

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

Signature of Operator or Agent:

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

SGA?

# 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**

Expected Spud Date:	month	day	vear	Spot Description:	
	monur	uay	year	(0/0/0/0)	E 🔲 \
PERATOR: License#				feet from N / S Line o	
ame:				feet from E / W Line o	f Section
ddress 1:				Is SECTION: Regular Irregular?	
ddress 2:					
City:		•		County:	
Contact Person:				Lease Name: Well #:	
hone:				Field Name:	
CONTRACTOR: License#				Is this a Prorated / Spaced Field?	N
lame:				Target Formation(s):	
Well Drilled For:	Well Class:	Type	Equipment:	Nearest Lease or unit boundary line (in footage):	
				Ground Surface Elevation:	eet MS
Oil Enh F		=	Mud Rotary Air Rotary	Water well within one-quarter mile:	
Dispo			Air Rotary Cable	Public water supply well within one mile:	: 🔲 N
Seismic ;# c		🗀 '		Depth to bottom of fresh water:	
Other:				Depth to bottom of usable water:	
				Surface Pipe by Alternate: II II	
If OWWO: old well	information as follo	ows:		Length of Surface Pipe Planned to be set:	
Operator:				Length of Conductor Pipe (if any):	
Well Name:				Projected Total Depth:	
Original Completion Da	ate:	Original Total [	Depth:	Formation at Total Depth:	
				Water Source for Drilling Operations:	
Directional, Deviated or Ho	rizontal wellbore?		Yes No	Well Farm Pond Other:	
f Yes, true vertical depth: _				DWR Permit #:	
Bottom Hole Location:				(Note: Apply for Permit with DWR )	
				Will Cores be taken?	N
DIXI #				If Yes, proposed zone:	
			AF	If Yes, proposed zone:	
		illing, comple			
The undersigned hereby	affirms that the dr	-	tion and eventual p	FIDAVIT	
t is agreed that the follow	affirms that the dr	uirements will	tion and eventual p	FIDAVIT	
The undersigned hereby	affirms that the dr ring minimum requate district office p	uirements will <b>prior</b> to spudd	tion and eventual p be met: ling of well;	FIDAVIT lugging of this well will comply with K.S.A. 55 et. seq.	
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Side Two



\_\_ feet from

feet from

N / S Line of Section

E / W Line of Section

For KCC Use ONLY	
API # 15	

Well Number:

Operator: \_\_

Lease: \_\_\_

### 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.

Location of Well: County: \_\_\_

Field:  Number of Acres attributable to well:  QTR/QTR/QTR of acreage:				_ Se	Sec Twp S. R						W			
				- Is :	Is Section: Regular or Irregular									
									Irregular, er used:		NW		r <b>ner boun</b> SW	dary.
	0		<b>.</b>	<b>"</b> 0'			PLAT			0, 4				
				ell. Show i pelines and	d electrica	l lines, as		y the Kans	sas Surfac					
		:	: : :	:		:	: :	:			LEGI	END		
		·	:	:		·	:			0	Well L	ocation Battery L	ocation	
		·				:	·	:			Electr	ne Locati ric Line Lo Road Lo	ocation	
		:	:	:		:	:	:				, Road Et		
		<u>:</u> :	<u>:</u> :	2	7	: : : :	<u>:</u> :	: : : :		EXAMPL :	E			
		: :		: 		:	· · · · · · · · · · · · · · · · · · ·	:						
		: :	: :			: 	: :	: 		:	<b>₽</b>	•••••		1980' FSL
200 (		:											,	
330 ft.	<del>                                     </del>	:	:	:		:	:	:		: :		:	:	

#### 430 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.

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

1074265

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 Existing  If Existing, date constructed:  Pit capacity:  (bbls)		SecTwpR East WestFeet from North / South Line of SectionFeet from East / West Line of SectionCounty  Chloride concentration: mg/l(For Emergency Pits and Settling Pits only)				
Is the bottom below ground level?	Artificial Liner?  Yes  N	No	How is the pit lined if a plastic liner is not used?				
	Length (fee		Width (feet) N/A: Steel Pits No Pit				
If the pit is lined give a brief description of the li material, thickness and installation procedure.	ilei		dures for periodic maintenance and determining any special monitoring.				
Distance to nearest water well within one-mile of	of pit:	Depth to shallo Source of infor	west fresh water feet. mation:				
feet Depth of water well	feet	measured	well owner electric log KDWR				
Emergency, Settling and Burn Pits ONLY:		Drilling, Workover and Haul-Off Pits ONLY:					
Producing Formation:		Type of material utilized in drilling/workover:					
Number of producing wells on lease:		Number of working pits to be utilized:					
Barrels of fluid produced daily:		Abandonment 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 ONLY  Liner Steel Pit RFAC RFAS							
Date Received: Permit Num	ber:	Permi	it Date: Lease Inspection: Yes No				



## Kansas Corporation Commission Oil & Gas Conservation Division

1074265

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

# CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

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

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

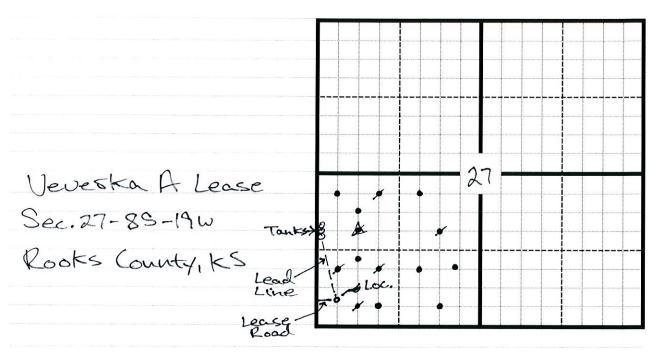
Select the corresponding form being filed: C-1 (Intent) CB-1 (CB-1)	Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)								
OPERATOR: License #	Well Location:								
Name:	SecTwpS. R 🗌 East 🗌 West								
Address 1:	County:								
Address 2:	Lease Name: Well #:								
City:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of								
Contact Person:	the lease below:								
Phone: ( ) Fax: ( )									
Email Address:									
Surface Owner Information:									
Name:	When filing a Form T-1 involving multiple surface owners, attach an additional								
Address 1:	sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the								
Address 2:	county, and in the real estate property tax records of the county treasurer.								
City: State: Zip:+									
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and a batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.								
☐ I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be to CP-1 that I am filing in connection with this form; 2) if the form to form; and 3) my operator name, address, phone number, fax, at ☐ I have not provided this information to the surface owner(s). I at KCC will be required to send this information to the surface owner(s).	cknowledge that, because I have not provided this information, the vner(s). To mitigate the additional cost of the KCC performing this								
task, I acknowledge that I am being charged a \$30.00 handling  If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	fee with this form. If the fee is not received with this form, the KSONA-1								
Submitted Electronically									



## **Christina Brown**

Geologist

Date: Section: 27 Township: 85 Range: 19W



Location: Veverka A#4 Loc. 430'FSL & 330'FWL Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



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

Sam Brownback, Governor

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

February 21, 2012

Rod Tremblay Tengasco, Inc. 1327 NOOSE RD PO BOX 458 HAYS, KS 67601-9744

Re: Drilling Pit Application Veverka A 4 SW/4 Sec.27-08S-19W Rooks County, Kansas

## Dear Rod Tremblay:

District staff has inspected the above referenced location and has determined that the reserve pit shall be constructed **without slots**, the bottom shall be flat and reasonably level, and the free fluids must be removed. The fluids are to be removed from the reserve pit as soon as practical after drilling operations have ceased.

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 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.