

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

Signature of Operator or Agent:

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

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1078382

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	Sec Twp S. R						
DPERATOR: License#	feet from N / S Line of Section						
Name:	feet from E / W Line of Section						
ddress 1:	Is SECTION: Regular Irregular?						
ddress 2:	(Note: Locate well on the Section Plat on reverse side)						
State:	County:						
Contact Person:	Lease Name: Well #:						
hone:	Field Name:						
CONTRACTOR: License#	Is this a Prorated / Spaced Field?						
lame:	Target Formation(s):						
Well Drilled For: Well Class: Type Equipment:	Nearest Lease or unit boundary line (in footage):						
Oil Enh Rec Infield Mud Rotary	Ground Surface Elevation:feet MS						
Gas Storage Pool Ext. Air Rotary	Water well within one-quarter mile:						
Disposal Wildcat Cable	Public water supply well within one mile:						
Seismic ; # of Holes Other	Depth to bottom of fresh water:						
Other:	Depth to bottom of usable water:						
If OWWO: old well information as follows:	Surface Pipe by Alternate: I II						
<u> </u>	Length of Surface Pipe Planned to be set:  Length of Conductor Pipe (if any):						
Operator:	Projected Total Depth:						
Well Name: Original Total Depth:	Frojected Total Depth:						
Original Completion Date Original Total Deptil	Water Source for Drilling Operations:						
Directional, Deviated or Horizontal wellbore?	Well   Farm Pond   Other:						
f Yes, true vertical depth:	DWR Permit #:						
Bottom Hole Location:	( <b>Note</b> : Apply for Permit with DWR)						
(CC DKT #:	Will Cores be taken?						
	If Yes, proposed zone:						
AFF	If Yes, proposed zone:						
	IDAVIT						
The undersigned hereby affirms that the drilling, completion and eventual plu	IDAVIT						
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The undersigned hereby affirms that the drilling, completion and eventual plu	FIDAVIT gging of this well will comply with K.S.A. 55 et. seq.						
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feet from N / S Line of Section

SEWARD CO. 3390' FEL

feet from E / W Line of Section

For KCC Use ONLY
API # 15

Well Number:

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:							_ Se	ec	Twp		S. R		E	W
Number of QTR/QTR/							– Is	Section:	Regula	r or	Irregula	r		
								Section is ection corn	er used:		NW		rner boun SW	dary.
	Si	how locatio	n of the w	vell. Show	footage to		PLAT st lease of	r unit bour	ndary line. Sł	how the	predicted i	locations (	of	
	lease roa	ads, tank ba	atteries, pi	ipelines and		al lines, as nay attach a			sas Surface sired.	Owner I	Votice Act	(House B	iill 2032).	
		:	:	:		:	:	:			LEG	END		
		 : :		:	•••••	:		:		0	Tank	ocation Battery L		
				:	••••		:	:			Electr	ne Locat ic Line L Road L	ocation	
	••••			:	••••		:	:	F	EXAMPL	F	•	:	
			:	2	 7	:	: : :	:	-					
		·		·	••••									
990 ft				:				:			0-7			1980' FSL
		·	 :	· 		·:	· :	·					:	

#### 990 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

078382

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	Pit is:	Existing	SecTwp R					
Settling Pit Drilling Pit	If Existing, date con		Feet from North / South Line of Section					
Workover Pit Haul-Off Pit (If WP Supply API No. or Year Drilled)	Pit capacity:	(bbls)	Feet from East / West Line of Section County					
Is the pit located in a Sensitive Ground Water A	rea? Yes N	No	Chloride concentration: mg/l (For Emergency Pits and Settling Pits only)					
Is the bottom below ground level?  Yes No	Artificial Liner?	0	How is the pit lined if a plastic liner is not used?					
Pit dimensions (all but working pits):	Length (fee	t)	Width (feet) N/A: Steel Pits					
Depth fro	om ground level to deep	pest point:	(feet) No Pit					
If the pit is lined give a brief description of the line material, thickness and installation procedure.	ilei		dures for periodic maintenance and determining ncluding any special monitoring.					
Distance to nearest water well within one-mile of	of pit:	Depth to shallowest fresh water feet. Source of information:						
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 splow 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 Numb	ber:	Permi	t Date: Lease Inspection: Yes No					



## Kansas Corporation Commission Oil & Gas Conservation Division

1078382

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.

