

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	Sec Twp S. R				
DPERATOR: License#	(0/0/0/0) feet from N / S Line of Section				
lame:	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 #:				
hone:	Field Name:				
ONTRACTOR: 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 OMMAND, and well information as follows:	Surface Pipe by Alternate: II II				
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:				
virectional, Deviated or Horizontal wellbore?	Water Source for Drilling Operations:				
Yes, true vertical depth:	Well Farm Pond Other:				
Bottom Hole Location:	DWR Permit #:(Note: Apply for Permit with DWR)				
(CC DKT #:	Will Cores be taken?				
	If Yes, proposed zone:				
	ID AVIIT				
	IDAVIT				
The undersigned hereby affirms that the drilling, completion and eventual plug	gging of this well will comply with K.S.A. 55 et. seq.				
t is agreed that the following minimum requirements will be met:					
Notify the appropriate district office <i>prior</i> to spudding of well;	APPEN AS A				
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



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:							_ Lo	ocation of V	Well: Cou	nty:				
Lease:					feet from N / S Line of Section									
Well Numl	oer:									fe	et from	E /	W Line	of Section
Field:				_ S	ec	Twp.		S. R		E	W			
Number of Acres attributable to well:				15	Is Section: Regular or Irregular									
								Section is ection corn	_	r, locate we			orner boun SW	dary.
		ads, tank b			d electrica	l lines, as	required i		sas Surfa	Show the p				
180 ft.	0	:	:	:		:	:				LEG	END		
			: : : :								☐ Tank — Pipel Elect	Location Battery L ine Locat ric Line L e Road L	tion ocation	
				2	9	:				EXAMPL :	E		:	
											 ○-7			1980' FSL
		:	: : :				:	i		SEWARD CO.	3390° FE	EL	:	

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

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	Pit is: Proposed If Existing, date con	Existing	SecTwp R			
Workover Pit Haul-Off Pit (If WP Supply API No. or Year Drilled)	Pit capacity:(bbls)		Feet 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			
Depth fro	om ground level to dee	epest point:	(feet) No Pit			
material, thickness and installation procedure.			ncluding any special monitoring.			
Distance to nearest water well within one-mile of	of pit:	Depth to shallo Source of inform	owest fresh water feet. mation:			
feet Depth of water well	feet	measured	well owner electric log KDWR			
Emergency, Settling and Burn Pits ONLY:		Drilling, Work	over 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		Drill pits must be closed within 365 days of spud date.				
Submitted Electronically						
	KCC	OFFICE USE O	NLY Liner Steel Pit RFAC RFAS			
Date Received: Permit Num	ber:	Permi	it Date: Lease Inspection: Yes No			



1125909

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.

