

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

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1061852

Form C-1

March 2010

Form must be Typed

Form must be Signed

All blanks must be Filled

# NOTICE OF INTENT TO DRILL

|                                                                                      | e (5) days prior to commencing well<br>s Surface Owner Notification Act, MUST be submitted with this form.                                               |  |  |  |  |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Expected Spud Date:                                                                  | Spot Description:                                                                                                                                        |  |  |  |  |
| month day year                                                                       |                                                                                                                                                          |  |  |  |  |
|                                                                                      | (Q/Q/Q/Q) section   N / S Line of Section                                                                                                                |  |  |  |  |
| OPERATOR: License#                                                                   | feet from E / W Line of Section                                                                                                                          |  |  |  |  |
| Name:                                                                                | Is SECTION: Regular Irregular?                                                                                                                           |  |  |  |  |
| Address 1:                                                                           |                                                                                                                                                          |  |  |  |  |
| Address 2: State: Zip: +                                                             | (Note: Locate well on the Section Plat on reverse side)                                                                                                  |  |  |  |  |
| Contact Person:                                                                      | County                                                                                                                                                   |  |  |  |  |
| Phone:                                                                               | Lease Name: Well #:                                                                                                                                      |  |  |  |  |
| CONTRACTOR: Lineary                                                                  | Field Name:                                                                                                                                              |  |  |  |  |
| CONTRACTOR: License#                                                                 | is the different operation.                                                                                                                              |  |  |  |  |
| 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 MSL                                                                                                                        |  |  |  |  |
| Gas Storage Pool Ext. Air Rotary                                                     | Water well within one-quarter mile:                                                                                                                      |  |  |  |  |
| Disposal Wildcat Cable                                                               | Public water supply well within one mile: Yes No                                                                                                         |  |  |  |  |
| Seismic ;# of Holes Other                                                            | Depth to bottom of fresh water:                                                                                                                          |  |  |  |  |
| Other:                                                                               | Depth to bottom of usable water:                                                                                                                         |  |  |  |  |
|                                                                                      | Surface Pipe by Alternate: II 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:                                      |                                                                                                                                                          |  |  |  |  |
| Ong Ong Ong Ong                                                                      | Water Source for Drilling Operations:                                                                                                                    |  |  |  |  |
| Directional, Deviated or Horizontal wellbore?                                        | Well Farm Pond Other:                                                                                                                                    |  |  |  |  |
| If Yes, true vertical depth:                                                         |                                                                                                                                                          |  |  |  |  |
| Bottom Hole Location:                                                                | (Note: Apply for Permit with DWR )                                                                                                                       |  |  |  |  |
| KCC DKT #:                                                                           |                                                                                                                                                          |  |  |  |  |
|                                                                                      | If Yes, proposed zone:                                                                                                                                   |  |  |  |  |
|                                                                                      |                                                                                                                                                          |  |  |  |  |
|                                                                                      | FIDAVIT                                                                                                                                                  |  |  |  |  |
| The undersigned hereby affirms that the drilling, completion and eventual pl         | ugging of this well will comply with K.S.A. 55 et. seq.                                                                                                  |  |  |  |  |
| It is agreed that the following minimum requirements will be met:                    |                                                                                                                                                          |  |  |  |  |
| 1. Notify the appropriate district office <i>prior</i> to spudding of well;          |                                                                                                                                                          |  |  |  |  |
| 2. A copy of the approved notice of intent to drill <b>shall be</b> posted on each   | h drilling rig;                                                                                                                                          |  |  |  |  |
| 3. The minimum amount of surface pipe as specified below shall be set                |                                                                                                                                                          |  |  |  |  |
| through all unconsolidated materials plus a minimum of 20 feet into the              |                                                                                                                                                          |  |  |  |  |
| , , ,                                                                                | strict office on plug length and placement is necessary <i>prior to plugging</i> ;                                                                       |  |  |  |  |
| 5. The appropriate district office will be notified before well is either plug       | ged or production casing is cemented in; ed 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                                                                              |  |  |  |  |
|                                                                                      | e plugged. <i>In all cases, NOTIFY district office</i> prior to any cementing.                                                                           |  |  |  |  |
| , , , ,                                                                              |                                                                                                                                                          |  |  |  |  |
|                                                                                      |                                                                                                                                                          |  |  |  |  |
| Submitted Electronically                                                             |                                                                                                                                                          |  |  |  |  |
| districted Electronically                                                            |                                                                                                                                                          |  |  |  |  |
| For KCC Use ONLY                                                                     | Remember to:                                                                                                                                             |  |  |  |  |
|                                                                                      | - 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 required feet per ALT.                                          | <ul> <li>File Completion Form ACO-1 within 120 days of spud date;</li> <li>File acreage attribution plat according to field proration orders;</li> </ul> |  |  |  |  |
|                                                                                      | Notify appropriate district office 48 hours prior to workover or re-entry;                                                                               |  |  |  |  |
| 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.) | Obtain written approval before disposing or injecting salt water.  If well will not be drilled or permit has expired (See authorized expiration data).   |  |  |  |  |

