

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**

Expected Spud Date:	Spot Description:
month day year	
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):
	Nearest Lease or unit boundary line (in footage):
Well Drilled For: Well Class: Type Equipment:	Ground Surface Elevation:feet MSL
Oil Enh Rec Infield Mud Rotary	Water well within one-quarter mile:
Gas Storage Pool Ext. Air Rotary	
Disposal Wildcat Cable	Public water supply well within one mile: Yes No
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 I II
II 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:
Directional Deviated as University well-serve	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:   KCC DKT #:	(Note: Apply for Permit with DWR )
NOO DICT #.	Will Cores be taken? Yes No
	If Yes, proposed zone:
AFF	If Yes, proposed zone:
	IDAVIT
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



feet from

feet from

SEWARD CO. 3390' FEL

Ν /

E /

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:							_ Se	ec	Twp.		S. R		E	W
Number of A							15	Section:	Regu	ular or	Irregula	r		
									s Irregula ner used:				rner boun SW	dary.
	Sh	ow locatio	on of the w	vell. Show	footage to	the neare	PLAT	r unit hou	ndary line	Show the	predicted	locations (	of.	
I				ipelines an	d electrica		required t	by the Kar	nsas Surfa					
			:	:		:	:	:			LEG	END		
		•••••			•••••			:		0	Tank	ocation Battery L ne Locat		
		•••••		:	•••••		:	•	••		Electr	ric Line L Road L	ocation	
		•••••		:	•••••	:	:			EXAMPL	ÎE :		:	
			:	2	 20 	:	: : : :							
				:		:	·	:					:	
				:		:	· · · · · · · · · · · · · · · · · · ·	:			0-7			1980' FSL
925 ft. –	······································	— <b>⊙</b>	•	·		·	·	·					:	

### 560 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

094136

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	 Sec Twp 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 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 splow into the pit? Yes No	pilled fluids to	Drill pits must be closed within 365 days of spud date.						
Submitted Electronically								
KCC OFFICE USE ONLY  Liner Steel Pit RFAC RFAS								
Date Received: Permit Numb	ber:	Permi	t Date: Lease Inspection: Yes No					



#### Kansas Corporation Commission Oil & Gas Conservation Division

1094136

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									

OPERATOR: Samuel Gary Jr & Associates, Inc 1515 Wynkoop Street, Suite 700

Denver, Colorado 80202 office: 303-831-4673; fax: 303-863-7285

**WELL NAME: Pfannenstiel 1-20** 

LOCATION: 560 FSL/925 FWL Sec. 20-14S-17W ELLIS COUNTY

SURFACE OWNER: Kenneth & Ann Pfannenstiel

918 270th Avenue Hays, KS 67601