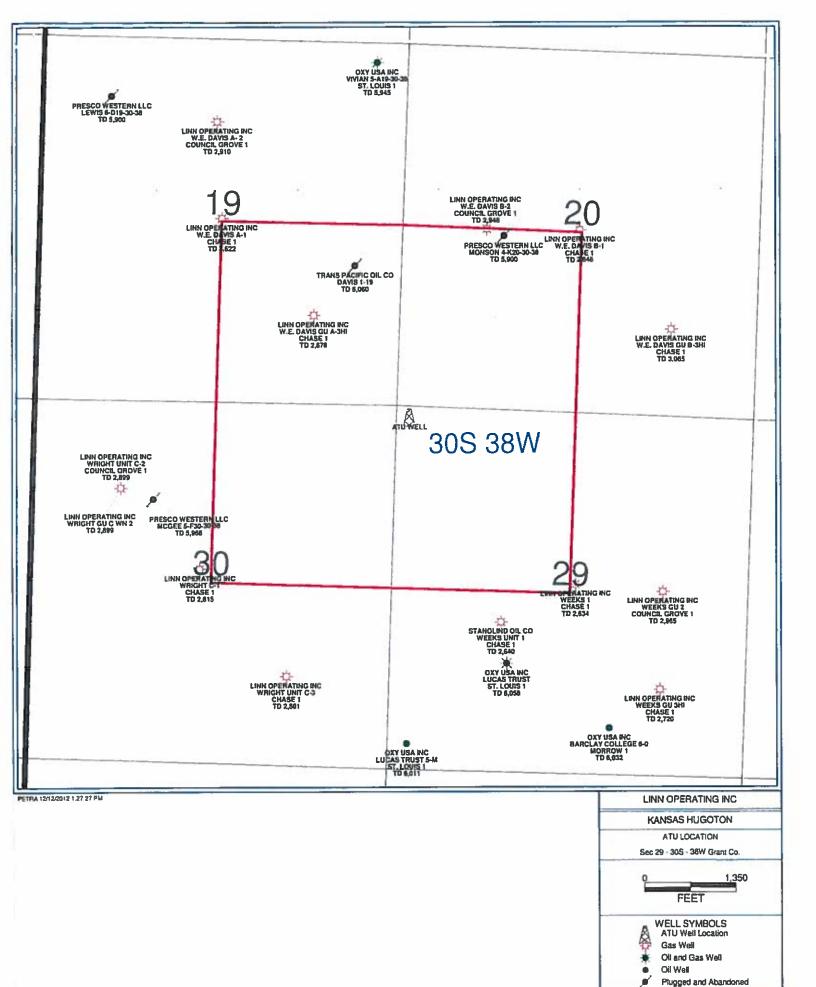
Select the corresponding form being filed: C-1 (Intent) CB-1 (CB-1)	Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License #	Well Location:				
Name:	SecTwpS. R				
Address 1:	County:				
Address 2:	Lease Name: Well #:				
City: State: Zip:+	If filing a 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 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 county, and in the real estate property tax records of the county treasurer.				
Address 1:					
Address 2:					
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 in 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					

PLAT AND CERTIFICATION OF ACREAGE ATTRIBUTABLE TO A GAS WELL'

Kansas Corporation Commission, Conservation Division Finney State Office Building, 130 South Market, Room 2078 Wichita, Kansas 67202

API NUMBER 15-

	LOCATION OF WELL: COUNTY Grant				
OPERATOR Linn Operating, Inc.	150 N feet from south/north line of section				
LEASE Weeks	2000 22000 2000000000000000000000000000				
WELL NUMBER 4 ATU-100	180 W feet from east / west line of section				
FIELD Hugoton & Panoma	SECTION 29 TWP 30 (S) RG 38W E/W				
NUMBER OF ACRES ATTRIBUTABLE TO WELL 640 QTR/QTR/QTR OF ACREAGE NW NW NW	IS SECTION X REGULAR OF IRREGULAR IF SECTION IS IRREGULAR, LOCATE WELL FROM NEAREST CORNER BOUNDARY. (check line below)				
	Section corner used: NE X NW SE SW				
	butable acreage for prorated or spaced wells).				
(Show the location of the well and shade attri	boundary line; and show footage to the nearest				
	bodingsty find, and blow foreign to and meaning				
common source supply well).	0 04				
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• • • • • • • • • • • • • • • • • • • •	SEWARD CO.				
	BEWARD CO.				
The undersigned hereby certifies as Re	equlatory Compliance Advisor (title) for				
1116 anderstynes neres)					
Linn Operating, Inc.	(Co.), a duly authorized agent, that all				
information shown hereon is true and correct	to the best of my knowledge and belief, that all				
acreage claimed attributable to the well name	med herein is held by production from that well				
and hereby make application for an allowable	a to be assigned to the well upon the filing of				
this form and the State test, whichever is	later.				
	10 11-				
Signa	ature thun French				
20	the March 2013				
Subscribed and sworn to before me on this SARAH E. DANCER	day of, 29				
Notary Public, State of Texas	The State of the s				
My Commission Expires August 26, 2014	Markey Public				
- Contract	Notary Public FORM CG-8 (12/94)				
My Commission expires FORM CG-8 (12/94)					



