



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

KANSAS CORPORATION COMMISSION 1062277  
 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**

*Must be approved by KCC five (5) days prior to commencing well*

*Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.*

Expected Spud Date: \_\_\_\_\_  
month day year

Spot Description: \_\_\_\_\_

OPERATOR: License# \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  E  W  
(Q/Q/Q/Q) \_\_\_\_\_ feet from  N /  S Line of Section  
 \_\_\_\_\_ feet from  E /  W Line of Section

Is SECTION:  Regular  Irregular?

*(Note: Locate well on the Section Plat on reverse side)*

CONTRACTOR: License# \_\_\_\_\_  
 Name: \_\_\_\_\_

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Is this a Prorated / Spaced Field?  Yes  No

Target Formation(s): \_\_\_\_\_

Nearest Lease or unit boundary line (in footage): \_\_\_\_\_

Ground Surface Elevation: \_\_\_\_\_ feet MSL

Water well within one-quarter mile:  Yes  No

Public water supply well within one mile:  Yes  No

Depth to bottom of fresh water: \_\_\_\_\_

Depth to bottom of usable water: \_\_\_\_\_

Surface Pipe by Alternate:  I  II

Length of Surface Pipe Planned to be set: \_\_\_\_\_

Length of Conductor Pipe (if any): \_\_\_\_\_

Projected Total Depth: \_\_\_\_\_

Formation at Total Depth: \_\_\_\_\_

Water Source for Drilling Operations:

Well  Farm Pond  Other: \_\_\_\_\_

DWR Permit #: \_\_\_\_\_

*(Note: Apply for Permit with DWR  )*

Will Cores be taken?  Yes  No

If Yes, proposed zone: \_\_\_\_\_

**AFFIDAVIT**

The undersigned hereby affirms that the drilling, completion and eventual plugging 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 **prior** to spudding of well;
2. A copy of the approved notice of intent to drill **shall be** posted on each drilling rig;
3. The minimum amount of surface pipe as specified below **shall be set** by circulating cement to the top; in all cases surface pipe **shall be set** through all unconsolidated materials plus a minimum of 20 feet into the underlying formation.
4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary **prior to plugging**;
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within **120 DAYS** of spud date. Or pursuant to Appendix "B" - Eastern Kansas surface casing order #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 plugged. **In all cases, NOTIFY district office** prior to any cementing.

**Submitted Electronically**

**For KCC Use ONLY**

API # 15 - \_\_\_\_\_

Conductor pipe required \_\_\_\_\_ feet

Minimum surface pipe required \_\_\_\_\_ feet per ALT.  I  II

Approved by: \_\_\_\_\_

**This authorization expires:** \_\_\_\_\_  
*(This authorization void if drilling not started within 12 months of approval date.)*

Spud date: \_\_\_\_\_ Agent: \_\_\_\_\_

**Remember to:**

- File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill;
- File Drill Pit Application (form CDP-1) with Intent to Drill;
- 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;
- Submit plugging report (CP-4) after plugging is completed (within 60 days);
- Obtain written approval before disposing or injecting salt water.
- 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: \_\_\_\_\_

Mail to: KCC - Conservation Division,  
 130 S. Market - Room 2078, Wichita, Kansas 67202

E  
 W



1062277

**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: \_\_\_\_\_  
 Lease: \_\_\_\_\_  
 Well Number: \_\_\_\_\_  
 Field: \_\_\_\_\_  
 Number of Acres attributable to well: \_\_\_\_\_  
 QTR/QTR/QTR/QTR of acreage: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Location of Well: County: \_\_\_\_\_  
 \_\_\_\_\_ feet from  N /  S Line of Section  
 \_\_\_\_\_ feet from  E /  W Line of Section  
 Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  E  W

