



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

KANSAS CORPORATION COMMISSION 1076891
 OIL & GAS CONSERVATION DIVISION

Form C-1
 March 2010

Form must be Typed
 Form must be Signed
 All blanks must be Filled

NOTICE OF INTENT TO DRILL

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

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

Expected Spud Date: _____
month day year

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

CONTRACTOR: License# _____
 Name: _____

Well Drilled For:	Well Class:	Type Equipment:
<input type="checkbox"/> Oil	<input type="checkbox"/> Enh Rec	<input type="checkbox"/> Infield
<input type="checkbox"/> Gas	<input type="checkbox"/> Storage	<input type="checkbox"/> Pool Ext.
	<input type="checkbox"/> Disposal	<input type="checkbox"/> Wildcat
<input type="checkbox"/> Seismic ; _____ # of Holes	<input type="checkbox"/> Other	<input type="checkbox"/> Mud Rotary
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Air Rotary
		<input type="checkbox"/> Cable
<input type="checkbox"/> If OWWO: old well information as follows:		

Operator: _____
 Well Name: _____
 Original Completion Date: _____ Original Total Depth: _____

Directional, Deviated or Horizontal wellbore? Yes No
 If Yes, true vertical depth: _____
 Bottom Hole Location: _____
 KCC DKT #: _____

Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ E W
(Q/Q/Q/Q)
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 Is SECTION: Regular Irregular?

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

County: _____
 Lease Name: _____ Well #: _____
 Field Name: _____
 Is this a Prorated / Spaced Field? Yes No
 Target Formation(s): _____
 Nearest Lease or unit boundary line (in footage): _____
 Ground Surface Elevation: _____ feet MSL
 Water well within one-quarter mile: Yes No
 Public water supply well within one mile: Yes No
 Depth to bottom of fresh water: _____
 Depth to bottom of usable water: _____
 Surface Pipe by Alternate: I II
 Length of Surface Pipe Planned to be set: _____
 Length of Conductor Pipe (if any): _____
 Projected Total Depth: _____
 Formation at Total Depth: _____
 Water Source for Drilling Operations:
 Well Farm Pond Other: _____
 DWR Permit #: _____
(Note: Apply for Permit with DWR)
 Will Cores be taken? Yes No
 If Yes, proposed zone: _____

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq.

It is agreed that the following minimum requirements will be met:

1. Notify the appropriate district office **prior** to spudding of well;
2. A copy of the approved notice of intent to drill **shall be** posted on each drilling rig;
3. The minimum amount of surface pipe as specified below **shall be set** by circulating cement to the top; in all cases surface pipe **shall be set** through all unconsolidated materials plus a minimum of 20 feet into the underlying formation.
4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary **prior to plugging**;
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within **120 DAYS** of spud date. Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. **In all cases, NOTIFY district office** prior to any cementing.

Submitted Electronically

<p>For KCC Use ONLY</p> <p>API # 15 - _____</p> <p>Conductor pipe required _____ feet</p> <p>Minimum surface pipe required _____ feet per ALT. <input type="checkbox"/> I <input type="checkbox"/> II</p> <p>Approved by: _____</p> <p>This authorization expires: _____ <small>(This authorization void if drilling not started within 12 months of approval date.)</small></p> <p>Spud date: _____ Agent: _____</p>
--

Remember to:

- File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill;
- File Drill Pit Application (form CDP-1) with Intent to Drill;
- File Completion Form ACO-1 within 120 days of spud date;
- File acreage attribution plat according to field proration orders;
- Notify appropriate district office 48 hours prior to workover or re-entry;
- Submit plugging report (CP-4) after plugging is completed (within 60 days);
- Obtain written approval before disposing or injecting salt water.
- If well will not be drilled or permit has expired (See: authorized expiration date) please check the box below and return to the address below.

Well will not be drilled or Permit Expired Date: _____
 Signature of Operator or Agent: _____

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

E
 W



1076891

For KCC Use ONLY

API # 15 - _____

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

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

Operator: _____

Lease: _____

Well Number: _____

Field: _____

Number of Acres attributable to well: _____

QTR/QTR/QTR/QTR of acreage: _____ - _____ - _____ - _____

Location of Well: County: _____

_____ feet from N / S Line of Section

_____ feet from E / W Line of Section

Sec. _____ Twp. _____ S. R. _____ E W

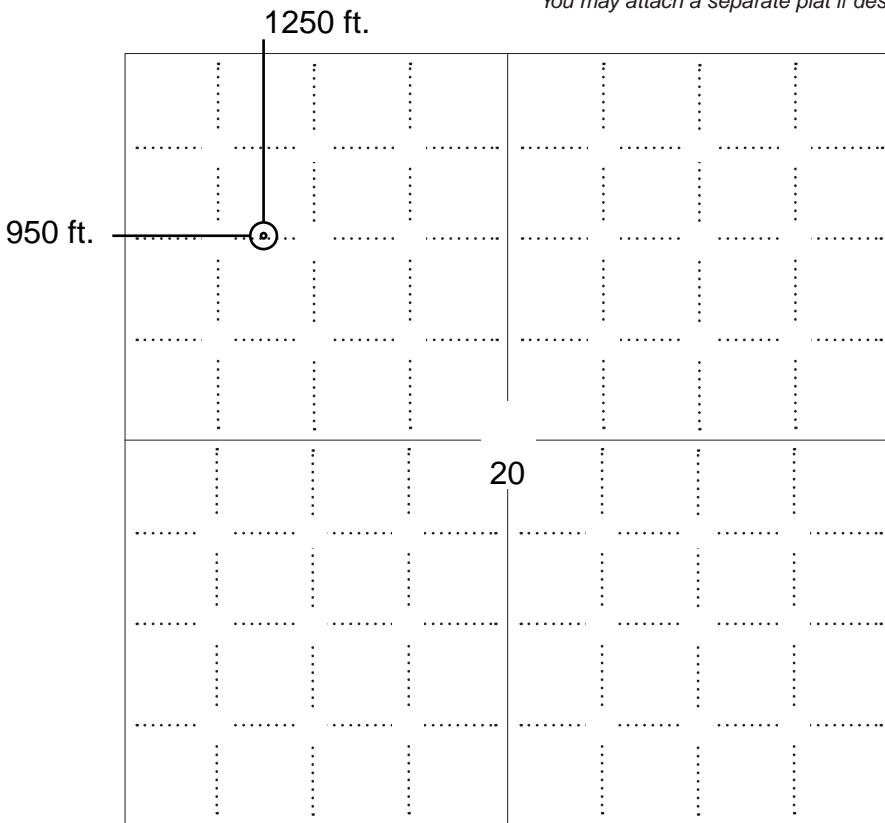
Is Section: Regular or Irregular

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

Section corner used: NE NW SE SW

PLAT

Show location of the well. Show footage to the nearest lease or unit boundary line. Show the predicted locations of lease roads, tank batteries, pipelines and electrical lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032). You may attach a separate plat if desired.



