

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:			
Effective Date:				
District #				
SGA?	Yes No			

#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1046496

Form C-1

March 2010

Form must be Typed

Form must be Signed

All blanks must be Filled

### NOTICE OF INTENT TO DRILL

•	Surface Owner Notification Act, MUST be submitted with this form.			
Expected Spud Date:	Spot Description:			
o.a udy you.	Sec Twp S. R E			
OPERATOR: License#	feet from N / S Line of Section			
Name:	feet from E / W Line of Section			
Address 1:	Is SECTION: Regular Irregular?			
Address 2:	(Note: Locate well on the Section Plat on reverse side)			
City:	County:			
Contact Person:	Lease Name: Well #:			
Phone:	Field Name:			
CONTRACTOR: License#	Is this a Prorated / Spaced Field?			
Name:	Target Formation(s):			
Well Drilled For: Well Class: Type Equipment:	Nearest Lease or unit boundary line (in footage):			
	Ground Surface Elevation:feet MSL			
Oil Enh Rec Infield Mud Rotary  Gas Storage Pool Ext. Air Rotary	Water well within one-quarter mile:			
Gas Storage Pool Ext. Air Rotary  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: I III			
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:			
Directional, Deviated or Horizontal wellbore? Yes No	Well Farm Pond Other:			
If Yes, true vertical depth:	DWR Permit #:			
Bottom Hole Location:	(Note: Apply for Permit with DWR )			
KCC DKT #:	Will Cores be taken?			
	If Yes, proposed zone:			
A E.	EIDAV/IT			
	FIDAVIT			
The undersigned hereby affirms that the drilling, completion and eventual plu	agging of this well will comply with K.S.A. 55 et. seq.			
It is agreed that the following minimum requirements will be met:				
<ol> <li>Notify the appropriate district office <i>prior</i> to spudding of well;</li> </ol>				
2. A copy of the approved notice of intent to drill <b>shall be</b> posted on each	9 ° 5'			
<ol><li>The minimum amount of surface pipe as specified below shall be set through all unconsolidated materials plus a minimum of 20 feet into th</li></ol>				
4. If the well is dry hole, an agreement between the operator and the dis				
5. The appropriate district office will be notified before well is either plugg	, , , , , , , , , , , , , , , , , , , ,			
6. If an ALTERNATE II COMPLETION, production pipe shall be cemente	d from below any usable water to surface within 120 DAYS of spud date.			
• • • • • • • • • • • • • • • • • • • •	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	e plugged. In all cases, NOTIFY district office prior to any cementing.			
ubmitted Electronically				
For KCC Hos ONLY	Remember to:			
For KCC Use ONLY	- File Certification of Compliance with the Kansas Surface Owner Notification			
API # 15	Act (KSONA-1) with Intent to Drill;			
Conductor pipe requiredfeet	- File Drill Pit Application (form CDP-1) with Intent to Drill;			
Minimum surface pipe requiredfeet per ALT.	- File Completion Form ACO-1 within 120 days of spud date;			
	<ul> <li>File acreage attribution plat according to field proration orders;</li> <li>Notify appropriate district office 48 hours prior to workover or re-entry;</li> </ul>			
Approved by:	- Notify appropriate district office 46 flours prior to workover of re-entry, - Submit plugging report (CP-4) after plugging is completed (within 60 days);			
This authorization expires:	Obtain written approval before disposing or injecting salt water.			
(This authorization void if drilling not started within 12 months of approval date.)	- Oblain Willen approval before disposing or infecting sail water.			

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

Spud date: \_

Side Two



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:	Location of Well: County:
ease:	feet from N / S Line of Section
Well Number:	feet from E / W Line of Section
Field:	Sec Twp S. R 🗌 E 🔲 W
Number of Acres attributable to well:	
	If Section is Irregular, locate well from nearest corner boundary.  Section corner used: NE NW SE SW  PLAT  of the nearest lease or unit boundary line. Show the predicted locations of
lease roads, tank batteries, pipelines and electrica	al lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032).  hay attach a separate plat if desired.  1225 ft.
	LEGEND
	O Well Location Tank Battery Location Pipeline Location Electric Line Location Lease Road Location
	EXAMPLE :
35	
	1980' FSL
	SEWARD CO. 3390' FEL

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.



#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1046496

Form CDP-1 May 2010 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:	Pit is:			
Emergency Pit Burn Pit			SecTwpR	
Settling Pit Drilling Pit	If Existing, date co	nstructed:	Feet from North / South Line of Section	
Workover Pit Haul-Off Pit	Dit conceity:		Feet from East / West Line of Section	
(If WP Supply API No. or Year Drilled)	Pit capacity:(bbls)		County	
Is the pit located in a Sensitive Ground Water A	rea? Yes	No	Chloride concentration: mg/l	
To the processing in a content of country training			(For Emergency Pits and Settling Pits only)	
Is the bottom below ground level?	Artificial Liner?  Yes N	No	How is the pit lined if a plastic liner is not used?	
			NAC data (force)	
Pit dimensions (all but working pits):	Length (feet)	,	Width (feet) N/A: Steel Pits No Pit	
If the pit is lined give a brief description of the li			dures for periodic maintenance and determining	
material, thickness and installation procedure.			cluding any special monitoring.	
Distance to nearest water well within one-mile	of pit:	Depth to shallowest fresh water feet. Source of information:		
feet Depth of water wellfeet		measured well owner electric log KDWR		
Emergency, Settling and Burn Pits ONLY:		Drilling, Workover and Haul-Off Pits ONLY:		
Producing Formation:		Type of material utilized in drilling/workover:		
Number of producing wells on lease:		Number of working pits to be utilized:		
Barrels of fluid produced daily:		Abandonment p	procedure:	
Does the slope from the tank battery allow all s flow into the pit? Yes No	pilled fluids to	Drill nite must h	e closed within 365 days of spud date.	
Submitted Electronically				
KCC OFFICE USE ONLY				
	11.00	51 <b>52.552.0</b> 1	Liner Steel Pit RFAC RFAS	
Date Received: Permit Num	ber:	Permi	t Date: Lease Inspection: Yes No	



