

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

Signature of Operator or Agent:

| For KCC Use:    |  |
|-----------------|--|
| Effective Date: |  |
| District #      |  |

Yes No

SGA?

#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1066657

Form C-1

March 2010

Form must be Typed

Form must be Signed

All blanks must be Filled

### NOTICE OF INTENT TO DRILL

| Expected Spud Date:                                                                    |                                                                |                             | Spot Description:                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                        | month day                                                      | year                        |                                                                                                                                                                                                                                                                 |
| OPERATOR: License#                                                                     |                                                                |                             | (Q/Q/Q/Q) feet from N / S Line of Sectio                                                                                                                                                                                                                        |
|                                                                                        |                                                                |                             | feet from E / W Line of Section                                                                                                                                                                                                                                 |
| Address 1:                                                                             |                                                                |                             | Is SECTION: Regular Irregular?                                                                                                                                                                                                                                  |
|                                                                                        |                                                                |                             | (Note: Locate well on the Section Plat on reverse side)                                                                                                                                                                                                         |
|                                                                                        | State: Zip                                                     |                             |                                                                                                                                                                                                                                                                 |
| Contact Person:                                                                        |                                                                |                             | Lease Name: Well #:                                                                                                                                                                                                                                             |
| Phone:                                                                                 |                                                                |                             | Field Name:                                                                                                                                                                                                                                                     |
| CONTRACTOR: License#                                                                   | <b>#</b>                                                       |                             |                                                                                                                                                                                                                                                                 |
| Name:                                                                                  |                                                                |                             | Target Formation(s):                                                                                                                                                                                                                                            |
|                                                                                        |                                                                |                             | Nearest Lease or unit boundary line (in footage):                                                                                                                                                                                                               |
| Well Drilled For:                                                                      | Well Class:                                                    | Type Equipment:             | Ground Surface Elevation:feet MSI                                                                                                                                                                                                                               |
| Oil Enh                                                                                | Rec Infield                                                    | Mud Rotary                  | Water well within one-quarter mile:                                                                                                                                                                                                                             |
| Gas Stora                                                                              | · =                                                            | Air Rotary                  | ·                                                                                                                                                                                                                                                               |
| Disp                                                                                   |                                                                | Cable                       |                                                                                                                                                                                                                                                                 |
| Seismic ;#                                                                             |                                                                |                             | Depth to bottom of fresh water:                                                                                                                                                                                                                                 |
| Other:                                                                                 |                                                                |                             | Depth to bottom of usable water:                                                                                                                                                                                                                                |
| If OWWO: old wel                                                                       | I information as follows:                                      |                             | Surface Pipe by Alternate: II III                                                                                                                                                                                                                               |
|                                                                                        |                                                                |                             | Length of Surface Pipe Planned to be set:                                                                                                                                                                                                                       |
| Operator:                                                                              |                                                                |                             | Length of Conductor Pipe (if any):                                                                                                                                                                                                                              |
|                                                                                        |                                                                |                             | Projected Total Depth:                                                                                                                                                                                                                                          |
| Original Completion D                                                                  | ate: Original                                                  | Total Depth:                |                                                                                                                                                                                                                                                                 |
| Directional Devicted or H                                                              | orizontal wellboro?                                            | Yes No                      | Water Source for Drilling Operations:                                                                                                                                                                                                                           |
| Directional, Deviated or He                                                            | onzontal wellbore?                                             |                             | Well Farm Pond Other:                                                                                                                                                                                                                                           |
| ·                                                                                      |                                                                |                             | DWR Permit #:                                                                                                                                                                                                                                                   |
