

Well will not be drilled or Permit Expired Date: \_

Signature of Operator or Agent:

For KCC	Use:
Effective	Date:
District #	<u> </u>
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

OPERATOR: License#	paced Field?  Yes No  it boundary line (in footage):  vation:  pequarter mile:  well within one mile:  Yes No  Yes No  Yes No  Yes No
DERRATOR: License#   Lame:	feet from E / W Line of Section egular Irregular?  : Locate well on the Section Plat on reverse side)  Well #:
didress 1: didress 2: ity: State: Zip: + County: Lease Name: Field Name: Is this a Prorated / S Target Formation(s): Nearest Lease or ur Ground Surface Elev Water well within on or Public water supply Depth to bottom of to Surface Pipe by Alte Length of Sourace Pipe by Alte Length of Sourace Projected Total Depth: Original Completion Date: Original Total Depth: Pormation at Total Depth Pipe Count Pipe Surface Pipe by Alte Length of Depth is pottom Hole Location: CC DKT #: Will Cores be taken' If Yes, proposed zon AFFIDAVIT    Is SECTION: R (Note County: (Note County: Lease Name: Field Name: Field Name: State) Pipe No Notify the appropriate district office prior to spudding of well;	egular
ddress 2: ity: State: Zip: + County: Lease Name: Field Name: State Name: Field Name: Is this a Prorated / Stare Name: State Name: Nearest Lease Name: State Name: State Name: Nearest Lease or ure Name: State Name: Nearest Lease or ure Name: State Name: Nearest Lease or ure Name: Nearest Lease o	: Locate well on the Section Plat on reverse side)  Well #:  paced Field?  It boundary line (in footage):  ration:feet MSI e-quarter mile:YesNewell within one mile:YesNewell within one mile:YesNewell water:
ty:	paced Field?
Lease Name:  DNTRACTOR: License#  Star Provided / Star Provide	paced Field?  paced Field?  it boundary line (in footage):  vation:  pe-quarter mile:  well within one mile:  resh water:
Lease Name:	paced Field?
DNTRACTOR: License#	paced Field?  Yes No  No  it boundary line (in footage):  vation:  e-quarter mile:  well within one mile:  Yes No  Yes
Well Drilled For: Well Class: Type Equipment:  Oil Enh Rec Infield Mud Rotary Gas Storage Pool Ext. Air Rotary Disposal Wildcat Cable  Other: # of Holes Other  Operator: Well Name: Original Completion Date: Original Total Depth: Formation at Total Depth: Original Completion: CC DKT #:  Will Cores be taken' If Yes, proposed zon  AFFIDAVIT  ne undersigned hereby affirms that the drilling, completion and eventual plugging of this well will co is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office prior to spudding of well;  Target Formation(s):  Nearest Lease or ur  Ground Surface Elev  Water well within on  Public water supply  Depth to bottom of the Surface Pleath of Surface Pleath of Conductor Popeth to bottom of the Surface Pleath of Surface	it boundary line (in footage):
Well Drilled For:  Well Class: Type Equipment:  Nearest Lease or ur Ground Surface Elev Water well within on Public water supply Depth to bottom of to Surface Pipe by Alte Length of Conductor Well Name: Original Completion Date: Original Completion: CC DKT #:  Well Drilled For: Well Class: Type Equipment: Nearest Lease or ur Ground Surface Elev Water well within on Public water supply Depth to bottom of to Surface Pipe by Alte Length of Surface P Length of Conductor Projected Total Depth Formation at Total Depth Water Source for Dr Well Far DWR Permit #: Will Cores be taken' If Yes, proposed zon  AFFIDAVIT  he undersigned hereby affirms that the drilling, completion and eventual plugging of this well will co is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office prior to spudding of well;	it boundary line (in footage):feet MS vation:feet MS ve-quarter mile:YesN vell within one mile:YesN
Oil Enh Rec Infield Mud Rotary Gas Storage Pool Ext. Air Rotary Disposal Wildcat Cable  Other: Depth to bottom of f. Surface Pipe by Alte Length of Surface P Length of Conductor Projected Total Depth: Formation at Total Depth: Formation at Total Depth Corginal Completion Date: Original Total Depth: Formation at Total Depth Cottom Hole Location: Well Name: Other Water Source for Dr Well Cores be taken' If Yes, proposed zon  AFFIDAVIT  The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will coils agreed that the following minimum requirements will be met:  1. Notify the appropriate district office prior to spudding of well;	vation:feet MS e-quarter mile:YesN well within one mile:YesN resh water:
Oil Enh Rec Infield Mud Rotary Gas Storage Pool Ext. Air Rotary Disposal Wildcat Cable Depth to bottom of for Depth to bottom of for Surface Pipe by Alter Conductor Projected Total Depth Original Completion Date: Original Total Depth: Original Completion Date: Original Total Depth: Office Projected Total Depth: Original Completion Date: Original Completion Date: Original Total Depth: Original Completion Date: Original Total Depth: Original Completion Air Total Depth: Original Completion Date: Original Total Depth: Original Total Depth: Original Total Depth: Original Total Depth: Original Completion Air Total Depth: Original Completion Date: Original Total Depth: Original Completion Air Total Depth: Original Completion Date: Original Total Depth: Original Completion Date: Original Total Depth: Original Total Depth: Original Completion Air Total Depth: Original Completion Date: Original Completion Date: Original Total Depth: Original Completion Air Total Depth: Original Completion Date: Original Total Depth: Original Completion Date:	e-quarter mile:  Well within one mile:  Yes N  Yes N  Yes N  Yes N