LEGEND

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



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

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

- 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.
- The distance of the proposed drilling location from the south / north and east / west outside section lines.
- The distance to the nearest lease or unit boundary line (in footage).
- 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).
- The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.



KANSAS CORPORATION COMMISSION 1076891
OIL & GAS CONSERVATION DIVISION

Form CDP-1
May 2010
Form must be Typed

APPLICATION FOR SURFACE PIT

Submit in Duplicate

Operator Name:		License Number:	
Operator Address:			
Contact Person:		Phone Number:	
Lease Name & Well No.:		Pit Location (QQQQ): ____ - ____ - ____ - ____	
Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit <i>(If WP Supply API No. or Year Drilled)</i>		Pit is: <input type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: _____ (bbls)	
Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		Chloride concentration: _____ mg/l <i>(For Emergency Pits and Settling Pits only)</i>	
Is the bottom below ground level? <input type="checkbox"/> Yes <input type="checkbox"/> No		Artificial Liner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How is the pit lined if a plastic liner is not used?			
Pit dimensions (all but working pits): _____ Length (feet) _____ Width (feet) <input type="checkbox"/> N/A: Steel Pits Depth from ground level to deepest point: _____ (feet) <input type="checkbox"/> No Pit			
If the pit is lined give a brief description of the liner material, thickness and installation procedure.		Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring.	
Distance to nearest water well within one-mile of pit: _____ feet Depth of water well _____ feet		Depth to shallowest fresh water _____ feet. Source of information: <input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input type="checkbox"/> KDWR	
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 spilled fluids to flow into the pit? <input type="checkbox"/> Yes <input type="checkbox"/> No		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.	
<p>Submitted Electronically</p>			

KCC OFFICE USE ONLY

Liner Steel Pit RFAC RFAS

Date Received: _____ Permit Number: _____ Permit Date: _____ Lease Inspection: Yes No



CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____

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

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

Surface Owner Information:

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

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

Select one of the following:

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

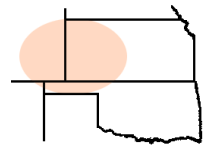
If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I Submitted Electronically



Pro-Stake LLC
Oil Field & Construction Site Staking

P.O. Box 2324
Garden City, Kansas 67846
Office/Fax: (620) 276-6159
Cell: (620) 272-1499



b041112g
PLAT NO.

9973
INVOICE NO.

Herman L. Loeb, LLC

OPERATOR

Kiowa Co, Ks

COUNTY

20

Sec.

30s

Twp.

17w

Rng.

Canton 'C' #3

LEASE NAME

Main loc. = 1300'FNL-1135'FWL = 2036.6' gr. elev.

Alt. #1 = 1250'FNL-950'FWL = 2025.2' gr. elev.

Alt. #2 = 1250'FNL-1150'FWL = 2029.1' gr. elev.