|                                                                                        |                                                                |                             | - (Note: Apply for Permit with DWR )                                                                                                                                                                                                                            |
| ROO BRI #.                                                                             |                                                                |                             | vviii cores se takeri:                                                                                                                                                                                                                                          |
|                                                                                        |                                                                |                             | If Yes, proposed zone:                                                                                                                                                                                                                                          |
|                                                                                        |                                                                | AF                          | FIDAVIT                                                                                                                                                                                                                                                         |
| The undersigned hereby                                                                 | affirms that the drilling, co                                  | ompletion and eventual p    | lugging of this well will comply with K.S.A. 55 et. seq.                                                                                                                                                                                                        |
| It is agreed that the follow                                                           | wing minimum requirement                                       | ts will be met:             |                                                                                                                                                                                                                                                                 |
| · ·                                                                                    |                                                                |                             |                                                                                                                                                                                                                                                                 |
|                                                                                        | iate district office <i>prior</i> to struct of intent to drile |                             | ch drilling rig:                                                                                                                                                                                                                                                |
| .,                                                                                     |                                                                | •                           | t by circulating cement to the top; in all cases surface pipe <b>shall be set</b>                                                                                                                                                                               |
|                                                                                        | solidated materials plus a n                                   |                             | , , ,                                                                                                                                                                                                                                                           |
|                                                                                        |                                                                |                             | strict office on plug length and placement is necessary prior to plugging;                                                                                                                                                                                      |
|                                                                                        |                                                                | 1 0                         | 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                                                                                                                                                                                     |
| must be complete                                                                       | a within 30 days of the spu                                    | id date or the well shall b | ne plugged. In all cases, NOTIFY district office prior to any cementing.                                                                                                                                                                                        |
|                                                                                        |                                                                |                             |                                                                                                                                                                                                                                                                 |
| N I 200 - I <b>=</b> 1 0                                                               |                                                                |                             |                                                                                                                                                                                                                                                                 |
| submitted Electro                                                                      | nically                                                        |                             |                                                                                                                                                                                                                                                                 |
| E 1/00 II 01II/                                                                        |                                                                |                             | Remember to:                                                                                                                                                                                                                                                    |
| For KCC Use ONLY                                                                       |                                                                |                             | - File Certification of Compliance with the Kansas Surface Owner Notification                                                                                                                                                                                   |
| l .                                                                                    |                                                                |                             | Act (KSONA-1) with Intent to Drill;                                                                                                                                                                                                                             |
| API # 15                                                                               |                                                                | feet                        | - File Drill Pit Application (form CDP-1) with Intent to Drill;                                                                                                                                                                                                 |
|                                                                                        |                                                                |                             | File Committee Forms ACC 4 within 400 days of any date.                                                                                                                                                                                                         |
| Conductor pipe required                                                                |                                                                |                             | - File Completion Form ACO-1 within 120 days of spud date;                                                                                                                                                                                                      |
| Conductor pipe required Minimum surface pipe re                                        | quired                                                         | _ feet per ALTIII           | - File acreage attribution plat according to field proration orders;                                                                                                                                                                                            |
| Conductor pipe required Minimum surface pipe re                                        |                                                                | _ feet per ALTIII           | <ul> <li>File acreage attribution plat according to field proration orders;</li> <li>Notify appropriate district office 48 hours prior to workover or re-entry;</li> </ul>                                                                                      |
| Conductor pipe required Minimum surface pipe re Approved by: This authorization expire | quired                                                         | _ feet per ALT.             | <ul> <li>File acreage attribution plat according to field proration orders;</li> <li>Notify appropriate district office 48 hours prior to workover or re-entry;</li> <li>Submit plugging report (CP-4) after plugging is completed (within 60 days);</li> </ul> |
| Conductor pipe required Minimum surface pipe re Approved by: This authorization expire | quired                                                         | _ feet per ALT.             | <ul> <li>File acreage attribution plat according to field proration orders;</li> <li>Notify appropriate district office 48 hours prior to workover or re-entry;</li> </ul>                                                                                      |
| Conductor pipe required Minimum surface pipe re Approved by: This authorization expire | quired                                                         | _ feet per ALT.             | <ul> <li>File acreage attribution plat according to field proration orders;</li> <li>Notify appropriate district office 48 hours prior to workover or re-entry</li> <li>Submit plugging report (CP-4) after plugging is completed (within 60 c</li> </ul>       |

