

| For KCC    | Use:   |  |
|------------|--------|--|
| Effective  | Date:  |  |
| District # |        |  |
| SGA?       | Yes No |  |

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1046674

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 0,   |  |  |  |  |
| <ol><li>The minimum amount of surface pipe as specified below shall be set<br/>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:  | - 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: \_

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.

m

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



feet from N / S Line of Section

| For KCC Use ONLY |  |
|------------------|--|
| API # 15         |  |

Operator: \_\_\_

Lease: \_\_\_

#### 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.

Location of Well: County: \_\_\_

| Well Number                           |       |   |                                       |  |        |             | <br>_ Se    | C               | feet<br>Twp S.                          | t from   | W Line         | of Section<br>W |
|---------------------------------------|-------|---|---------------------------------------|--|--------|-------------|-------------|-----------------|---|--|----------------|-----------------|
| Number of Acres attributable to well: |       |   |                                       | is Section.     Negulai of     Integulai |        |             |             |                 |   |  |                |                 |
|                                       |       | ŭ |                                       |  |        |             | If S        |                 | egular, locate well<br>sed: NE          |  |                | dary.           |
|                                       |       |   |                                       |  | -      | the neare   |             |                 | y line. Show the pr<br>Surface Owner No |  |                |                 |
|                                       |       |   | 1815                                  | ft.                                      | You ma | ay attach a | a separate  | plat if desired | f.                                      |  |                |                 |
|                                       |       | : |                                       | :  |        |             | :           |                 |   | LEGEND   |                |                 |
|                                       |       |   |                                       |  |        |             |             |                 |   | Well Location  Tank Battery L  Pipeline Locat  Electric Line L | ion<br>ocation |                 |
| 1470 ft                               | ••••• |   | <del>-</del> ••                       | :<br>:                                   |        |             | :<br>:      |                 |   | ■ Lease Road L   | ocation        |                 |
|                                       |       |   |                                       | 1  | '<br>  |             | :<br>:      |                 | EXAMPLE<br>:                            |  | :              |                 |
|                                       |       |   |                                       |  |        |             |             |                 |   |  |                |                 |
|                                       |       | : |                                       | :<br>:                                   |        |             | :<br>       |                 |   | <b>^</b>   |                | 1980' FSL       |
|                                       |       |   | · · · · · · · · · · · · · · · · · · · | :<br>:<br>:                              |        |             | :           |                 |   |  |                |                 |
|                                       |       |   |                                       | :  |        |             | :<br>:<br>: |                 | SEWARD CO.                              | 3390' FEL  | •              |                 |

#### 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.

NOTE: In all cases locate the spot of the proposed drilling locaton.

- 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

46674 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   | Proposed                  | Existing   | SecTwpR  |  |  |
| Settling Pit Drilling Pit  | If Existing, date co      | nstructed:   | Feet from North / South Line of Section              |  |  |
| Workover Pit Haul-Off Pit  | Pit capacity:             |  | Feet from East / West Line of Section                |  |  |
| (If WP Supply API No. or Year Drilled)                                     |                           | (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?  Yes No                                  | Artificial Liner?  Yes  N | No   | How is the pit lined if a plastic liner is not used? |  |  |
|  |                           |  | NAC data (for a)                                     |  |  |
| 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.                            |                           | liner integrity, including 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 well   | feet                      | measured well owner electric log KDWR                        |  |  |  |
| Emergency, Settling and Burn Pits ONLY:                                    |                           | Drilling, Work   | ver and Haul-Off Pits ONLY:                          |  |  |
| Producing Formation:   |                           | Type of materia  | l 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.               |  |  |
| ilow into the pit: res rvo   |                           |  |  |  |  |
|  |                           |  |  |  |  |
| Submitted Electronically   |                           |  |  |  |  |
|  |                           |  |  |  |  |
|  | KCC                       | OFFICE USE O   | NLY  |  |  |
|  |                           |  | Liner Steel Pit RFAC RFAS                            |  |  |
| Date Received: Permit Num  | ber:                      | Permi  | t Date: Lease Inspection: Yes No                     |  |  |



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

1046674

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 (CB-1)   | Cathodic Protection Borehole Intent)   |  |  |  |  |
|---|--|--|--|--|--|
| OPERATOR: License #   | Well Location:   |  |  |  |  |
| Name:   |  |  |  |  |  |
| Address 1:  | County:  |  |  |  |  |
| Address 2:  | Lease Name: Well #: If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:  |  |  |  |  |
| City: State: Zip:+  |  |  |  |  |  |
| Contact Person:   |  |  |  |  |  |
| 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 county, and in the real estate property tax records of the county treasurer.   |  |  |  |  |
| Address 2:  |  |  |  |  |  |
| City: State: Zip:+  |  |  |  |  |  |
| the KCC with a plat showing the predicted locations of lease roads, tank<br>are preliminary non-binding estimates. The locations may be entered or  | dic Protection Borehole Intent), you must supply the surface owners and a 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.   |  |  |  |  |
| owner(s) of the land upon which the subject well is or will be loce CP-1 that I am filing in connection with this form; 2) if the form the form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). I an KCC will be required to send this information to the surface owner(s). | act (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  cknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this I 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-  | fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.   |  |  |  |  |
| Submitted Electronically  |  |  |  |  |  |

OPERATOR: Samuel Gary Jr & Associates, Inc 1515 Wynkoop Street, Suite 700

Denver, Colorado 80202 office: 303-831-4673; fax: 303-863-7285

WELL NAME: Wagner Trust 3-1

LOCATION: 1815 FNL / 1470 FWL Sec. 1-16S-16W RUSH COUNTY

**SURFACE OWNER: Dale Wagner** 

11486 San Joaquin Ridge.

Littleton, CO 80127