Gas Storage Pool Ext. Air Rotary Disposal Wildcat Cable Depth to bottom of for Surface Pipe by Alter If OWWO: old well information as follows:  Operator: Well Name: Original Completion Date: Original Completion Date: Other: Other: Original Completion Date: Original Total Depth: Other: Original Completion Date: Original Completion Date: Original Completion Date: Original Total Depth: Other: Original Completion Date: Original Total Depth: Other: Original Completion Date: Original Total Depth: Other: Original Total Depth: Other Surface P  Length of Conductor Original Total Depth: Other: Original Total Depth: Original To	well within one mile: Yes Neesh water:
Disposal Wildcat Cable Public water supply Depth to bottom of from the Dottom of the Depth to bottom of the Depth to bottom of the Surface Pipe by Alter Length of Surface Pipe by Alter Length of Surface Pipe by Alter Sur	esh water:
Other:	
Surface Pipe by Alte Length of Surface P Length of Conductor Projected Total Depth Formation at Total D Water Source for Dr Well Name: Ves, true vertical depth: Ves, true vertical depth: Ves, true vertical depth: Ves No Ves, true vertical depth: Ves No Ves Well Far DWR Permit #: Vill Cores be taken' If Yes, proposed zon  AFFIDAVIT  he undersigned hereby affirms that the drilling, completion and eventual plugging of this well will co is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of well;	
If OWWO: old well information as follows:  Operator:	sable water:
Operator:	
Well Name: Original Total Depth: Formation at Total Depth irectional, Deviated or Horizontal wellbore? Yes, true vertical depth: Ottom Hole Location: ORD Will Gres be taken' If Yes, proposed zon  AFFIDAVIT he undersigned hereby affirms that the drilling, completion and eventual plugging of this well will coils agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of well;	pe Planned to be set:
Original Completion Date: Original Total Depth: Formation at Total D  Water Source for Dr  Well Far  DWR Permit #:  DWR Permit #:  Will Cores be taken'  If Yes, proposed zon  AFFIDAVIT  he undersigned hereby affirms that the drilling, completion and eventual plugging of this well will co  is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of well;	Pipe (if any):
Water Source for Dr Well Far DWR Permit #:  Will Cores be taken? If Yes, proposed zon  AFFIDAVIT  The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will consist agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of well;	h:
irectional, Deviated or Horizontal wellbore?  Yes, true vertical depth:  Ottom Hole Location:  CC DKT #:  Will Cores be taken'  If Yes, proposed zon  AFFIDAVIT  he undersigned hereby affirms that the drilling, completion and eventual plugging of this well will co is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of well;	epth:
Will Cores be taken' If Yes, proposed zon  AFFIDAVIT  The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will consist agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of well;	
Sottom Hole Location:  CCC DKT #:  Will Cores be taken'  If Yes, proposed zon  AFFIDAVIT  The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will contain the sagreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of well;	m Pond Other:
Will Cores be taken' If Yes, proposed zon  AFFIDAVIT  he undersigned hereby affirms that the drilling, completion and eventual plugging of this well will co is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of well;	(Note: Apply for Permit with DWR )
If Yes, proposed zon  AFFIDAVIT  The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will contain the agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of well;	
AFFIDAVIT  he undersigned hereby affirms that the drilling, completion and eventual plugging of this well will co is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of well;	e:
	mply with K.S.A. 55 et. seq.
<ol> <li>A copy of the approved notice of intent to drill <i>shall be</i> posted on each drilling rig;</li> <li>The minimum amount of surface pipe as specified below <i>shall be set</i> by circulating cement to through all unconsolidated materials plus a minimum of 20 feet into the underlying formation.</li> <li>If the well is dry hole, an agreement between the operator and the district office on plug length</li> <li>The appropriate district office will be notified before well is either plugged or production casing</li> <li>If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies must be completed within 30 days of the spud date or the well shall be plugged. <i>In all cases,</i></li> </ol>	and placement is necessary <i>prior to plugging;</i> is cemented in; water to surface within <i>120 DAYS</i> of spud date. to the KCC District 3 area, alternate II cementing
API # 15 Act (KSONA-1) with I  Conductor pipe required feet	on (form CDP-1) with Intent to Drill; ACO-1 within 120 days of spud date;
	on plat according to field proration orders;
7	trict office 48 hours prior to workover or re-entry;
This authorization expires:	rt (CP-4) after plugging is completed (within 60 days); al before disposing or injecting salt water.
(This authorization void if drilling not started within 12 months of approval date.)	ed or permit has expired (See: authorized expiration date)
Sould date: Agent: please check the box	

