

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

1100212

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:				
Operator:	Length of Conductor Pipe (if any):				
Well Name: Original Total Depth:	Projected 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:	( <b>Note</b> : 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	

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: \_

Lease:									feet from N / S Line of Section
Well Numb	oer:								feet from E / W Line of Section
Field:							_	Sec	Twp S. R
Number of	f Acres attr	ibutable to	well:				- I	s Section:	Regular or Irregular
QTR/QTR	/QTR/QTR	of acreag	e:					0 000110111.	
								f Section is Section corne	Irregular, locate well from nearest corner boundary. er used: NE NW SE SW
	SI	how location	on of the w	vell. Show	footage to	the neare	PLAT est lease	or unit bound	dary line. Show the predicted locations of
					d electrica	l lines, as	required	by the Kans	as Surface Owner Notice Act (House Bill 2032).
		1980 f	t.		YOU M	ау аттасп а	a separa	te plat if desi	irea.
			: : : :	:		:	:	:	LEGEND
				:		•	:		O Well Location Tank Battery Location Pipeline Location
660 ft.	(	•					:		Electric Line Location  Lease Road Location
		Ě	:	:		:	:		
		: :	:	4			<u>:</u> :	<u> </u>	EXAMPLE
		· :		·					
		:	:	:		:	:		1980' FSL
		: : :		i		: 	: :	. : : :	
		:	:	:		• • •	:	:	SEWARD CO. 3390' FEL

#### 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

100212

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 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 ONLY					
Date Received: Permit Num	ber:		Liner Steel Pit RFAC RFAS  t Date: Lease Inspection: Yes No		



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

1100212

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 (C	Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License #	Well Location:				
Name:	Sec Twp S. R				
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 batteries, pipelines, and electrical lines. The locations shown on the plat in 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 loc CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface owner(s).	cknowledge that, because I have not provided this information, the rner(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	_				

**Ottley #3-4** 

