13





Madron SWD 5-1
NE/4 - 5-35S-18E
1" = 500'

- △ Well Proposal
- PostRock Pipeline
- Anticipated Road Ingress & Egress
- Anticipated Electrical Line

Summary of Changes

Lease Name and Number: MADRON 5-1

API/Permit #: 15-099-24576-00-00

Doc ID: 1040318

Correction Number: 1

Approved By: Rick Hestermann 11/23/2009

| 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 |
| KCC Only - Date Received | 11/23/2009 | 07/13/2010 |
| KCC Only - Production Comment | | Declaration of Unitization attached. |
| KSONA Contact Person | | RICHARD MARLIN |
| KSONA Contact Phone Area Code | | 405 |
| KSONA Contact Phone Number | | 702-7480 |
| Kansas Surface Owner Notification Act Certification | | Yes |
| Lease Name | MADRON SWD | MADRON |
| Save Link | ../kcc/detail/operatorE ditDetail.cfm?docID=10 33087 | ../kcc/detail/operatorE ditDetail.cfm?docID=10 40318 |
| Surface Owner Address Line 1 | | 198 B 5000 ROAD |

Summary of changes for correction 1 continued

| Field Name | Previous Value | New Value |
|-----------------------------|----------------|----------------------------|
| Surface Owner City | | COFFEYVILLE |
| Surface Owner Name | | RONALD & CAROLYN MADRON |
| Surface Owner State Name | | KANSAS |
| Surface Owner Zip | | 67337 |
| Well Drilled for Disposal | Yes | No |
| Well Drilled for Gas | No | Yes |

Summary of Attachments

Lease Name and Number: MADRON 5-1

API: 15-099-24576-00-00

Doc ID: 1040318

Correction Number: 1

Approved By: Rick Hestermann 11/23/2009

Attachment Name

REVISED UNITIZATION

PLAT