LOCATION SPOT

SCALE: **1" = 1000'**

DATE STAKED: **April 10th, 2012**

MEASURED BY: **Ben R.**

DRAWN BY: **Luke R**

AUTHORIZED BY: **Jesse M., Shane, & dirt cont.**

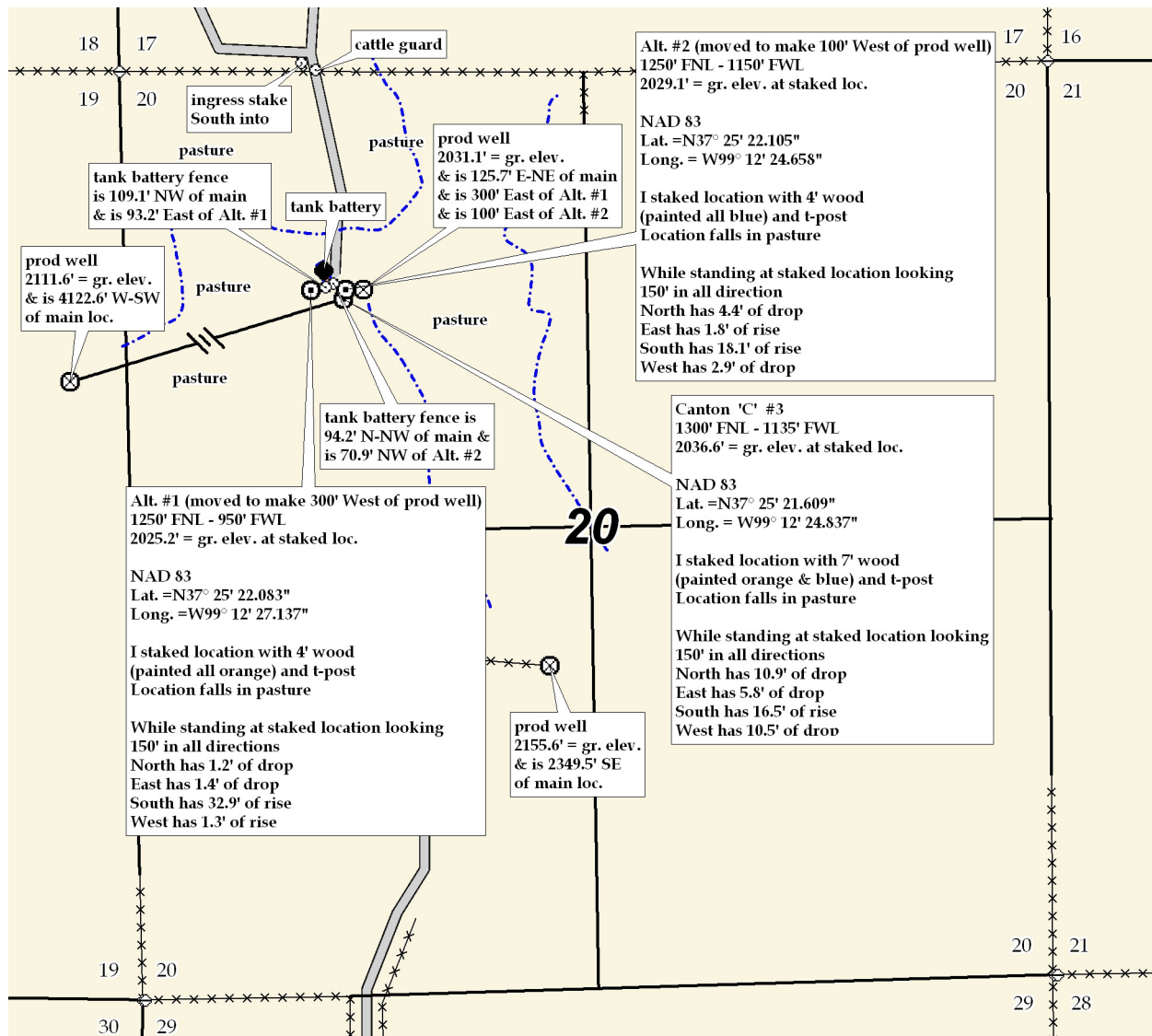


Directions: From approx. 0.5 mile North of Coldwater Ks at the intersection of Hwy 160 & Hwy 183 – Now go 7.1 mile North on Hwy 183 – Now go 5.2 miles East on County line Rd – Now go 2 miles North on 37th Ave to ingress stake North into – Now go 1.4 mile North on lease rd to ingress stake East into – Now go 1.2 mile East on lease rd to ingress stake South into – Now go 0.2 mile South on lease rd to tank battery – Now go 109' SE through pasture into main staked location.

Final ingress must be verified with land owner or Operator.

This drawing does not constitute a monumented survey or a land survey plat.

This drawing is for construction purposes only.



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: HERMAN L. LOEB, LLC
 Lease: Canton 'C'
 Well Number: 3-20
 Field: Glick
 Number of Acres attributable to well: 640
 QTR/QTR/QTR/QTR of acreage: SW - SE - NW - NW

Location of Well: County: Kiowa
 1250 feet from N / S Line of Section
 950 feet from E / W Line of Section
 Sec. 20 Twp. 30 S. R. 17 E W

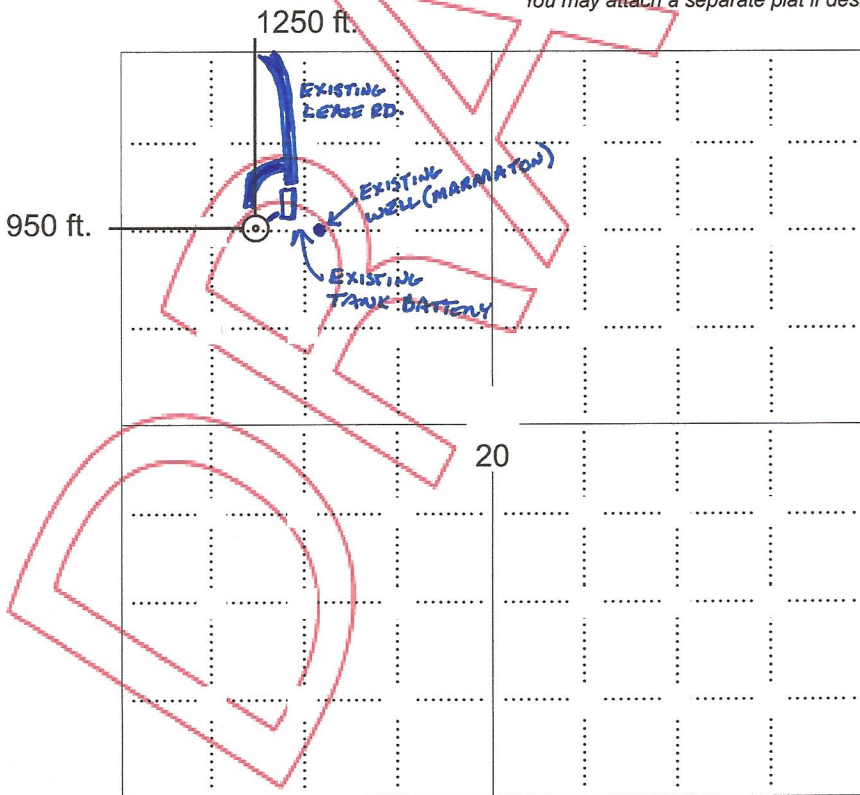
Is Section: Regular or Irregular

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

Section corner used: NE NW SE SW

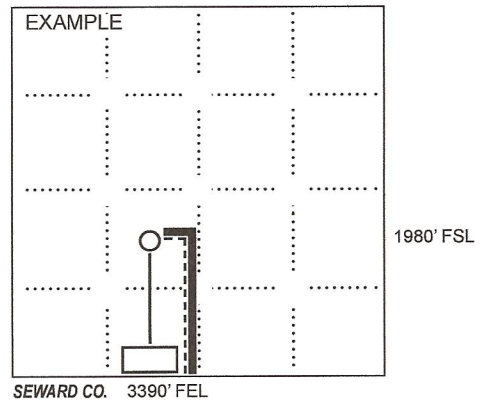
PLAT

Show location of the well. Show footage to the nearest lease or unit boundary line. Show the predicted locations of lease roads, tank batteries, pipelines and electrical lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032). You may attach a separate plat if desired.



LEGEND

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



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

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.