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:            |       |
|                                            |       |



| 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:                             |      |                            |    |                                  |             | _ L         | Location of Well: County: feet from N / S Line of Section |                              |           |                                                                                                        |  |
|---------------------------------------|------|----------------------------|----|----------------------------------|-------------|-------------|-----------------------------------------------------------|------------------------------|-----------|--------------------------------------------------------------------------------------------------------|--|
|                                       |      |                            |    |                                  |             |             |                                                           |                              |           |                                                                                                        |  |
| Well Numb                             | oer: |                            |    |                                  |             |             |                                                           |                              |           | feet from E / W Line of Section                                                                        |  |
| Field:                                |      |                            |    |                                  |             | _ s         | Sec                                                       | Twp.                         | S. R      |                                                                                                        |  |
| Number of Acres attributable to well: |      |                            | 18 | Is Section: Regular or Irregular |             |             |                                                           |                              |           |                                                                                                        |  |
|                                       |      |                            |    |                                  |             |             |                                                           | f Section is<br>Section corr | _         | ar, locate well from nearest corner boundary.  NE NW SE SW                                             |  |
|                                       |      | nds, tank b                |    |                                  | d electrica | l lines, as | required                                                  |                              | sas Surfa | e. Show the predicted locations of face Owner Notice Act (House Bill 2032).                            |  |
| 260 ft.                               | -0   | :                          | :  | :                                |             | :           | :                                                         | :                            |           | LEGEND                                                                                                 |  |
|                                       |      |                            | :  |                                  |             |             |                                                           |                              |           | O Well Location  Tank Battery Location  Pipeline Location  Electric Line Location  Lease Road Location |  |
|                                       |      | :<br>:<br>:<br>:<br>:<br>: |    | 6                                |             |             |                                                           |                              |           | EXAMPLE                                                                                                |  |
|                                       |      |                            |    |                                  |             |             |                                                           |                              |           | 1980' FSL                                                                                              |  |
|                                       |      | :<br>:<br>:<br>:           | :  | :                                |             |             | :<br>:<br>:                                               | :                            |           | 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

1061852

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  Is the bottom below ground level?  Yes No  Pit dimensions (all but working pits):  Depth from the pit is lined give a brief description of the limaterial, thickness and installation procedure. | Artificial Liner? Yes N Length (fee | (bbls)  No  lo epest point:                                       | SecTwpRBast WestFeet from North / South Line of SectionFeet from East / West Line of SectionCounty  Chloride concentration: mg/l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| Distance to nearest water well within one-mile of                                                                                                                                                                                                                                                                                                                                      | of pit:                             |                                                                   | west fresh water feet.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| feet Depth of water well                                                                                                                                                                                                                                                                                                                                                               | feet                                | Source of information measured                                    | nation:  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 splow into the pit?  Yes No                                                                                                                                                                       |                                     | Type of materia  Number of worl  Abandonment p  Drill pits must b | over and Haul-Off Pits ONLY:  I utilized in drilling/workover:  I utilized |  |  |  |
| Submitted Electronically                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                        | KCC                                 | OFFICE USE O                                                      | NLY  Liner Steel Pit RFAC RFAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| Date Received: Permit Numl                                                                                                                                                                                                                                                                                                                                                             | ber:                                | Permi                                                             | t Date: Lease Inspection:  Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |