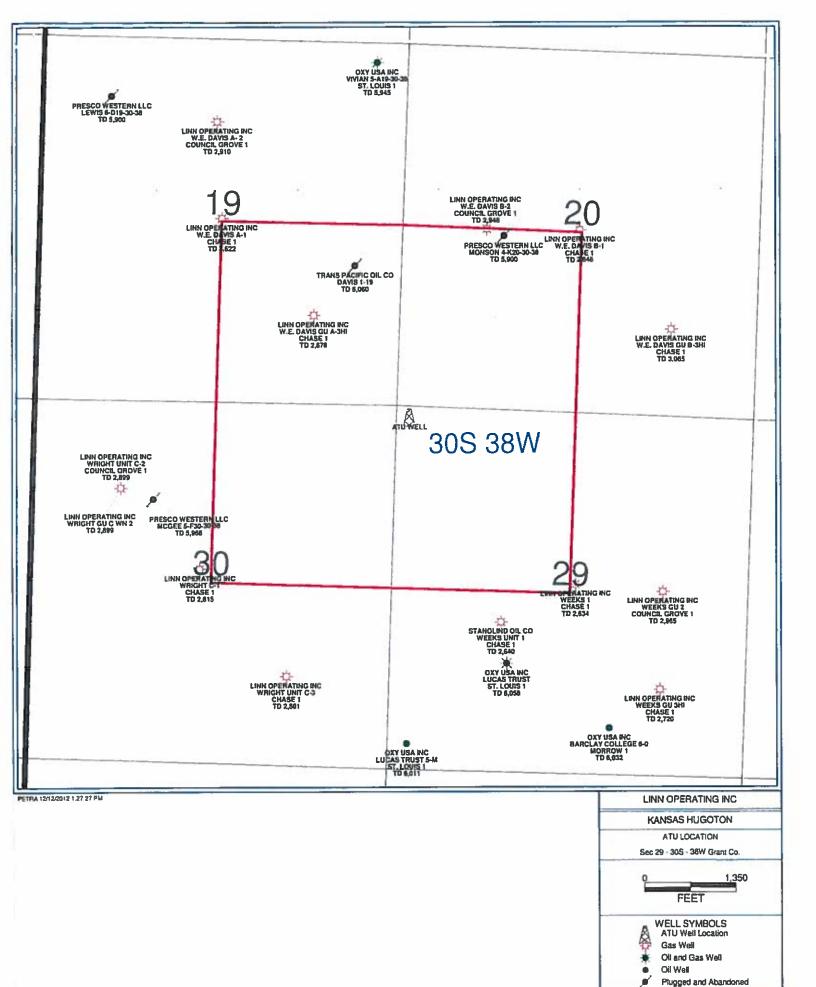
December 12, 2012

PLAT AND CERTIFICATION OF ACREAGE ATTRIBUTABLE TO A GAS WELL'

Kansas Corporation Commission, Conservation Division Finney State Office Building, 130 South Market, Room 2078 Wichita, Kansas 67202

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	BEWARD CO.				
The undersigned hereby certifies as Re	equlatory Compliance Advisor (title) for				
1116 anderstynes neres)					
Linn Operating, Inc.	(Co.), a duly authorized agent, that all				
information shown hereon is true and correct	to the best of my knowledge and belief, that all				
acreage claimed attributable to the well name	med herein is held by production from that well				
and hereby make application for an allowable	a to be assigned to the well upon the filing of				
this form and the State test, whichever is	later.				
	10 11-				
Signa	ature thun French				
20	the March 2013				
Subscribed and sworn to before me on this SARAH E. DANCER	day of, 29				
Notary Public, State of Texas	The State of the s				
My Commission Expires August 26, 2014	Markey Public				
- Contract	Notary Public FORM CG-8 (12/94)				
My Commission expires FORM CG-8 (12/94)					



December 12, 2012