

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

Form C-1 March 2010 Form must be Typed Form must be Signed All blanks must be Filled

NOTICE OF INTENT TO DRILL

	Spot Description:
month day year	Sec Twp S. R
DPERATOR: License#	(O/O/O/O) feet from N / S Line of Section
lame:	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)
City:	
Contact Person:	Lease Name: Well #:
Phone:	Field Name:
CONTRACTOR: License#	
Name:	Target Formation(s):
	Nearest Lease or unit boundary line (in footage):
Well Drilled For: Well Class: Type Equipment:	Ground Surface Elevation:feet MS
Oil Enh Rec Infield Mud Rotary	Water well within one-quarter mile:
Gas Storage Pool Ext. Air Rotary	
Disposal Wildcat Cable	,
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: II III
	Length of Surface Pipe Planned to be set:
Operator:	
Well Name:	Projected Total Depth:
Original Completion Date: Original Total Depth:	
Directional, Deviated or Horizontal wellbore?	Water Source for Drilling Operations:
Directional, Deviated or Horizontal wellbore? Yes \ Yes \ N f Yes, true vertical depth:	
Bottom Hole Location:	DWK Femili #.
KCC DKT #:	(Note: Apply for Permit with DWR)
	vviii cores se taken:
	If Yes, proposed zone:
	AFFIDAVIT
The undersigned hereby affirms that the drilling, completion and eventua	I plugging of this well will comply with K.S.A. 55 et. seq.
t is agreed that the following minimum requirements will be met:	
1. Notify the appropriate district office <i>prior</i> to spudding of well;	
2. A copy of the approved notice of intent to drill shall be posted on e	each drilling rig;
11 1	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	
4. If the well is dry hole, an agreement between the operator and the	district office on plug length and placement is necessary <i>prior to plugging</i> ;
5. The appropriate district office will be notified before well is either n	
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6. If an ALTERNATE II COMPLETION, production pipe shall be ceme	ented from below any usable water to surface within 120 DAYS of spud date.
 If an ALTERNATE II COMPLETION, production pipe shall be ceme Or pursuant to Appendix "B" - Eastern Kansas surface casing order 	7
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6. If an ALTERNATE II COMPLETION, production pipe shall be ceme Or pursuant to Appendix "B" - Eastern Kansas surface casing order must be completed within 30 days of the spud date or the well shall ubmitted Electronically For KCC Use ONLY API # 15	Remember to: - File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-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;
6. If an ALTERNATE II COMPLETION, production pipe shall be ceme Or pursuant to Appendix "B" - Eastern Kansas surface casing order must be completed within 30 days of the spud date or the well shall be completed. 4. Ubmitted Electronically For KCC Use ONLY API # 15	Remember to: - File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill; - File Completion Form ACO-1 within 120 days of spud date; - File acreage attribution plat according to field proration or re-entry;
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6. If an ALTERNATE II COMPLETION, production pipe shall be ceme Or pursuant to Appendix "B" - Eastern Kansas surface casing order must be completed within 30 days of the spud date or the well shall ubmitted Electronically For KCC Use ONLY API # 15	Remember to: - File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill; - File Completion Form ACO-1 within 120 days of spud date; - File acreage attribution plat according to field proration or re-entry;

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

Spud date: _

Side Two



For KCC Use ONLY	
API # 15	

Operator:_

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: _

Lease:										feet	from	N /	S Line	of Section
Well Numb	oer:									feet	from	E /	W Line	of Section
Field:					_ Se	C	Twp	S.	S. R			W		
Number of Acres attributable to well:					— ls :	Is Section: Regular or Irregular								
									Irregular, lo					dary.
					d electrica	l lines, as		y the Kans	dary line. Sh sas Surface (ired.					
										<u> </u>	Well Tank Pipel Elect	END Location Battery L ine Locat ric Line L e Road L	ion ocation	
400 ft				3					 	XAMPLE	 Q -1			1980' FSL
							:	:		 :			: :	

2190 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.
- 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.

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



KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

080469

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:	Pit is:						
Emergency Pit Burn Pit	Proposed	Existing	SecTwp R				
Settling Pit Drilling Pit	If Existing, date co	nstructed:	Feet from North / South Line of Section				
Workover Pit Haul-Off Pit	Pit capacity:		Feet from East / West Line of Section				
(If WP Supply API No. or Year Drilled)		(bbls)	County				
Is the pit located in a Sensitive Ground Water A	rea? Yes	No	Chloride concentration: mg/l				
To the processing in a content of country training			(For Emergency Pits and Settling Pits only)				
Is the bottom below ground level? Yes No	Artificial Liner? Yes N	No	How is the pit lined if a plastic liner is not used?				
			NAC data (force)				
Pit dimensions (all but working pits):	Length (feet)	,	Width (feet) N/A: Steel Pits No Pit				
If the pit is lined give a brief description of the li			dures for periodic maintenance and determining				
material, thickness and installation procedure.			cluding any special monitoring.				
Distance to nearest water well within one-mile	of pit:	Depth to shallo Source of inforr	west fresh water feet. nation:				
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 worl	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 nite must h	e closed within 365 days of spud date.				
Submitted Electronically							
	KCC	OFFICE USE O	NLY				
	11.00	51 52.552.0 1	Liner Steel Pit RFAC RFAS				
Date Received: Permit Num	ber:	Permi	t Date: Lease Inspection: Yes No				



Kansas Corporation Commission Oil & Gas Conservation Division

1080469

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

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

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

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

Select the corresponding form being filed: C-1 (Intent) CB-1 (C	Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #	Well Location:
Name:	SecTwpS. R
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
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 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.
Select one of the following:	
owner(s) of the land upon which the subject well is or will be loc CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface owner(s).	cknowledge that, because I have not provided this information, the rner(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	_

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