Side Two



| For KCC Use ONLY |  |
|------------------|--|
| API # 15         |  |

#### IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

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

| perator:            |             |                       |             |           |                  | _ LO        | cation of vv             | ell: Cour      | าty:       |                                |          |               |            |
|---------------------|-------------|-----------------------|-------------|-----------|------------------|-------------|--------------------------|----------------|------------|--------------------------------|----------|---------------|------------|
| ease:               |             |                       |             |           |                  | _           |                          |                | fe         | et from                        | N /      | S Line        | of Section |
| ell Number:         |             |                       |             |           |                  |             |                          |                | fe         | et from                        | E /      | W Line        | of Section |
| eld:                |             |                       |             |           |                  | Sec         | C                        | Twp            |            | S. R                           |          | _ E           | W          |
| umber of Acres attr |             |                       |             |           |                  | IS 3        | Section:                 | Regu           | ılar or    | Irregular                      |          |               |            |
|                     | -           |                       |             |           |                  | If S        | Section is laction corne |                |            | ell from near                  |          | ner boun<br>W | dary.      |
|                     |             |                       |             | _         |                  |             |                          | -              |            | oredicted loc<br>Notice Act (H |          |               |            |
|                     |             |                       |             | You m     | ay attach a      | a separate  | plat if desi<br>130      | red.<br>00 ft. |            |                                |          |               |            |
|                     |             | :                     | :           |           | :                |             |                          |                |            | LEGEN                          | 1D       |               |            |
|                     | :           | :<br>:<br>:<br>:<br>: | :           |           | :                | :<br>:<br>: |                          | - 339          | ft C       | Well Loo Tank Ba Pipeline      | ttery Lo |               |            |
|                     |             | :                     |             |           |                  |             |                          | 000            |            | Electric Lease R               |          |               |            |
|                     |             |                       | :           |           |                  |             |                          |                | EXAMPL     | E :                            | :        |               |            |
|                     | ·<br>:<br>: | ·<br>:<br>:<br>:      | 2           | <br>1<br> | ·<br>:<br>:<br>: |             |                          |                |            |                                |          |               |            |
|                     | ·           | •                     | ·<br>·<br>· |           | ·                |             |                          |                | ••••       |                                |          |               |            |
|                     | :           | :<br>:                | :           |           | :                | :           |                          |                |            | 9-7                            | :        |               | 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

066657

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                                                     | Pit is: Proposed  If Existing, date con Pit capacity:  Trea?  Yes | Existing nstructed: (bbls)                                                                                                                                                                                           | SecTwp R East WestFeet from North / South Line of Section Feet from East / West Line of Section County mg/l |  |  |  |  |
| Is the bottom below ground level?                                                                                                                                                                                                           | Artificial Liner?                                                 | No                                                                                                                                                                                                                   | (For Emergency Pits and Settling Pits only)  How is the pit lined if a plastic liner is not used?           |  |  |  |  |
| Pit dimensions (all but working pits):                                                                                                                                                                                                      | Length (fee                                                       |                                                                                                                                                                                                                      |                                                                                                             |  |  |  |  |
| If the pit is lined give a brief description of the li material, thickness and installation procedure.                                                                                                                                      | ner                                                               |                                                                                                                                                                                                                      | dures for periodic maintenance and determining acluding any special monitoring.                             |  |  |  |  |
| Distance to nearest water well within one-mile of                                                                                                                                                                                           | of pit:                                                           | Depth to shallo<br>Source of infor                                                                                                                                                                                   | west fresh water feet.<br>mation:                                                                           |  |  |  |  |
| feet Depth of water well                                                                                                                                                                                                                    | feet                                                              | measured                                                                                                                                                                                                             | well owner electric log KDWR                                                                                |  |  |  |  |
| Emergency, Settling and Burn Pits ONLY:  Producing Formation:  Number of producing wells on lease:  Barrels of fluid produced daily:  Does the slope from the tank battery allow all s flow into the pit?  Yes No  Submitted Electronically |                                                                   | Drilling, Workover and Haul-Off Pits ONLY:  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. |                                                                                                             |  |  |  |  |
|                                                                                                                                                                                                                                             |                                                                   |                                                                                                                                                                                                                      |                                                                                                             |  |  |  |  |
| KCC OFFICE USE ONLY Liner Steel Pit RFAC RFAS                                                                                                                                                                                               |                                                                   |                                                                                                                                                                                                                      |                                                                                                             |  |  |  |  |
| Date Received: Permit Num                                                                                                                                                                                                                   | ber:                                                              | Permi                                                                                                                                                                                                                | t Date: Lease Inspection: Yes No                                                                            |  |  |  |  |



#### Kansas Corporation Commission Oil & Gas Conservation Division

1066657

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

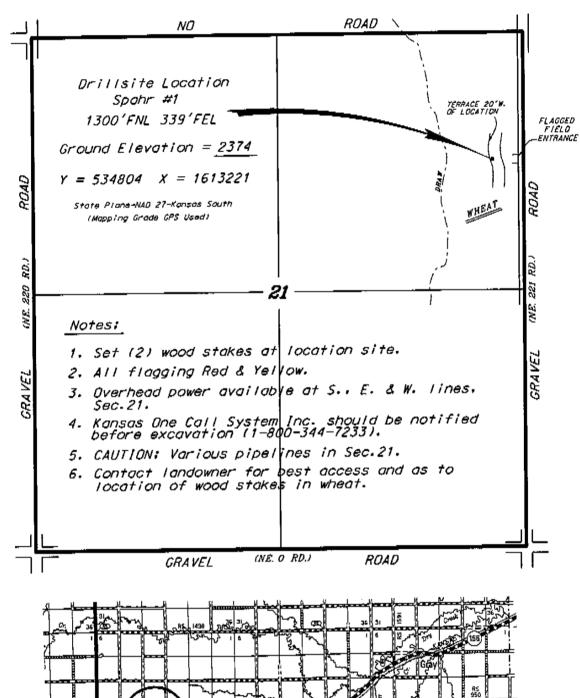
This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

