

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

month day year	Spot Description:
	S. RBEW
PERATOR: License#	feet from N / S Line of Section
ame:	
ddress 1:	
ddress 2:	
ity: State: Zip: +	County
ontact Person:hone:	Lease Name: Well #:
none.	Field Name:
ONTRACTOR: License#	Is this a Prorated / Spaced Field? Yes No
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: III
II OvvvvO. Old well information as follows:	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 \ Y	
Bottom Hole Location:	DWK Pelilii #
KCC DKT #:	(Note: Apply 1617 Chille Wild DVV.
	Will Cores be taken? Yes No
	ii ies, proposed zone.
	AFFIDAVIT
The undersigned hereby affirms that the drilling, completion and eventual	al 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	each drilling rig;
	set by circulating coment to the top; in all cases surface nine shall be set
3. The minimum amount of surface pipe as specified below shall be	
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_ Agent: .



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:

Operator									rom oounty			
Lease:										feet from	N / S Lir	ne of Section
Well Numb	er:									feet from	E / W Lir	ne of Section
Field:							_	Sec	Twp	S. R	E [W
Number of	Acres attr	ibutable to	well:				- ı	s Section:	Regular or	Irregula	ar	
QTR/QTR/	QTR/QTR	of acreag	je:				_					
									Irregular, locato er used: Ni		nearest corner bou	ndary.
							PLAT					
	Si	how locati	on of the w	ell. Show	footage to	the neare	est lease	or unit boun	dary line. Show	the predicted	l locations of	
	lease roa	ads, tank b	atteries, p	pelines an	d electrica	l lines, as	required	d by the Kan	sas Surface Owr	ner Notice Ac	t (House Bill 2032).	
			400 f	_	You m	ay attach	a separa	ate plat if des	sired.			
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1440 ft		<u>: </u>	: 6	:		:		:		LEG	SEND	
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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

084604

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)	Pit is: Proposed If Existing, date continue prit capacity:	Existing nstructed: (bbls)	SecTwpR East WestFeet from North / South Line of SectionFeet from East / West Line of SectionCounty		
Is the pit located in a Sensitive Ground Water A	rea? Yes	No	Chloride concentration: mg/l (For Emergency Pits and Settling Pits only)		
Is the bottom below ground level?	Artificial Liner?	No	How is the pit lined if a plastic liner is not used?		
Pit dimensions (all but working pits):	Length (fee	et)	Width (feet) N/A: Steel Pits		
If the pit is lined give a brief description of the li material, thickness and installation procedure.	om ground level to dee	Describe proce	dures for periodic maintenance and determining any special monitoring.		
Distance to nearest water well within one-mile	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: Producing Formation: Number of producing wells on lease: Barrels of fluid produced daily: Does the slope from the tank battery allow all s flow into the pit? Yes No Submitted Electronically		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.			
	KCC	OFFICE USE O	NLY		
Date Received: Permit Number:			Liner Steel Pit RFAC RFAS t Date: Lease Inspection: Yes No		



KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1084604

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 additiona				
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:					
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					

The Surface Owners are:

Keith & Maxine Sauvage Revocable Trust Maxine Sauvage, Trustee 412 W. Hall Oberlin, KS 67749

The Joan M. McKenna Trust dated November 5, 1999 Joan M. McKenna and Michael F. McKenna, Trustees 629 2300th Road Jennings, KS 67643

Trudy Lynn Stockham, f/k/a Trudy Lynn Sauvage 313 Ward Norton, KS 67654

John Macy Sauvage 488 F. Lane Selden, KS 67757

Michael Joseph Sauvage 117 S. Buffalo Oberlin, KS 67749



Fall & Associates

Stake and Elevation Service 719 W. 5" Street P.O. Box 404 Cencerdia, NS. 66901 1-800-536-2821

Date 6-11-12

Invoice Number 0608121