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1071158

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	HERMAN L. LOEB, LLC
Well Name	CANTON C 1
Doc ID	1071158

Tops

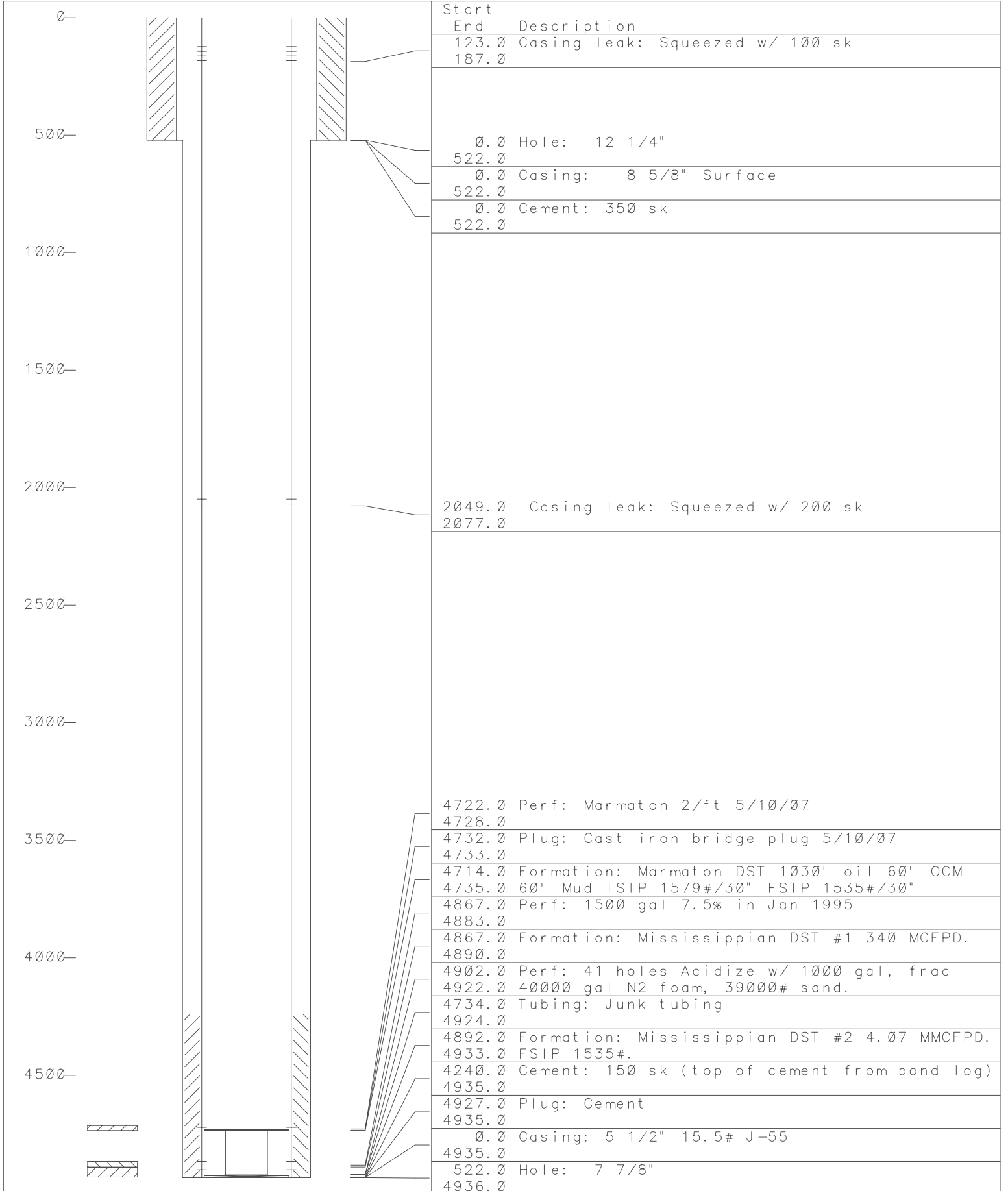
Name	Top	Datum
Heebner	4059	-2023
Brown LS	4224	-2188
Lansing	4242	-2206
Hertha	4563	-2527
BKC	4601	-2565
Marmaton	4710	-2674
Cher SH	4751	-2715
Miss	4855	-2819

Lease: Canton C
Well #: 1

Permit: 1509720038 API
Location: 20-30S-17W C NW
County: Kiowa
State: Kansas
Field: Glick
Operator: Herman Loeb

Diagram: 03/07/2007
Elev KB: 2036
TD: 4936

Comp Date: 04/08/1968
Elev GL: 0
PBD: 4927



COMPANY: HERMAN L. LOEB
WELL: CANTON "C" 120 SEC.20-30-17 KIOWA CO.,KS
DATE: 5/16/2007
WATER LEVEL @: NONE OIL/COND. LEVEL @ 1322'
TEMP @: 117
TBG PRESSURE @: 471.6

DEPTH	PRESSURE	GRADIENT
0	471.6	
1000	486.5	0.015
2000	715.9	0.229
3000	1054.3	0.338
4000	1396.4	0.342
4500	1569.3	0.346
4600	1603.9	0.346
4700	1638.6	0.347
4725	1647.3	0.348

LANE WELLS

A DIVISION OF DRESSER INDUSTRIES, INC.

*Gamma Ray Neutron
Scanned Log*

FILE NO. 103

COMPANY PETROLEUM, INCORPORATED

WELL CANTON C-1 Property of Kansas Geological Society

FIELD KANE SOUTH 540 Petroleum Bldg., Wichita, Kansas

COUNTY KIOWA STATE KANSAS

LOCATION: C NW Other Services

SEC 20 TWP 30S RGE 17W

Permanent Datum GROUND LEVEL Elev. 2029 K8 2036

Log Measured from KELLY BUSHING 7 Ft. Above Permanent Datum DF 2034

Drilling Measured from KELLY BUSHING G1 2029

Date 10-22-67 55989

Run No. ONE 611B

Depth—Driller 4933

Depth—Logger 4935

Bottom Logged Interval 4934

Top Logged Interval SURF

Casing—Driller 8 5/8 @ 522

Casing—Logger RECORDED

Bit Size 7 7/8" OCT 30 1967

Type Fluid in Hole STARCH BASE

Density and Viscosity SALT GEL PETROLEUM, INC.

pH and Fluid Loss 10.1 44 Geological Dept.