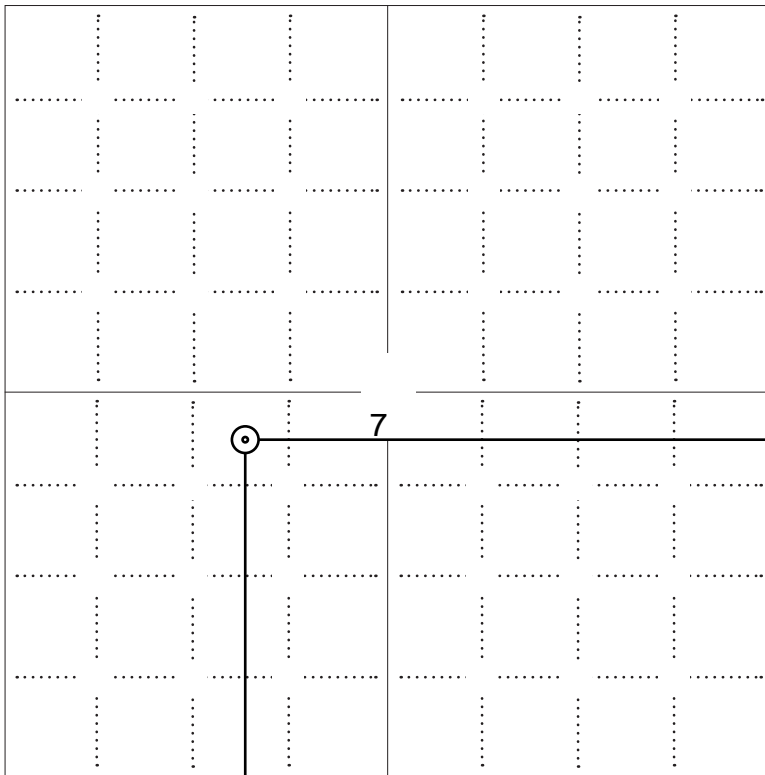
Is Section:  Regular or  Irregular

**If Section is Irregular, locate well from nearest corner boundary.**

Section corner used:  NE  NW  SE  SW

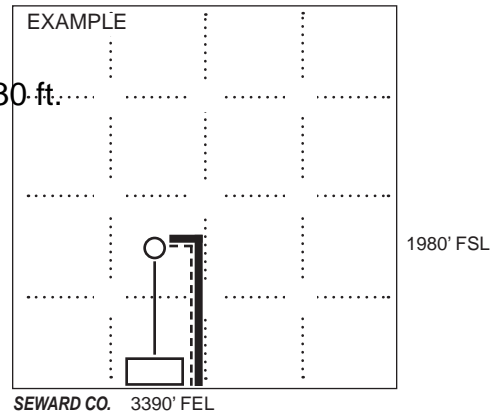
**PLAT**

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.



**LEGEND**

- Well Location
- Tank Battery Location
- Pipeline Location
- - - - Electric Line Location
- Lease Road Location



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

2310 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 1062277  
OIL & GAS CONSERVATION DIVISION

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: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit <i>(If WP Supply API No. or Year Drilled)</i>		Pit is: <input type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: _____ (bbls)	
Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		Chloride concentration: _____ mg/l <i>(For Emergency Pits and Settling Pits only)</i>	
Is the bottom below ground level? <input type="checkbox"/> Yes <input type="checkbox"/> No		Artificial Liner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How is the pit lined if a plastic liner is not used?			
Pit dimensions (all but working pits):    _____ Length (feet)    _____ Width (feet) <input type="checkbox"/> N/A: Steel Pits Depth from ground level to deepest point: _____ (feet) <input type="checkbox"/> No Pit			
If the pit is lined give a brief description of the liner material, thickness and installation procedure.		Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring.	
Distance to nearest water well within one-mile of pit: _____ feet    Depth of water well _____ feet		Depth to shallowest fresh water _____ feet. Source of information: <input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input type="checkbox"/> KDWR	
<b>Emergency, Settling and Burn Pits ONLY:</b> Producing Formation: _____ Number of producing wells on lease: _____ Barrels of fluid produced daily: _____ Does the slope from the tank battery allow all spilled fluids to flow into the pit? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Drilling, Workover and Haul-Off Pits ONLY:</b> Type of material utilized in drilling/workover: _____ Number of working pits to be utilized: _____ Abandonment procedure: _____ _____ Drill pits must be closed within 365 days of spud date.	
<p><b>Submitted Electronically</b></p>			

**KCC OFFICE USE ONLY**

Liner     Steel Pit     RFAC     RFAS

Date Received: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Permit Date: \_\_\_\_\_ Lease Inspection:     Yes     No



# 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 # \_\_\_\_\_  
Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. R. \_\_\_\_  East  West  
County: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*

**Surface Owner Information:**

Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

*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 owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.*

*If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.*

**Select one of the following:**

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

*If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.*

I Submitted Electronically

I

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
200 Colorado Derby Building  
Wichita, Kansas 67202

WELL PLUGGING RECORD  
K.A.R.-82-3-117

15-163-30151-00-00  
API NUMBER 01-02-66

LEASE NAME TEMPLE

WELL NUMBER #2

TYPE OR PRINT  
NOTICE: Fill out completely  
and return to Cons. Div.  
office within 30 days.

2,310 Ft. from S Section Line

3,630 Ft. from E Section Line

SEC. 7 TWP. 10 RGE. 20 (E) or (W)

COUNTY ROOKS

LEASE OPERATOR STARR F. SCHLOBOHM

ADDRESS 47 MICHAUWAGIC ROAD, #3D, SANBORNVILLE, NH 03872-3787

PHONE# (603) 522-9760 OPERATORS LICENSE NO. 4952

Date Well Completed 2/3/1966

Character of Well OIL

Plugging Commenced 2-15-2002

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

Plugging Completed 2-15-2002

The plugging proposal was approved on FEB. 15, 2002 (date)

by HERB DEINES (KCC District Agent's Name).

