

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

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1049178

Form C-1

March 2010

Form must be Typed

Form must be Signed

All blanks must be Filled

# NOTICE OF INTENT TO DRILL

Expected Spud Date:	Spot Description:						
month day year							
ODERATOR, Licensett	(Q/Q/Q/Q) feet from N / S Line of Section						
OPERATOR: License# Name:	feet from E / W Line of Section						
Address 1:	Is SECTION: Regular Irregular?						
Address 2:							
City: State: Zip: +	(Note: Locate well on the Section Plat on reverse side)						
Contact Person:	County:						
Phone:	Lease Name: Well #:						
CONTRACTOR: License II	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):						
Oil Enh Rec Infield Mud Rotary	Ground Surface Elevation:feet MSI						
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: I 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:						
Directional, Deviated or Horizontal wellbore? Yes No	Well Farm Pond Other:						
If Yes, true vertical depth:	DWR Permit #:						
Bottom Hole Location:	( <b>Note:</b> Apply for Permit with DWR)						
KCC DKT #:	Will Cores be taken? Yes No						
	If Yes, proposed zone:						
ΔΕΕ	IDAVIT						
	TIDAVIT						
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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.

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

Side Two



For KCC Use ONLY	
API # 15	

Operator: \_\_

#### 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: \_\_\_

Lease:										_ feet from	N /	S Line	e of Section
Well Numb	er:									_ feet from	E /	W Line	e of Section
Field:							_ Se	C	_ Twp	S. R		E	W
Number of QTR/QTR/							_	Section:	Regular or				
								ction is ir	regular, locate used: NE			orner bour	idary.
					d electrica	l lines, as	required b		ary line. Show t s Surface Own				
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1850 ft		:	-   -   -	:  ): :			: :				ase Road I	Location	7
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		:	:	:			:	:		<b>0</b>	1		1980' FSL
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		:	:	:			:		SEWARD	CO. 3390'	FFI		1

#### 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

049178

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:  Emergency Pit Burn Pit  Settling Pit Drilling Pit  Workover Pit Haul-Off Pit  (If WP Supply API No. or Year Drilled)  Is the pit located in a Sensitive Ground Water A	Pit is:  Proposed Existing  If Existing, date constructed:  Pit capacity:  (bbls)  Area? Yes No		SecTwpR East WestFeet from North / South Line of SectionFeet from East / West Line of SectionCounty  Chloride concentration: mg/l(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?			
Pit dimensions (all but working pits):	Length (fee		Width (feet)			
If the pit is lined give a brief description of the li material, thickness and installation procedure.	ilei		dures for periodic maintenance and determining any special monitoring.			
Distance to nearest water well within one-mile of	of pit:	Depth to shallo Source of infor	west fresh water feet. mation:			
feet Depth of water well	feet	measured	well owner electric log KDWR			
Emergency, Settling and Burn Pits ONLY:		Drilling, Work	over 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 procedure:				
Does the slope from the tank battery allow all s flow into the pit? Yes No	pilled fluids to	·	be closed within 365 days of spud date.			
Submitted Electronically	- · · ·					
KCC OFFICE USE ONLY  Liner Steel Pit RFAC RFAS						
Date Received: Permit Num	ber:	Permi	it Date: Lease Inspection: Yes No			



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

1049178

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	(Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)						
OPERATOR: License #	Well Location:						
	County:						
Address 1:	Lease Name: Well #:						
Address 2:  City: State: Zip: +							
Contact Person:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:						
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						
Address 1:	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:							
the KCC with a plat showing the predicted locations of lease roads, tan are preliminary non-binding estimates. The locations may be entered of Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be I CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface or	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form CB-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.  Cacknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this gree, 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							
	_						

