

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

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1093834

Form C-1

March 2010

Form must be Typed

Form must be Signed

All blanks must be Filled

# NOTICE OF INTENT TO DRILL

•	Surface Owner Notification Act, MUST be submitted with this form.			
Expected Spud Date:	Spot Description:			
o.a udy you.	Sec Twp S. R E			
OPERATOR: License#	feet from 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 reverse side)			
City:	County:			
Contact Person:	Lease Name: Well #:			
Phone:	Field Name:			
CONTRACTOR: License#	Is this a Prorated / Spaced Field?			
Name:	Target Formation(s):			
Well Drilled For: Well Class: Type Equipment:	Nearest Lease or unit boundary line (in footage):			
	Ground Surface Elevation:feet MSL			
Oil Enh Rec Infield Mud Rotary  Gas Storage Pool Ext. Air Rotary	Water well within one-quarter mile:			
Gas Storage Pool Ext. Air Rotary  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:			
	Surface Pipe by Alternate: I III			
If OWWO: old well information as follows:	Length of Surface Pipe Planned to be set:			
Operator:	Length of Conductor Pipe (if any):			
Well Name:	Projected Total Depth:			
Original Completion Date: Original Total Depth:	Formation at Total Depth:			
	Water Source for Drilling Operations:			
Directional, Deviated or Horizontal wellbore? Yes No	Well Farm Pond Other:			
If Yes, true vertical depth:	DWR Permit #:			
Bottom Hole Location:	(Note: Apply for Permit with DWR )			
KCC DKT #:	Will Cores be taken?			
	If Yes, proposed zone:			
A E.	EIDAV/IT			
	FIDAVIT			
The undersigned hereby affirms that the drilling, completion and eventual plu	agging of this well will comply with K.S.A. 55 et. seq.			
It is agreed that the following minimum requirements will be met:				
<ol> <li>Notify the appropriate district office <i>prior</i> to spudding of well;</li> </ol>				
2. A copy of the approved notice of intent to drill <b>shall be</b> posted on each	9 0,			
<ol><li>The minimum amount of surface pipe as specified below shall be set through all unconsolidated materials plus a minimum of 20 feet into th</li></ol>				
4. If the well is dry hole, an agreement between the operator and the dis				
5. The appropriate district office will be notified before well is either plugg	, , , , , , , , , , , , , , , , , , , ,			
6. If an ALTERNATE II COMPLETION, production pipe shall be cemente	d from below any usable water to surface within 120 DAYS of spud date.			
• • • • • • • • • • • • • • • • • • • •	133,891-C, which applies to the KCC District 3 area, alternate II cementing			
must be completed within 30 days of the spud date or the well shall be	e plugged. In all cases, NOTIFY district office prior to any cementing.			
1 20 1 = 1 2 1				
ubmitted Electronically				
For KCC Use ONLY	Remember to:			
For KCC Use ONLY	- File Certification of Compliance with the Kansas Surface Owner Notification			
API # 15	Act (KSONA-1) with Intent to Drill;			
Conductor pipe requiredfeet	- File Drill Pit Application (form CDP-1) with Intent to Drill;			
Minimum surface pipe requiredfeet per ALT.	- File Completion Form ACO-1 within 120 days of spud date;			
	- File acreage attribution plat according to field proration orders;			
Approved by:	<ul> <li>Notify appropriate district office 48 hours prior to workover or re-entry;</li> <li>Submit plugging report (CP-4) after plugging is completed (within 60 days);</li> </ul>			
This authorization expires:				
(This authorization void if drilling not started within 12 months of approval date.)	Obtain written approval before disposing or injecting salt water.			

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

Spud date: \_

If well will not be drilled or permit has expired (See: authorized expiration data 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:		

m

Side Two



\_\_ feet from feet from

SEWARD CO. 3390' FEL

N /

E /

S Line of Section

W Line of Section

F W

For KCC Use ONLY	
API # 15	

Operator: \_

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 Acres attributable to well:				- Is	Section:	Regular or	Irregular						
									Irregular, locate we er used: NE			ner boun	dary.
	Si	how location	on of the w	vell. Show	footage to		PLAT	r unit boun	dary line. Show the	predicted loc	ations o	f	
					d electrica	l lines, as	required b		sas Surface Owner				
		:	:	:		:	:	:		LEGEN	ND		
		: : :	; ; ;	:		:	 : : :	:	C	Tank Ba	ttery L		
		:	:	:		:	:	:		<ul><li>Pipeline</li><li>Electric</li><li>Lease R</li></ul>	Line Lo	ocation	
	••••	:		:	••••	:		:					
		<u>:</u> :	<u>:</u> :	<u>:</u> - 7		: :	<u>:</u> :	<u>:</u> :	EXAMPI -	LE :			
		: :	: :	: :		: : :	: :	: :					
		: :	:	: : :		:  :	:	:		₽ <b>¬</b>		•••••	1980' FSL
710 ft		• •	·	:		:	:	:				,	

## 870 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

093834

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 Existing  If Existing, date constructed:  Pit capacity:  (bbls)		SecTwp R East WestFeet from North / South Line of SectionFeet from East / West Line of Section County		
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	of pit:	Depth to shallo Source of infor	west fresh water feet. mation:		
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		Type of materia  Number of work  Abandonment p  Drill pits must b	over and Haul-Off Pits ONLY:  all utilized in drilling/workover:  king pits to be utilized:  procedure:  de closed within 365 days of spud date.		
	KCC	OFFICE USE O	NLY		
Date Received: Permit Num	ber:		Liner Steel Pit RFAC RFAS  t Date: Lease Inspection: Yes No		



## Kansas Corporation Commission Oil & Gas Conservation Division

1093834

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 (	Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License #	Well Location:			
Name:	SecTwpS. R 🔲 East 🗌 West			
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 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.			
Select one of the following:				
owner(s) of the land upon which the subject well is or will be le CP-1 that I am filing in connection with this form; 2) if the form I form; and 3) my operator name, address, phone number, fax, a	cknowledge that, because I have not provided this information, the vner(s). To mitigate the additional cost of the KCC performing this			
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 will be returned.			
Submitted Electronically	_			

For KCC Use ONLY
API # 15

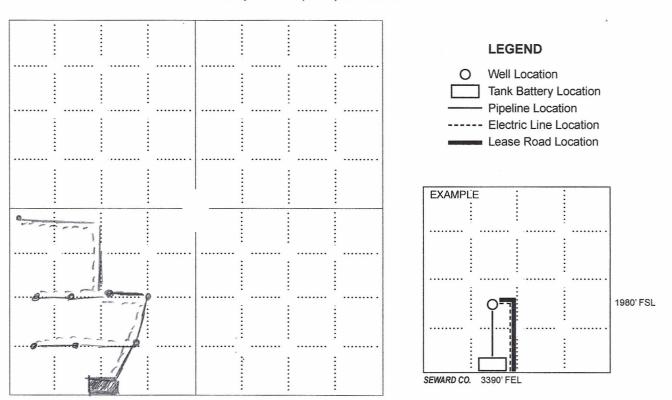
## IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

Operator: Lease: Well Number:	Location of Well: County: feet from N / S Line of Section feet from E / W Line of Section
Number of Acres attributable to well:  QTR/QTR/QTR of acreage:	SecTwpS. R E W  Is Section: Regular or Irregular
	If Section is Irregular, locate well from nearest corner boundary.  Section corner used: NE NW SE SW

#### **PLAT**

Show location of the well. Show footage to the nearest lease or unit boundary line. Show the predicted locations of lease roads, tank batteries, pipelines and electrical lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032). You may attach a separate plat if desired.



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

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