Is ACO-1 filed? ? If not, is well log attached? YES

Producing Formation ARBUCKLE Depth to Top 3,830 Bottom 3,859 T.D. 3,862

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
<u>ARBUCKLE</u>		<u>SURFACE</u>	<u>174'</u>	<u>8 5/8"</u>	<u>174'</u>	<u>NONE</u>
		<u>SURFACE</u>	<u>3353'</u>	<u>5 1/2"</u>	<u>3,353'</u>	<u>NONE</u>

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from feet to feet each set.

PLEASE NOTE ATTACHED CEMENT BILL AND WORK TICKET.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor ALLIED CEMENTING CO., INC. License No. \_\_\_\_\_

Address P.O. Box 31, RUSSELL, KS 67665-0031

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: STARR F. SCHLOBOHM

STATE OF NEW HAMPSHIRE COUNTY OF CARROLL, ss.

STARR F. SCHLOBOHM (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) Starr F. Schlobohm

(Address) 47 MICHAUWAGIC ROAD, #3D SANBORNVILLE, NH 03872-3787

SUBSCRIBED AND SWORN TO before me this 30<sup>th</sup> day of MARCH, 2002

My Commission Expires: 10/6/06

Notary Public

NOTARY PUBLIC OF NEW HAMPSHIRE

My Commission Expires Oct. 10, 2005

Form CP-4  
Revised 05-88

RECEIVED  
4-8-02  
APR 08 2002  
KCC WICHITA

OK

15-163-30151-0000

**ALLIED CEMENTING CO., INC.**

P.O. BOX 31  
RUSSELL, KS 67665  
PH (785) 483-3887  
FAX (785) 483-5566

\*\*\*\*\*  
\* INVOICE \*  
\*\*\*\*\*

Invoice Number: 086604

Invoice Date: 02/26/02

RECEIVED

APR 08 2002

KCC WICHITA

Sold Starr F. Schlobohm  
To: 47 Michwanic Rd. #3D  
Sanbornville, NH  
03872-3787

Cust I.D.....: Schl  
P.O. Number...: Temple #2  
P.O. Date.....: 02/26/02

Due Date.: 03/28/02  
Terms.....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	174.00	SKS	6.6500	1157.10	T
Pozmix	116.00	SKS	3.5500	411.80	T
Gel	21.00	SKS	10.0000	210.00	T
Hulls	4.00	SKS	18.0000	72.00	T
Handling	375.00	SKS	1.1000	412.50	T
Mileage (40)	40.00	MILE	15.0000	600.00	T
375 sks @\$ .04 per sk per mi					
Plug	1.00	JOB	475.0000	475.00	T
Mileage pmp trk	40.00	MILE	3.0000	120.00	T

All Prices Are Net, Payable 30 Days Following Date of Invoice. 1 1/2% Charged Thereafter. If Account CURRENT take Discount of \$ 367.97 ONLY if paid within 30 days from Invoice Date

Subtotal: 3458.40  
Tax.....: 221.34  
Payments: 0.00  
Total....: 3679.74

*lbs* - 367.97  
NET \$ 3,311.77

# 6607  
3/2/02  
16,672.43

# ALLIED CEMENTING CO., INC.

10445

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT: R

DATE <u>2/15/02</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>9:00 A.M.</u>	JOB START	JOB FINISH <u>9:45 A.M.</u>
LEASE <u>Temple</u>	WELL# <u>2</u>	LOCATION <u>Ellis N to Co. line 4 N 10 AA</u>			COUNTY <u>Rooks</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>OLD</u>				<u>2w N Into</u>			

CONTRACTOR \_\_\_\_\_ OWNER \_\_\_\_\_

TYPE OF JOB OH D

HOLE SIZE _____	T.D. _____
CASING SIZE <u>5 1/2</u>	DEPTH _____
TUBING SIZE _____	DEPTH _____
DRILL PIPE _____	DEPTH _____
TOOL _____	DEPTH _____
PRES. MAX _____	MINIMUM _____
MEAS. LINE _____	SHOE JOINT _____
CEMENT LEFT IN CSG. _____	
PERFS. _____	
DISPLACEMENT _____	

CEMENT

AMOUNT ORDERED 350 <sup>60/40 109/2601</sup>

4 Halls

USED 2900x w/4 Halls

COMMON	<u>174</u>	@	<u>665</u>	<u>1157.10</u>
POZMIX	<u>116</u>	@	<u>355</u>	<u>411.00</u>
GEL	<u>21</u>	@	<u>10.00</u>	<u>210.00</u>
CHLORIDE		@		
<u>Halls</u>	<u>4</u>	@	<u>18.00</u>	<u>72.00</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>375</u>	@	<u>1.10</u>	<u>412.50</u>
MILEAGE	<u>44/SK</u>	@	<u>mile</u>	<u>600.00</u>
TOTAL				<u>2863.40</u>

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Pawl</u>
# <u>127</u>	HELPER <u>Jason</u>
BULK TRUCK	
# <u>362</u>	DRIVER <u>Glen</u>
BULK TRUCK	
# _____	DRIVER _____

REMARKS:

Annulus Press to 200psi.  
5 1/2 csg. Mixed 2900x w/4 Halls press to  
800 psi. Shut in @ 600 psi.

