

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

1090330

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:	Formation at 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:	(Note : 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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Side Two



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.

erator:						_ Loc	cation of W	ell: Cour	nty:				
se:									fe	et from	N /	S Line	of Section
Number:									fe	et from	E /	W Line	of Section
d:				_ Se	SecTwpS. R								
nber of Acres attr R/QTR/QTR/QTR						_ IS 3	Section:	Regu	lar or	Irregular			
	J					If S	Section is I	_		ell from ne		rner boun SW	dary.
				d electrica	al lines, as	required b	unit bound y the Kansa plat if desi	as Surfac					
				180	00 ft.								
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	: :			·····	: :				••••			:	
	:	: : :			:				SEWARD CO.	3390' FEL		:	

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

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.



KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1090330

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?	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.		liner integrity, including 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:		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 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 ONLY								
		Liner Steel Pit RFAC RFAS						
Date Received: Permit Num	ber:	Permi	t Date: Lease Inspection: Yes No					



Kansas Corporation Commission Oil & Gas Conservation Division

1090330

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:	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							



Fall a Associates

Stake and Elevation Service 719 W. 5" Street P.O. Box 404 Concordia, KS, 66901 1-800-536-2871

Date 7-27-12

Invoice Number 0724121

