

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

1050298

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	Sec Twp S. R E V
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: State: Zip: +	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):
Oil Enh Rec Infield Mud Rotary	Ground Surface Elevation:feet MS
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:
If OMMO, old well information of fallering	Surface Pipe by Alternate: II 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:
Directional, Deviated or Horizontal wellbore?	Water Source for Drilling Operations:
f Yes, true vertical depth:	Well Farm Pond Other:
Bottom Hole Location:	DWR Permit #:
	(Note: Apply for Permit with DWR)
	Will Cores be taken?
CCC DKT #:	Will Cores be taken? If Yes, proposed zone:
CCC DKT #:AFI	Will Cores be taken? Yes Yes Yes The If Yes, proposed zone:
AFI The undersigned hereby affirms that the drilling, completion and eventual plu	Will Cores be taken? Yes Yes Yes The If Yes, proposed zone:
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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: Count	ty:				
Lease:								fee	t from	N /	S Line	of Section
Well Num	ber:							fee	t from	E /	W Line	of Section
Field:						Sec	Twp	s	. R		E	W
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					PL	AT						
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1021 ft.

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.

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



KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

50298 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):						
	Pit capacity:	(bbls)	SecTwpRBastWest West Bast West West Line of Section Feet from East / West Line of Section County County mg/l mg/l (For Emergency Pits and Settling Pits only)					
Is the bottom below ground level?	Artificial Liner? Yes N	10	How is the pit lined if a plastic liner is not used?					
			<u> </u>					
Operator Address: Contact Person: Lease Name & Well No.: Type of Pit:								
Distance to nearest water well within one-mile of	act Person: Phone Number: Pit Location (QQQQ): of Pit: Emergency Pit Burn Pit Proposed Existing Setting Pit Drilling Pit If Existing, date constructed: Feet from North / South Line of Section Workover Pit Haul-Off Pit Supply API No. or Year Drilleg) Pit capacity: Pit capacity: Pit capacity: Feet from East / West Line of Section County Feet from East / West Line of Section South Line of Section County Feet from East / West Line of Section By a pit located in a Sensitive Ground Water Area? Yes No Pit capacity: Pit capacity: Pit capacity: Feet from East / West Line of Section County Feet from East / West Line of Section County Feet from East / West Line of Section County Feet from East / West Line of Section By a pit located in a Sensitive Ground Water Area? Yes No Pit capacity: Pit capacity: Pit capacity: Pit capacity: Pit apacity: Pit si lined give a brief description of the liner rise, thickness and installation procedure. Pit is lined give a brief description of the liner rise, thickness and installation procedure. Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring. Pit is lined give a brief description of the liner rise, thickness and installation procedure. Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring. Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring. Procedures for periodic maintenance and determining liner integrity, including any special monitoring. Procedures for periodic maintenance and determining liner integrity, including any special monitoring. Procedures freek. Source of information: Procedures freek. Source of information: Procedures freek. Source of information: Procedures freek. Proc							
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 materia	l utilized in drilling/workover:					
Number of producing wells on lease:		Number of worl	king pits to be utilized:					
Barrels of fluid produced daily:		Abandonment p	procedure:					
l	pilled fluids to	Drill pits must be closed within 365 days of spud date.						
	- · · ·		Phone Number: Pit Location (QQQQ): SecTwpR					
	KCC	OFFICE USE O						
Date Received: Permit Num	ber:	Permi	t Date: Lease Inspection: Yes No					



Kansas Corporation Commission Oil & Gas Conservation Division

1050298

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	

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