SERVICE

DEPTH OF JOB _____	
PUMP TRUCK CHARGE _____	<u>475.00</u>
EXTRA FOOTAGE _____	@ _____
MILEAGE <u>40</u>	@ <u>3.00</u> <u>120.00</u>
PLUG _____	@ _____
	@ _____
	@ _____
TOTAL <u>595.00</u>	

CHARGE TO: Start

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RECEIVED FLOAT EQUIPMENT

APR 08 2002 @ \_\_\_\_\_

KCC WICHITA @ \_\_\_\_\_

@ \_\_\_\_\_

@ \_\_\_\_\_

To Allied Cementing Co., Inc. . . . .  
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE [Signature]

TAX \_\_\_\_\_

TOTAL CHARGE \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

PRINTED NAME \_\_\_\_\_

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: Neal Lafon Realty Inc. d/b/a Meridian Energy Inc.

Lease: Temple

Well Number: #2

Field: Cooper

Number of Acres attributable to well: 10

QTR/QTR/QTR/QTR of acreage - NW - NE - SW

Location of Well: County: Rooks

2.310

feet from  N /  S Line of Section

3.630

feet from  E /  W Line of Section

Sec. 7

Twp. 10

S. R. 20

E  W

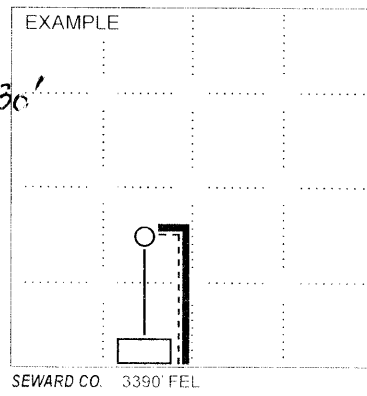
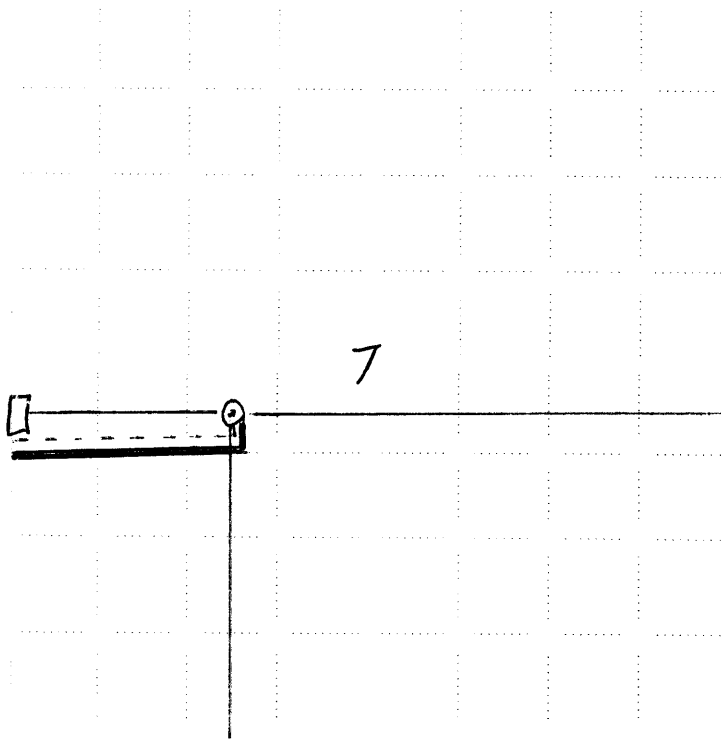
Is Section:  Regular or  Irregular

**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 location.

2310'

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.



August 29, 2011

Neal LaFon  
Neal LaFon Realty Inc. dba Meridian Energy  
Inc.  
1475 WARD DR  
FRANKTOWN, CO 80116-9405

Re: Drilling Pit Application  
Temple #2  
SW/4 Sec.07-10S-20W  
Rooks County, Kansas

Dear Neal LaFon:

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 3 mil. Integrity of the liner must be maintained at all times.

**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 (785) 625-0550 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 (785) 625-0550.