## Kansas Corporation Commission Oil & Gas Conservation Division

1061852

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 East West                                                                                                                                                                                                                                                                                  |  |  |  |
| Address 1:                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                       |  |  |  |
| 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 being filed is a Form C-1 or Form CB-1, the plat(s) required by this and 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<br>1 will be returned.                                                                                                                                                                                                     |  |  |  |
| Submitted Electronically                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                       |  |  |  |

| 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: Chesapeake Operating, Inc.  Lease: MiChael 6-32-/7 / SWD  Well Number:  Field: |           |   |              |   |             |                          |            | Location of Well: County:                                                                                                              |                                                                                                            |  |  |  |  |
|------------------------------------------------------------------------------------------|-----------|---|--------------|---|-------------|--------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--|--|--|--|
|                                                                                          |           |   |              |   |             |                          | –<br>If S  | Is Section: Regular or Irregular  If Section is Irregular, locate well from nearest corner boundary.  Section corner used: NE NW SE SW |                                                                                                            |  |  |  |  |
| _                                                                                        | lease roa |   | atteries, pi |   | d electrica | the neare<br>I lines, as | required b |                                                                                                                                        |                                                                                                            |  |  |  |  |
| FWL                                                                                      |           |   |              |   |             |                          | :          |                                                                                                                                        | LEGEND  O Well Location Tank Battery Location Pipeline Location Electric Line Location Lease Road Location |  |  |  |  |
|                                                                                          |           |   |              | ( |             |                          |            |                                                                                                                                        | EXAMPLE 1980'FSL                                                                                           |  |  |  |  |
|                                                                                          |           | : | :            |   |             | :                        | :          | :                                                                                                                                      |                                                                                                            |  |  |  |  |

 ${\it NOTE: In all \ cases \ locate \ the \ spot \ of \ the \ proposed \ drilling \ locaton.}$ 

#### 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).

SEWARD CO. 3390' FEL

5. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner

## NOTICE TO OPERATORS FILING INTENT TO DRILL FOR DISPOSAL OR ENHANCED RECOVERY INJECTION WELLS, (CLASS II INJECTION WELL)

The attached approved Notice of Intent to Drill indicates the proposed well is to be used for injection. An approved "Intent to Drill" does not approve injection authority as a Class II Injection Well in Kansas.

Before any well is used for injection purposes, the operator must file an application for injection authority in accordance with K.A.R. 82-3-401 and provide notice in accordance with K.A.R. 82-3-402. The Conservation Division must issue a written permit granting the application before commencement of injection.

The Conservation Division requirements and restrictions associated with Class II Injection are identified in K.A.R. 82-3-400 et seq of our regulations. Associated regulations governing drilling, completion and injection applications may be found in K.A.R. 82-3-135, Table I, Table II, in the Cedar Hills Sandstone Moratorium, (Docket #156,397-C), and the Eastern Kansas Surface Casing Order, (Docket #133,891-C).

If you have questions regarding the approval of injection authority, an injection application may be filed as a "Design Approval" before actual drilling and completion of the well occurs. If you have any questions or concerns regarding Class II injection wells or regulations, call the Underground Injection Control Department at 316-337-6200.

Failure to obtain commission approval before beginning injection is punishable by a penalty, shut-in of the well or both.

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner

October 13, 2011

Aletha M. Dewbre Chesapeake Operating, Inc. 6100 N WESTERN AVE PO BOX 18496 OKLAHOMA CITY, OK 73118-0496

Re: Drilling Pit Application Michael 6-32-17 1 SWD NW/4 Sec.06-32S-17W Comanche County, Kansas

#### Dear Aletha M. Dewbre:

District staff has inspected the location and has determined that an unsealed condition will present a pollution threat to water resources.

District staff has recommended that the reserve pit be lined. If a plastic liner is to be used it must have a minimum thickness of 20 mil. Integrity of the liner must be maintained at all times. Keep pits away from draw/drainage.

If production casing is set all completion fluids shall be removed from the working pits daily. NO completion fluids or non-exempt wastes shall be placed in the reserve pit.

The free fluids in the reserve pit should be removed as soon as practical after drilling operations have ceased. The fluids should be taken to an authorized disposal well. Please call the District Office at (620) 225-8888 when the fluids have been removed. Please file form CDP-5 (August 2008), Exploration and Production Waste Transfer, through KOLAR within 30 days of fluid removal.

A copy of this letter should be posted in the doghouse along with the approved Intent to **Drill.** If you have any questions or concerns please feel free to contact the District Office at (620) 225-8888.