Source of Sample 6.4 10.4 cc cc

Rm @ Meas. Temp. 1.12 @ 72°F @ °F

Rm @ Meas. Temp. 1.10 @ 72°F @ °F

Rmc @ Meas. Temp. 1.15 @ 72°F @ °F

Source of Rmf and Rmc CAIC CAIC @ °F

Rm @ BHT .08 @ 110°F @ °F

Time Since Circ. 2 HRS.

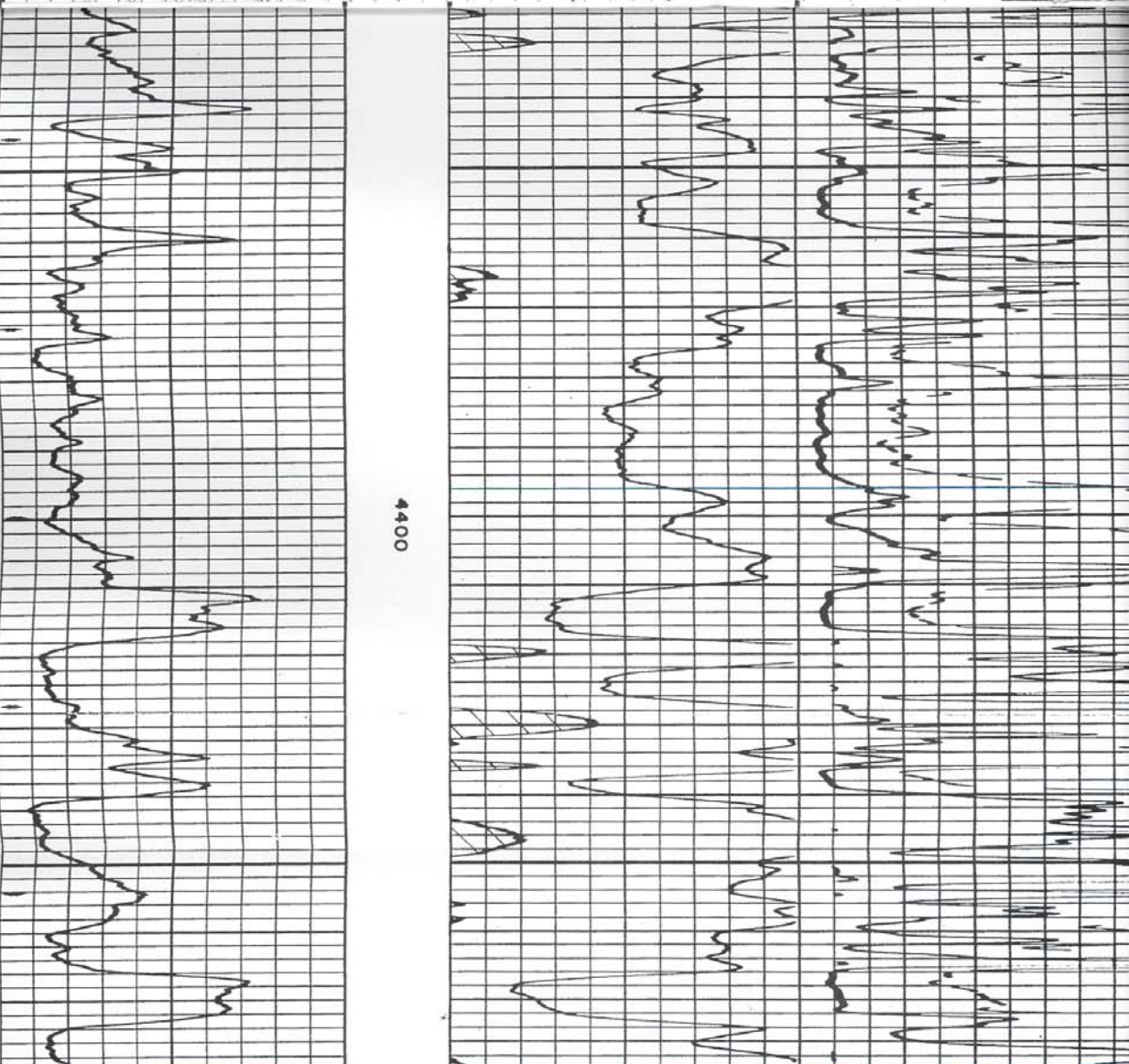
Max. Rec. Temp. Deg. F. 110 °F

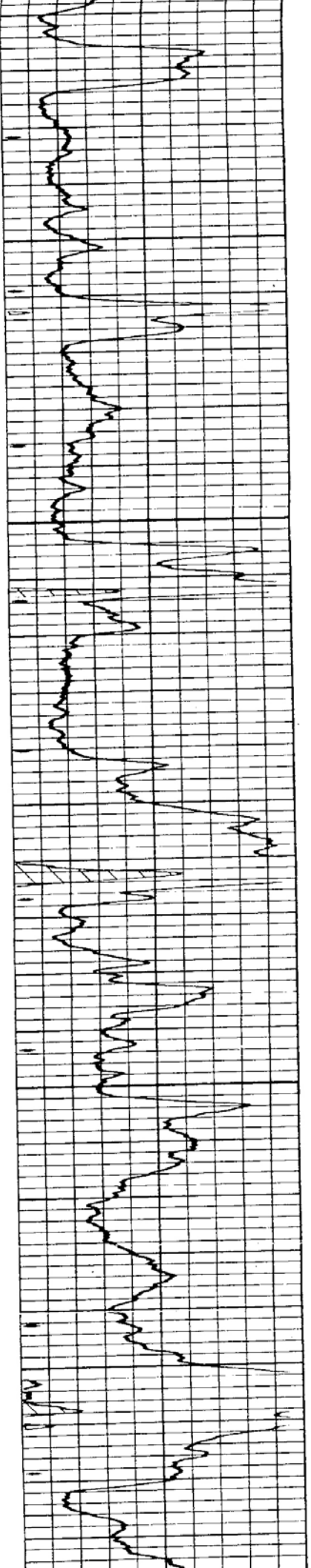
Equip. No. and Location L1-1001 GB °F

Recorded By WEBER

Witnessed By MR. DOMBAUGH

KCS LIBRARY

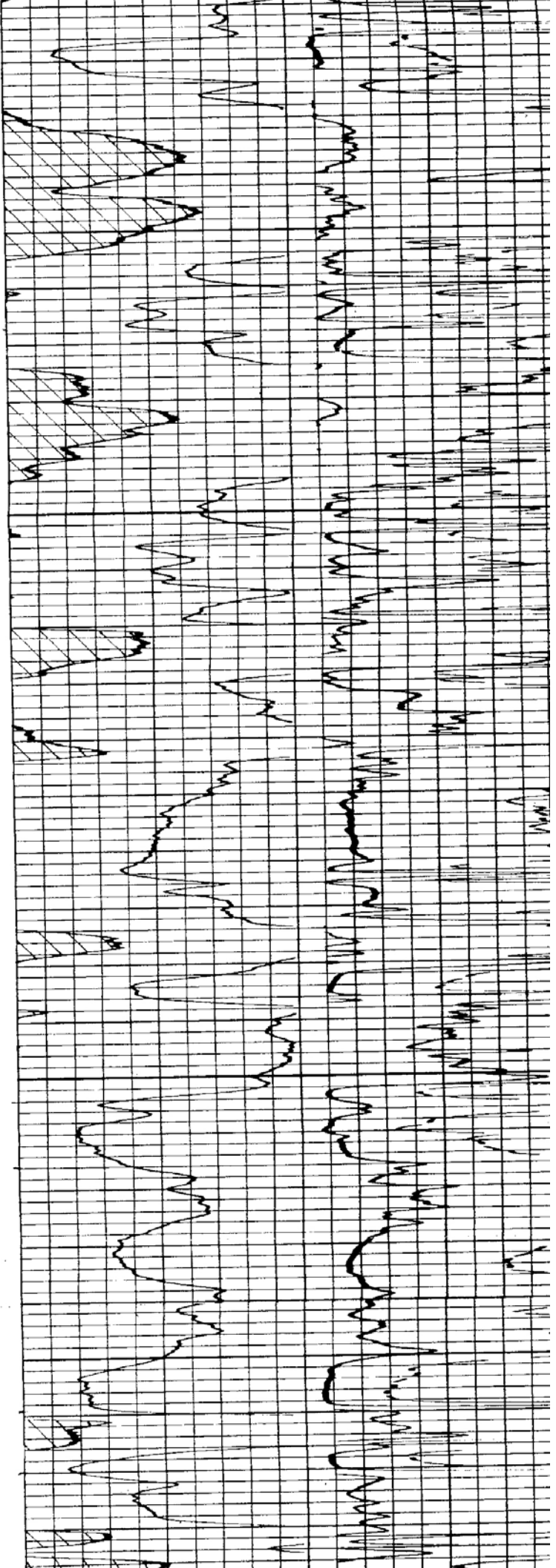


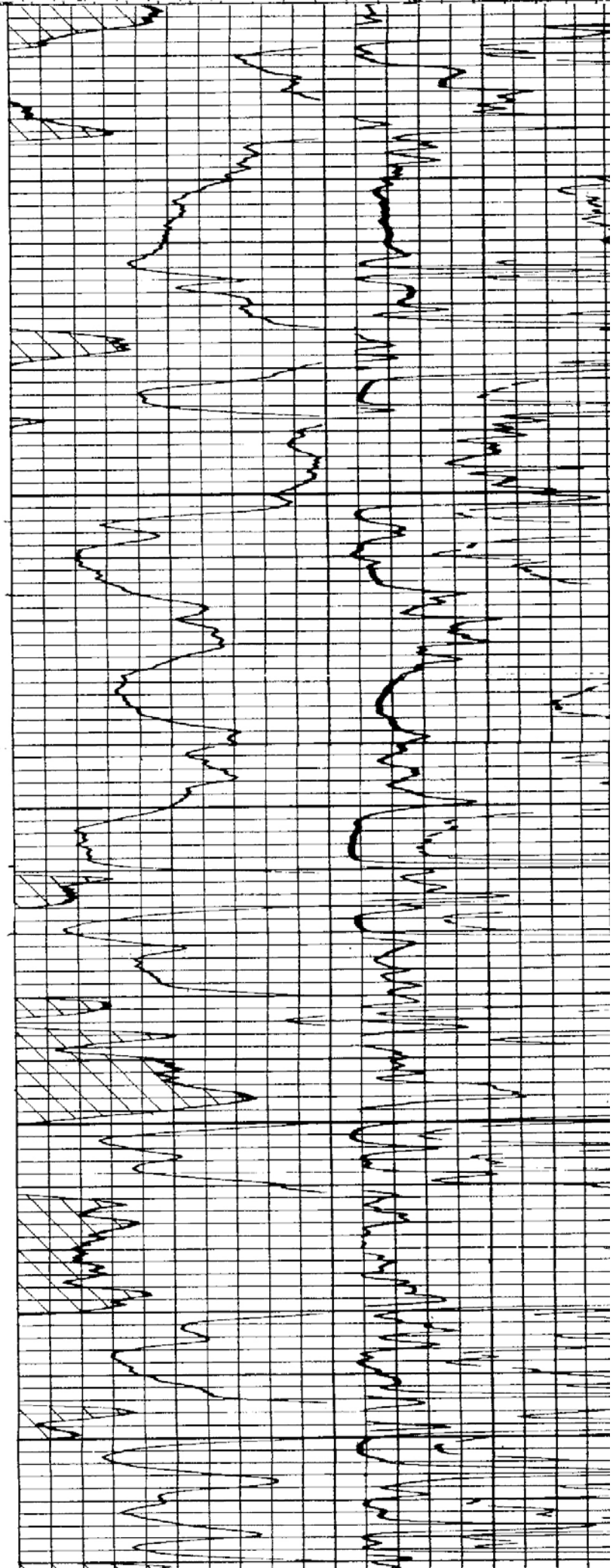


4500

4600

4700

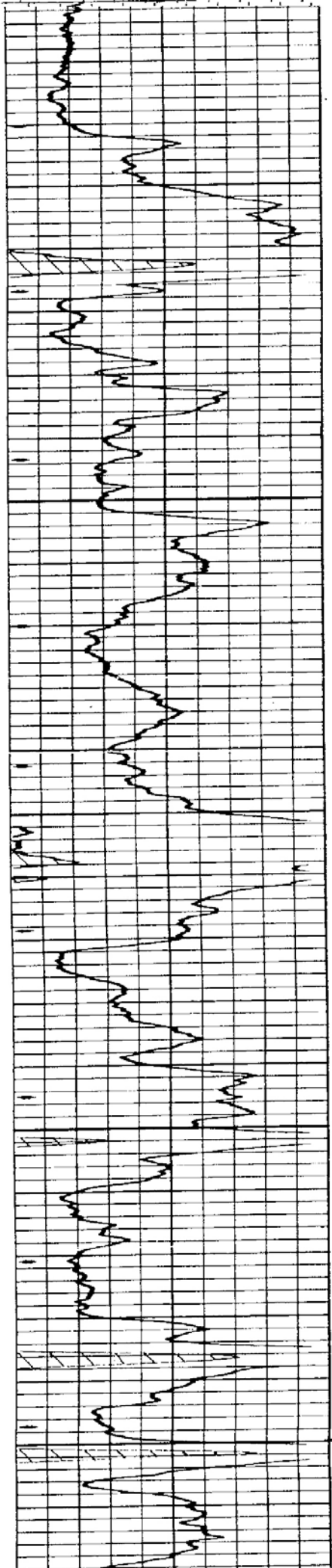




4600

4700

4800



PI/Dwights PLUS Online Well Scout Ticket

1 CANTON-C

State: KANSAS
 County: KIOWA
 Operator: PETROLEUM INC
 API: 15097200380000 IC:
 Initial Class: D
 Target Objective:
 Final Well Class: DG
 Status: GAS
 Field: GLICK
 Permit: on SEP 29, 1967
 First Report Date: APR 15, 1968
 Projected TD: Formation: UNKNOWN
 Hole Direction: VERTICAL
 IP Summary: Oil Gas Water Top Form
 22250 MCFD MISSISSIPPIAN

Location

Section, Twp., Range: 20 30 S 17 W
 Spot Code: C NW
 Footage NS EW Origin:
 Surface remark:
 Principal Meridian: 6TH PRINCIPAL MRD
 Lat/Long: 37.4221900 / -99.2062900 TB
 PBHL Footage NS EW Origin:
 PBHL Section:
 PHBL remark:
 PHBL: From Surface: TVD:
 ABHL Footage NS EW Origin:
 ABHL Section:
 ABHL remark:
 ABHL: From Surface: TVD:

Dates and Depths

Spud: OCT 09, 1967 Spud Date Code:
 TD: 4936 on
 LTD: 4935
 TVD:
 PlugBack Depth: 4927
 Completed: APR 08, 1968
 Formation @ TD: 359MSSP Name: MISSISSIPPIAN
 Ref. Elevation: 2036 KB
 KB. Elevation: 2036
 Ground Elevation:
 Contractor: GARVEY DRILLING
 Rig Release Date: Rig #

IP # 001

Top Formation: MISSISSIPPIAN
 Base Formation: MISSISSIPPIAN
 Oil: Condst:
 Gas: 22250 MCFD Water:
 Interval: 4902 - 4922 Method: FLOWING
 Duration of Test: Hours Choke:
 Oil: Gravity: GOR:
 Prod Method: PERF

PI/Dwights PLUS Online Well Scout Ticket

Pressures: FTP: SITP:
FCP: SICP:
CAOF:
Perforations: Interval Cnt Type Shots/Ft Top Formation
4902 - 4922 359MSSP MISSISSIPPIAN

PD # 001

Top Formation: MISSISSIPPIAN
Base Formation: MISSISSIPPIAN
Oil: Condst:
Gas: 5700 MCFD Water:
Interval: 4902 - 4922 Method: FLOWING
Duration of Test: Hours Choke: 64/64
Oil: Gravity: GOR:
Prod Method: PERF
Pressures: FTP: SITP:
FCP: 130 SICP:
Perforations: 359MSSP MISSISSIPPIAN
Perf Interval: 4902 - 4922 Shots/Ft:
Remarks on PT Test # 001 PERF 41/4902-4922 F WITH MIST FRESH WTR & CONDENSATE

PD # 002

Top Formation: MISSISSIPPIAN
Base Formation: MISSISSIPPIAN
Oil: Condst:
Gas: 2740 MCFD Water:
Interval: 4902 - 4922 Method: FLOWING
Duration of Test: Hours Choke:
Oil: Gravity: GOR:
Prod Method: PERF
Pressures: FTP: SITP:
FCP: 120 SICP:
Perforations: 359MSSP MISSISSIPPIAN
Perf Interval: 4902 - 4922 Shots/Ft:

PD # 003

Top Formation: MISSISSIPPIAN
Base Formation: MISSISSIPPIAN
Oil: Condst:
Gas: 8060 MCFD Water:
Interval: 4902 - 4922 Method: FLOWING
Duration of Test: Hours Choke:
Oil: Gravity: GOR:
Prod Method: PERF
Pressures: FTP: SITP:
FCP: 400 SICP:
Perforations: 359MSSP MISSISSIPPIAN
Perf Interval: 4902 - 4922 Shots/Ft:

Treatments: 100 Interval: 4902 - 4922
Fluid: 1000 GAL ACID Type: A
Additive:
Prop Agent:
Formation Break Down Pressure:
Average Injection Rate:1.1
Stages: Remarks:

PD # 004

PI/Dwights PLUS Online Well Scout Ticket

Top Formation: MISSISSIPPIAN
 Base Formation: MISSISSIPPIAN
 Oil: Condst: 8 BPH
 Gas: 11800 MCFD Water:
 Interval: 4902 - 4922 Method: FLOWING
 Duration of Test: Hours Choke:
 Oil: Gravity: GOR:
 Prod Method: PERF
 Pressures: FTP: SITP:
 FCP: 925 SICP: 1600
 Perforations: 359MSSP MISSISSIPPIAN
 Perf Interval: 4902 - 4922 Shots/Ft:

Treatments: 101 Interval: 4902 - 4922
 Fluid: 40000 GAL FRAC Type: A
 Additive: NTGN
 Prop Agent: SAND 39000 LB
 Formation Break Down Pressure:
 Average Injection Rate: 40
 Stages: Remarks: 484000 SCF NITROGEN