| Select the corresponding form being filed: C-1 (Intent) CB-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| OPERATOR: License #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Well Location:                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | County:                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| Address 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Lease Name: Well #:                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |
| Address 2: State: Zip:+                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
| Contact Person:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | If filing a Form T-1 for multiple wells on a lease, enter the legal description on the lease below:                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |
| Phone: ( ) Fax: ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
| Email Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
| Surface Owner Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | When filing a Form T-1 involving multiple surface owners, attach an additional<br>sheet listing all of the information to the left for each surface owner. Surface<br>owner information can be found in the records of the register of deeds for the                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| Address 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
| Address 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | county, and in the real estate property tax records of the county treasurer.                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
| the KCC with a plat showing the predicted locations of lease roads, tan are preliminary non-binding estimates. The locations may be entered of Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be I CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface or | Act (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form CB-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.  acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this gree, 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-                                                                                                                                                                                                                                                                                                                                                                                                                                      | fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |
| Submitted Electronically                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
| [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |

shown on this t be legally ndowner: for access.

## BEREXCO, LLC SPAHR LEASE NE. 1/4, SECTION 21, T225, R23W HODGEMAN COUNTY. KANSAS



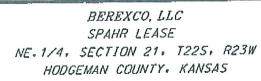
Controlling data is based upon the bast maps and photographs available to us and upon a regular section of land containing 640 acros.

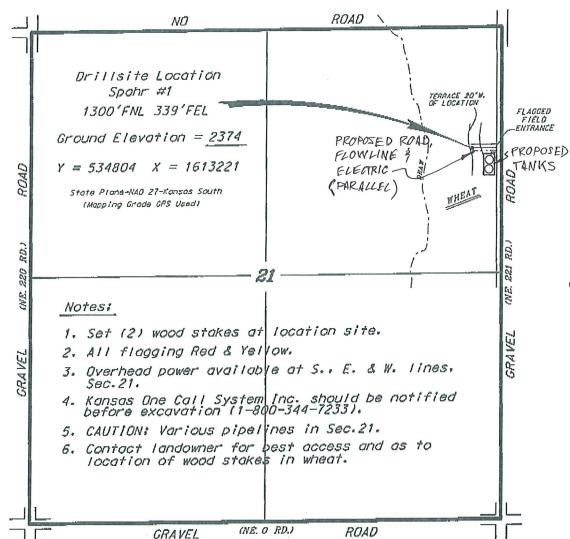
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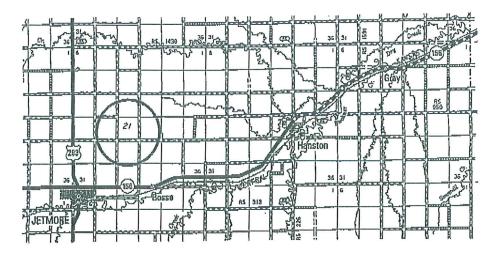
October 25. 2011

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

R5







e Controlling data is based upon the best rops and photographs available to us and uson a regular section of land containing 640 ocras.

October 25. 2011

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

section or long containing and occasiexperiments about the lines were determined using the normal standard of care of utilisid surveyors
propriating in the store of komman. The section corners, which exhibition the procless section (inch
propriating in the store of komman. The section is considered in the printing the section in the section is
were not flower person, and the event incoming this printing location in the section is
were not flower the propriation of the event of this service and undertained this plant and is often
propriate religing thereto do to an indication kenses difficult of services. Inc... I'm afficials deexployees the last from all locations of expenses and point entities released from any floatility
from Incidental or Consequential Geometric Vertical Datum.

Elevations derived from Matianal Geometric Vertical Datum.

# Exhibit A:Surface Owners at the Berexco LLC Spahr #1 Proposed drillsite:

Spahr #1:

Lloyd J. Rudzik

22652 NE 219 Road

Jetmore, KS 67854-0655

(620) 357-6109

Scott D. Rudzik 22652 NE 219 Road Jetmore, KS 67854-0655 (620) 357-6109

Dean A. Spahr
771 Highvue Road
Mt. Lebanon, PA 15228-2537
(412) 561-6393

Edward J. Spahr III 1742 Theodan Drive Pittsburgh, PA 15216-1106 (412) 531-1033