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: _							_ Lo	cation of W	/ell: County:
Lease:									feet from N / S Line of Section
Well Number:			_	feet from E / W Line of Section					
Field:					_ Se	C	Twp S. R		
Number of Acres attributable to well:			– ls :	Section:	Regular or Irregular				
QTR/QTR/0	QTR/QTR	of acreag	e:						
								Section is ction corne	Irregular, locate well from nearest corner boundary. er used: NE NW SE SW
			atteries, pi		d electrica	l lines, as	required b		dary line. Show the predicted locations of tax Surface Owner Notice Act (House Bill 2032). ired.
1712 ft		:	<u> </u>	:		:	:	:	LEGEND
						:			O Well Location Tank Battery Location —— Pipeline Location —— Electric Line Location —— Lease Road Location
		:		1	4 	:	<u>:</u> :	: : : :	EXAMPLE
							· · · · · · · · · · · · · · · · · · ·		
									1980' FSL
		:	•			: : :	:	:	SEWARD CO. 3390' FEL

#### In plotting the proposed location of the well, you must show:

- 1. The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.
- 2. The distance of the proposed drilling location from the south / north and east / west outside section lines.

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

- 3. The distance to the nearest lease or unit boundary line (in footage).
- 4. If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat must be attached: (C0-7 for oil wells; CG-8 for gas wells).
- 5. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 064175

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  Workover Pit  Haul-Off Pit  (If WP Supply API No. or Year Drilled)	Pit is:  Proposed Existing  If Existing, date constructed:  Pit capacity:  (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?	Artificial Liner?	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		
Depth fro	om ground level to dee	epest point:	(feet) No Pit		
Distance to nearest water well within one-mile of	л рп.	Source of inform			
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:		Type of materia	ver and Haul-Off Pits ONLY:  I utilized in drilling/workover:  xing pits to be utilized:  procedure:		
Does the slope from the tank battery allow all s flow into the pit? Yes No	pilled fluids to	Drill pits must be closed within 365 days of spud date.			
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