DST # 001

Show: S Formation: MISSISSIPPIAN
 Interval: 4867 - 4890 BHT
 Choke: Top: Bottom:
 Mat'ls to Surface: GAS 10 340 MCFD
 Pressures and Times:

Hydro		Init Flow		Final Flow		Shut-in		Open Time		Shut-in Time	
Init	Final	Init	Final	Init	Final	Init	Final	Init	Final	Init	Final
				91	57	1436	1370	30	30	30	30

DST # 002

Show: S Formation: MISSISSIPPIAN
 Interval: 4892 - 4933 BHT
 Choke: Top: Bottom:
 Recovery: 1 10 FT O Rec Method: PIPE
 Recovery: 2 5 FT M Rec Method: PIPE
 Mat'ls to Surface: GAS 20 4070 MCFD
 Pressures and Times:

Hydro		Init Flow		Final Flow		Shut-in		Open Time		Shut-in Time	
Init	Final	Init	Final	Init	Final	Init	Final	Init	Final	Init	Final
				765	976	1535	1535	30	30	30	30

Casing, Liner, Tubing

Casing 8 IN @ 522 w/ 350 sx
 Casing 5 1/2 IN @ 4935 w/ 150 sx

Drilling Journal

Wellsite Geologist 1 RAY DOMBAUGH

Formations and Logs

Log # 1 EL @ 0 - 4935
 Top Formation Measured Top Base Base Source Lith- Age

PI/Dwights PLUS Online Well Scout Ticket

Formations and Logs

	Depth	TVD	Depth	TVD	ology	code
HEEBNER	4062				LOG	406
BIG LIME	4224				LOG	404
LANSING	4242				LOG	405
HERTHA	4563				LOG	405
MARMATON	4710				LOG	404
MISSISSIPPIAN	4855				LOG	359

Dwights Energydata Narrative

Accumulated through 1997

IP: (Mississippian 4902-4922) F 11800 MCFGPD
 Perfs: 4902-4922 (Mississippian)
 Perfs: W/41 HOLES TOTAL, FLO THRU 1 INCH CK, CP 130#, VENT 5700 MCFGPD, MIST
 Perfs: OF WTR & COND, VENT 2740 MCFGPD, CP 120#, AC 1000 GAL & 24 B FLUSH,
 Perfs: SWB & FLO VENT 8060 MCFGPD, CP 400#, FRAC 40,000 GAL GEL AC & 39,000#
 Perfs: SD & 484 MCFG NITRO, VENT 11,800 MCFGPD & 8 BFPH THRU TBG W/MODEL D
 Perfs: PKR AT 4750
 Dst: #1 4867- 4890 (Mississippian)
 Dst: op . FP 91-57 SIP 1436-1370 - GTS/5' GA 310 MCFGPD & STAB, NO REC, SIT
 Dst: 30'
 Dst: #2 4892- 4933 (Mississippian)
 Dst: op . FP 765-976 SIP 1535-1535 - GTS/2', GA 3500 MCFG/5', 3970
 Dst: MCFG/10',4070 MCFG/20'& STAB, REC 10' OIL, 5' M, SIT 30'
 Cores: None
 Dwights number: K5494100

Operator Address

Street or PO Box:

City:
 State, Zip: ,
 Country:
 Phone:
 E-Mail:
 Agent Name:
 Agent Remark:

Fax:

Agent Code:

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/>

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

Sam Brownback, Governor

April 18, 2012

George Payne
HERMAN L. LOEB, LLC
PO BOX 838
LAWRENCEVILLE, IL 62439

Re: Drilling Pit Application
Canton 'C' 3-20
NW/4 Sec.20-30S-17W
Kiowa County, Kansas

Dear George Payne:

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

District staff has instructed that no earthen pits are to be used at this location. Steel pits are to be used. Please inform the Commission in writing as to which disposal well you utilized to dispose of the contents in the steel pits and the amount of fluid that was disposed. Please file form CDP-5 (August 2008), Exploration and Production Waste Transfer, within 30 days of fluid removal.

Should a haul-off pit be necessary please file form CDP-1 (April 2004), Application for Surface Pit, through KOLAR. This location will have to be inspected prior to approval of the haul-off pit application.

HAUL-OFF PIT APPLICATION FILING REQUIREMENTS

82-3-607.

DISPOSAL OF DIKE AND PIT CONTENTS.

(a)
pit

Each operator shall perform one of the following when disposing of dike or contents:

- (1) Remove the liquid contents to a disposal well or other oil and gas operation approved by the commission or to road maintenance or construction locations approved by the department;
- (2) dispose of reserve pit waste down the annular space of a well completed according to the alternate I requirements of K.A.R. 82-3-106, if the waste to be disposed of was generated during the drilling and completion of the well;

or

- (3) dispose of the remaining solid contents in any manner required by the commission. The requirements may include any of the following:
 - (A) Burial in place, in accordance with the grading and restoration requirements in K.A.R. 82-3-602 (f);
 - (B) removal and placement of the contents in an on-site disposal area approved by the commission;
 - (C) removal and placement of the contents in an off-site disposal area

on

lease

from

acreage owned by the same landowner or to another producing or unit operated by the same operator, if prior written permission the landowner has been obtained; or

approved (D) removal of the contents to a permitted off-site disposal area
by the department.

(b) Each violation of this regulation shall be punishable by the following:

- (1) A \$1,000 penalty for the first violation;
- (2) a \$2,500 penalty for the second violation; and
- (3) a \$5,000 penalty and an operator license review for the third violation.

File Haul-Off Pit Application in KOLAR. Review the information below and attach all required documents to the pit application when submitting through KOLAR. This form will automatically generate and fill in from questions asked in KOLAR.

Haul-off pit will be located in an on-site disposal area: ___Yes ___No

Haul-off pit is located in an off-site disposal area on acreage owned by the same landowner: ___Yes ___No If yes, written permission from the land owner must be obtained. Attach written permission to haul-off pit application.

Haul-off pit is located in an off-site disposal area on another **producing** lease or unit operated by the same operator: ___Yes ___No If yes, written permission from the land owner must be obtained. Attach permission and a copy of the lease assignment that covers the acreage where the haul-off pit is to be located, to the haul-off pit application.