#### Kansas Corporation Commission Oil & Gas Conservation Division

1046496

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

# CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

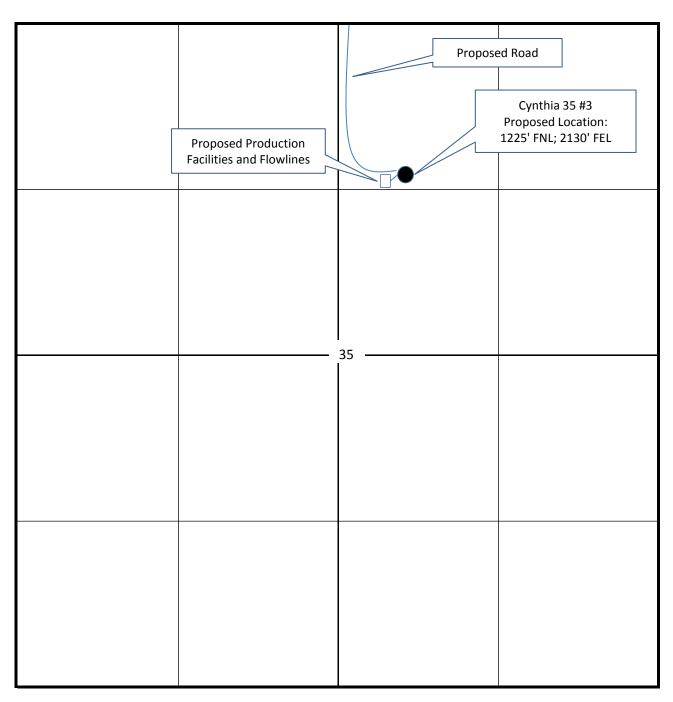
This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (C	Cathodic Protection Borehole Intent)		
OPERATOR: License #	Well Location:		
Name:	SecTwpS. R		
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		
Contact Person:	the lease below:		
Phone: ( ) Fax: ( )			
Email Address:			
Surface Owner Information:			
Name:	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1:	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		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: State: Zip:+			
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
I certify that, pursuant to the Kansas Surface Owner Notice Adowner(s) of the land upon which the subject well is or will be lo CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, are	ct (House Bill 2032), I have provided the following to the surface potential:  1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the being filed is a Form C-1 or Form CB-1, the plat(s) required by this end email address.  1) cknowledge that, because I have not provided this information, the		
KCC will be required to send this information to the surface ow	ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
Submitted Electronically			

#### Date: 11/3/2010

## Cynthia 35 #3



Cynthia 35 #3

Sec. 35-31S-39W

Stevens County, Kansas

TOPOGRAPHIC LAND SURVEYORS OF PAMPA, TEXAS

2225 PERRYTON PKWY \* PAMPA, TEXAS 79065
(806) 665-7218 \* (800) 658-6382 \* FAX (806) 665-7210

Kansas Certificate of Authorization No. LS-99

Operator:	EOG RI	ESOURCES,	INC.	_Lease Name:	CYNTHIA	35 #3
Footages:		1225'FNL	& 2130'FEL		Elevation:	3191'GR.
Section: 35	Township	: 31S	Range:	39W <u>,</u>	STEVENS	County, Kansas
		           		SURF	——————————————————————————————————————	
				(AT.: LON: 1) (XS.50) (X=11198.	ACE NAD-27 3718 43.93" 01'31'36:58" UTH, NAD-27 36 & Y=249338	
		i I				- <b>N</b> -
		sw-			SE	_
			_	T 71 C		
=		<u> </u>	<del></del>	T-31-S T-32-S		
Topography & Reference or /		es Set: <u>NC</u>				0 500 1000 
Best Accessibil				SOUTHEAST (		
		2 MILES N		F HUGOTON,	KANSAS.	
This plat DOES NO true Boundary Survice Boundary Survice Boundary Survice Boundary Survice Boundary Survice Boundary not be actual Date Surveyed:  Date Drawn:  Drawn by:  Mathematical Book: 1056 Page Boundary Page Boundary Bound	shown are pation, which Property Lines.  11-1-10  11-3-10  .YOUREE  61234	authorized certify that and staked	Lynn Bezner, a gaent of Topoar	raphic Land Surveribed well/location as shown.	I Surveyor and an eyors, do hereby on was surveyed	CENSED 1059