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	athodic Protection Borehole Intent)				
OPERATOR: License #	Well Location:				
Name:	SecTwpS. R				
Address 1:	County:				
Address 2:	Lease Name: Well #:				
City:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:				
Contact Person:					
Phone: ( ) Fax: ( )					
Email Address:					
Surface Owner Information:					
Name:					
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: +					
are preliminary non-binding estimates. The locations may be entered on Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be located CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, an I have not provided this information to the surface owner(s). I acknowledge that I am being charged a \$30.00 handling the surface owner(s) is acknowledge that I am being charged a \$30.00 handling the surface owner(s).	batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  ct (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this ad email address.  cknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this				
form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1  Submitted Electronically					
I					

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:	GAMOT P	etro Leun	CONSUCTINE	Loc		County: 3/1/FF0/4
Lease:	KUTH John	uson Trust	3		359	feet from N / S Line of Section
Well Num	ber: # (				1712	feet from E / W Line of Section
Field: RATTLE SNAKE WEST				Sec		Twp. 24 S. R. 14 E W
	f Acres attributable			lo 6	Postion:	Regular or Irregular
		ge: 52 - NW	- NE - NI	N	Section:	Regular of Integular
					ection is Irre	egular, locate well from nearest corner boundary.
					ction corner u	Assessed Assessed Secured Secured
				PLAT		
	Show local	tion of the well. Show	footage to the near		unit boundary	y line. Show the predicted locations of
						Surface Owner Notice Act (House Bill 2032).
	, , , , , , , , , , , , , , , , , , , ,	,,,,	You may attach			
		358				
	: =	1 :	:	:		
		8			-	LEGEND
1712-				· · · · · · · · · · · · · · · · · · ·		O
	:	1 1				O Well Location
				1		Tank Battery Location
						Pipeline Location
	5 E				15	Lease Road Location
						Lease Road Location
	:					
				į		EXAMPLE
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		·		· [		
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						Q-7 1980' FSL
		! !	:	1		
		·	:		:	
		i h				SEWARD CO. 3390' FEI

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

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- 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.

# **Summary of Changes**

Lease Name and Number: Ruth Johnson Trust 1

API/Permit #: 15-185-23662-00-00

Doc ID: 1064175

Correction Number: 1

Approved By: Rick Hestermann 10/03/2011

Field Name	Previous Value	New Value
Contractor License Number	33935	33323
Contractor Name	H. D. Drilling, LLC	Petromark Drilling, LLC
Depth Of Water Well	60	63
ElevationPDF	1944 Estimated	1943 Estimated
Expected Spud Date	03/01/2011	10/10/2011
Feet to Nearest Water Well Within One-Mile of	936	55
Pit Ground Surface Elevation	1944	1943
KCC Only - Approved By	Rick Hestermann 01/14/2011	Rick Hestermann 10/03/2011
KCC Only - Approved Date	01/14/2011	10/03/2011
KCC Only - Date Received	01/14/2011	09/28/2011

# Summary of changes for correction 1 continued

Field Name	Previous Value	New Value	
KCC Only - Regular Section Quarter Calls	S2 NW NE NW	SE NW NE NW	
LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=14&t	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=14&t	
Number of Feet East or West From Section Line	1650	1712	
Number of Feet East or West From Section Line	1650	1712	
Number of Feet North or South From Section Line	340	358	
Number of Feet North or South From Section Line	340	358	
Quarter Call 4 - Smallest	S2	SE	
Quarter Call 4 - Smallest	S2	SE	
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=10 49357	//kcc/detail/operatorE ditDetail.cfm?docID=10 64175	

# **Summary of Attachments**

Lease Name and Number: Ruth Johnson Trust 1

API: 15-185-23662-00-00

Doc ID: 1064175

Correction Number: 1

Approved By: Rick Hestermann 10/03/2011

Attachment Name

Plat map for well location, etc