

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1081895

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 E W |
| OPERATOR: License# | | (Q/Q/Q/Q) feet from N | N / S Line of Section |
| Name: | | feet from E | / W Line of Section |
| Address 1: | | Is SECTION: Regular Irregular? | |
| Address 2: | | (Note: Locate well on the Section Plat on | roverse side) |
| Dity: State: Zip: | | County: | * |
| Contact Person: | | Lease Name: | |
| Phone: | | Field Name: | |
| CONTRACTOR: License# | | Is this a Prorated / Spaced Field? | Yes No |
| Name: | | Target Formation(s): | |
| | | Nearest Lease or unit boundary line (in footage): | |
| Well Drilled For: Well Class: Type I | quipment: | Ground Surface Elevation: | |
| | ud Rotary | Water well within one-quarter mile: | Yes No |
| | r Rotary | Public water supply well within one mile: | Yes No |
| | able | Depth to bottom of fresh water: | |
| Seismic ;# of Holes Other | | Depth to bottom of usable water: | |
| Other: | | Surface Pipe by Alternate: | |
| If OWWO: old well information as follows: | | Length of Surface Pipe Planned to be set: | |
| _ | | Length of Conductor Pipe (if any): | |
| Operator: | | Projected Total Depth: | |
| Well Name: Original Tatal 5 | | Formation at Total Depth: | |
| Original Completion Date: Original Total D | :pui | Water Source for Drilling Operations: | |
| Directional, Deviated or Horizontal wellbore? | Yes No | Well Farm Pond Other: | |
| If Yes, true vertical depth: | | | |
| Bottom Hole Location: | | DWR Permit #: | |
| KCC DKT #: | | Will Cores be taken? | Yes No |
| | | If Yes, proposed zone: | |
| | | | |
| | AFFID/ | | |
| The undersigned hereby affirms that the drilling, complet | on and eventual pluggin | ng of this well will comply with K.S.A. 55 et. seq. | |
| It is agreed that the following minimum requirements will | e met: | | |
| 1. Notify the appropriate district office <i>prior</i> to spudd | na of well: | | |
| 2. A copy of the approved notice of intent to drill shall | | ling rig; | |
| 3. The minimum amount of surface pipe as specified | , | 0 17 | shall be set |
| through all unconsolidated materials plus a minimu | | | |
| 4. If the well is dry hole, an agreement between the c | | , | or to plugging; |
| The appropriate district office will be notified before If an ALTERNATE II COMPLETION, production pip | . 55 | | C of soud data |
| | | 391-C, which applies to the KCC District 3 area, alter | |
| | | gged. <i>In all cases, NOTIFY district office</i> prior to a | |
| γ | | 55 | , |
| | | | |
| ubmitted Electronically | | | |
| ubilitied Liectroffically | _ | | |
| For KCC Use ONLY | | emember to: | |
| | | File Certification of Compliance with the Kansas Surfac | Owner Notification |
| API # 15 | | Act (KSONA-1) with Intent to Drill; | |
| Conductor pipe requiredfee | | File Drill Pit Application (form CDP-1) with Intent to Drill File Completion Form ACO-1 within 120 days of spud d | |
| | | | |
| Minimum surface pipe requiredfeet p | AIT II III | | |
| | er ALT. UIUII _ | File acreage attribution plat according to field proration | orders; |
| Minimum surface pipe required feet p Approved by: This authorization expires: | er ALT. | | orders; ver or re-entry; |

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

Agent:

Spud date: _

- 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: | | |
| | | |



feet from

feet from

S Line of Section

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: | SecTwpS. R L E L W |
|---|---|
| Number of Acres attributable to well: | Is Section: Regular or Irregular |
| | If Section is Irregular, locate well from nearest corner boundary. Section corner used: NE NW SE SW |
| Show location of the well. Show footage to the neares lease roads, tank batteries, pipelines and electrical lines, as r | PLAT It lease or unit boundary line. Show the predicted locations of required by the Kansas Surface Owner Notice Act (House Bill 2032). Separate plat if desired. |
| · · · · · · · · · · · · · · · · · · · | |
| | LEGEND |
| | O Well Location Tank Battery Location |
| | Pipeline Location Electric Line Location Lease Road Location |
| | |
| 25 | EXAMPLE |
| | |
| | 1980' FSL |
| 1000 ft | |
| 1000 ft. | : |

450 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

081895

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 shallo | west fresh water feet. mation: |
| feet Depth of water wellfeet | | measured | well owner electric log KDWR |
| Emergency, Settling and Burn Pits ONLY: | | Drilling, Worko | over and Haul-Off Pits ONLY: |
| Producing Formation: | | Type of materia | al utilized in drilling/workover: |
| Number of producing wells on lease: | | Number of work | king pits to be utilized: |
| Barrels of fluid produced daily: | | Abandonment p | procedure: |
| Does the slope from the tank battery allow all spilled fluids to flow into the pit? | | Drill pits must b | pe closed within 365 days of spud date. |
| Submitted Electronically | | | |
| | ксс | OFFICE USE OI | NLY Liner Steel Pit RFAC RFAS |
| Date Received: Permit Numb | ber: | Permi | t Date: Lease Inspection: Yes No |



Kansas Corporation Commission Oil & Gas Conservation Division

1081895

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 | | |
| Address 2: | country and in the real estate property toy records of the country traceurer | | |
| 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 | | | |

Township 105 Range 32W County Thomas State Kansas FORM 45

Reorder No. 09-343