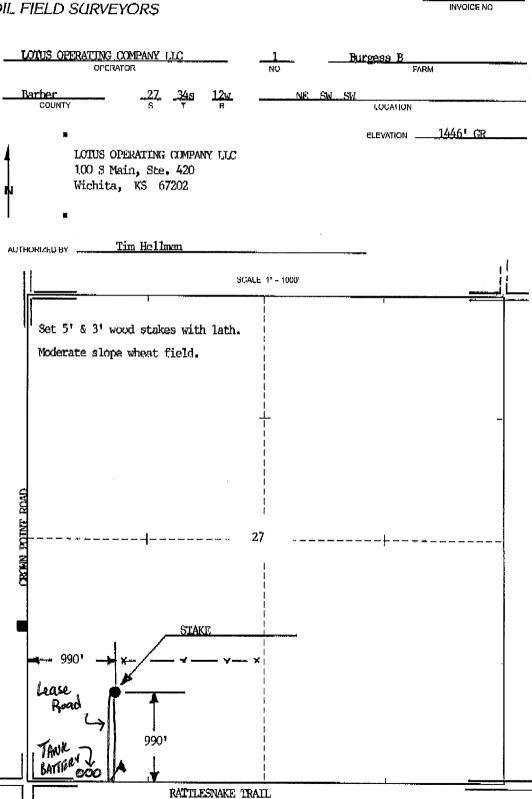
Select the corresponding form being filed: C-1 (Intent) CB-1 (CB-1)	Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)							
OPERATOR: License #	Well Location:							
Name:	SecTwpS. R East							
Address 1:	County:							
Address 2:	Lease Name: Well #:							
City: State: Zip:+	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 county, and in the real estate property tax records of the county treasurer.							
Address 2:								
City:								
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and k batteries, pipelines, and electrical lines. The locations shown on the plat n 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								



# BOX 8604 - PRATT, K\$ 67124 (620) 672-6491

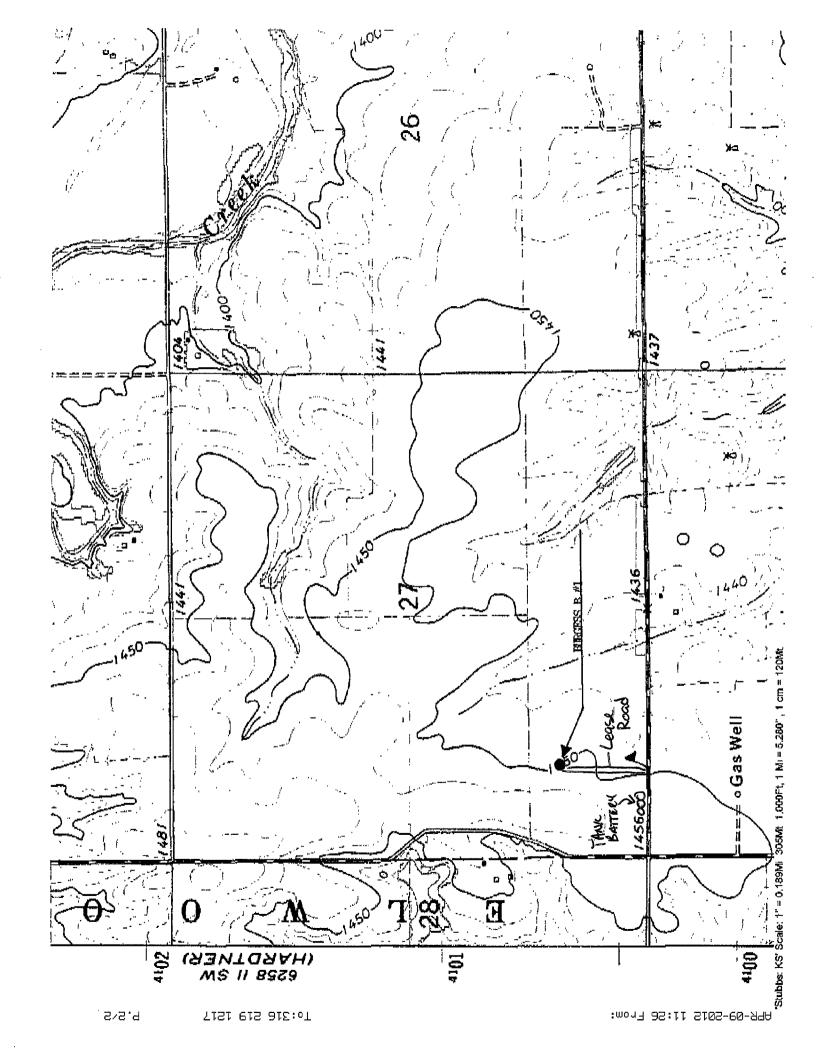
OIL FIELD SURVEYORS

46122



Toyor Pileling Inc. • Proff, RS 671.24 • 670 679 3656

DATE STAKED \_\_04/06/2012



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

April 11, 2012

Tim Hellman Lotus Operating Company, L.L.C. 100 S MAIN STE 420 WICHITA, KS 67202-3737

Re: Drilling Pit Application Burgess B 1 SW/4 Sec.27-34S-12W Barber County, Kansas

#### Dear Tim Hellman:

District staff has inspected the above referenced location and has determined that the reserve pit shall be constructed <u>without slots</u>, 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 the Hutchinson Salt section has been drilled through and displacement of the fluids into the reserve pit has occurred. The fluids should be removed again within 96 hours 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 (620) 225-8888 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 (620) 225-8888.