

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

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: | |
| Notify the appropriate district office <i>prior</i> to spudding of well; | |
| 2. A copy of the approved notice of intent to drill shall be posted on each | 9 ° 5' |
| The minimum amount of surface pipe as specified below shall be set through all unconsolidated materials plus a minimum of 20 feet into th | |
| 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; |
| | File acreage attribution plat according to field proration orders; Notify appropriate district office 48 hours prior to workover or re-entry; |
| 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 sait 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

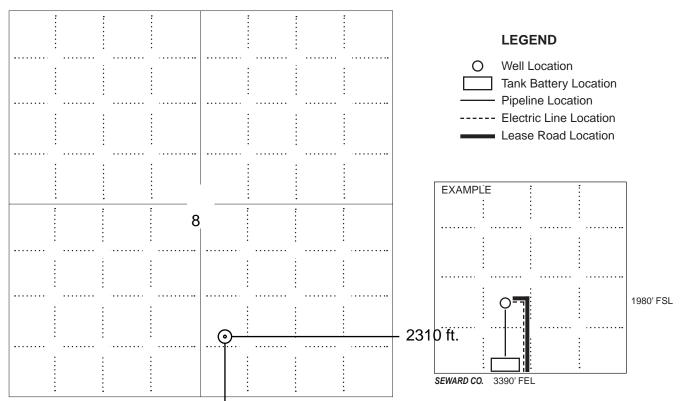
In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

| Operator: | Location of Well: County: |
|---------------------------------------|--|
| Lease: | feet from N / S Line of Section |
| Well Number: | feet from E / W Line of Section |
| Field: | SecTwpS. R 🗌 E 🔲 W |
| Number of Acres attributable to well: | 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.



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

825 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.



KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

052469

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) | Pit is: Proposed If Existing, date continue prit capacity: | Existing nstructed: (bbls) | SecTwpR East WestFeet from North / South Line of SectionFeet from East / West Line of SectionCounty | |
| Is the pit located in a Sensitive Ground Water A | rea? Yes | No | Chloride concentration: mg/l (For Emergency Pits and Settling Pits only) | |
| Is the bottom below ground level? Yes No Artificial Liner? Yes No | | No | How is the pit lined if a plastic liner is not used? | |
| Pit dimensions (all but working pits): | Length (fee | et) | Width (feet) N/A: Steel Pits | |
| If the pit is lined give a brief description of the li material, thickness and installation procedure. | om ground level to dee | Describe proce | dures for periodic maintenance and determining any special monitoring. | |
| Distance to nearest water well within one-mile | 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: Producing Formation: Number of producing wells on lease: Barrels of fluid produced daily: Does the slope from the tank battery allow all s flow into the pit? Yes No Submitted Electronically | | Type of materia Number of work Abandonment p Drill pits must b | over and Haul-Off Pits ONLY: all utilized in drilling/workover: king pits to be utilized: procedure: de closed within 365 days of spud date. | |
| KCC OFFICE USE ONLY | | | | |
| Date Received: Permit Num | ber: | | Liner Steel Pit RFAC RFAS t Date: Lease Inspection: Yes No | |



Kansas Corporation Commission Oil & Gas Conservation Division

1052469

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

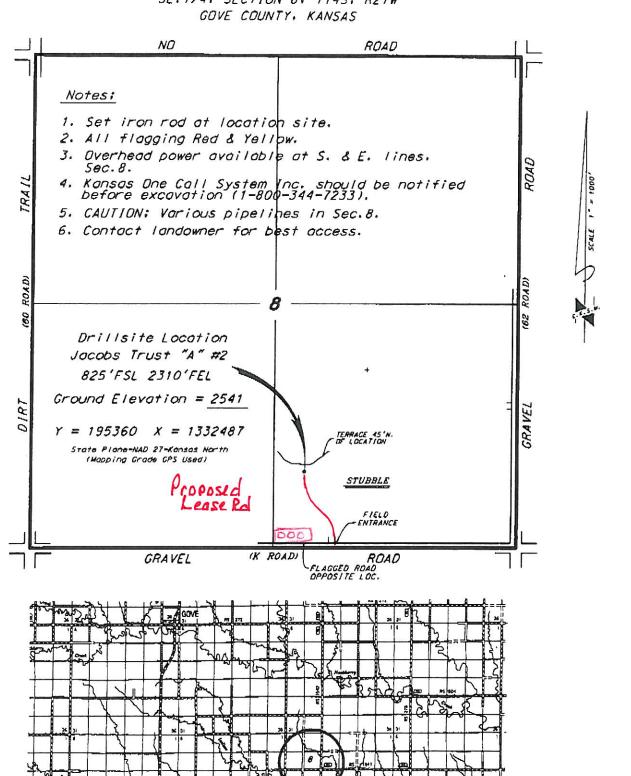
This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

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) T-1 (Transfer) CP-1 (Plugging Application) | | |
|---|---|--|--|
| OPERATOR: License # | Well Location: | | |
| Name: | SecTwpS. R East | | |
| 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: | | | |
| the KCC with a plat showing the predicted locations of lease roads, tank | dic Protection Borehole Intent), you must supply the surface owners and k batteries, pipelines, and electrical lines. The locations shown on the plat n 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 A owner(s) of the land upon which the subject well is or will be to CP-1 that I am filing in connection with this form; 2) if the form to form; and 3) my operator name, address, phone number, fax, at ☐ I have not provided this information to the surface owner(s). I at KCC will be required to send this information to the surface owner(s). | cknowledge that, because I have not provided this information, the vner(s). To mitigate the additional cost of the KCC performing this | | |
| task, I acknowledge that I am being charged a \$30.00 handling 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 | | |
| Submitted Electronically | | | |

ion as shown on this may not be legally act landowner.

TRANS PACIFIC OIL CORPORATION JACOBS TRUST LEASE SE. 1/4. SECTION 8. TIAS. R2TW GOVE COUNTY, KANSAS



Morch 15, 2011

CENTRAL KANSAS OILFIELD SERVICES, INC. (620)792-1977

Controlling data is based upon the best maps and phatographs available to us and upon a regular section of land containing 640 acres.

Approximate laction that were determined using the normal standard of time of altifuld surveyors procticing in the state of knoss. The section convers, which astabilish the precise Section times, which astabilish the precise Section times, when processorily located and the swart location of the critistie location in the section is not parameted. Therefore, the operator securing this service and occepting this plat and off other parties relying therein opera on half Central Kanssa difficult Services, Inc., Its afficers and employees normalest from all lesses, does and so and sold entitled released from thy ileality from incidental or consolvential demography.