

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:
monur day year	Sec Twp S. R 🔲 E 🔲 W
PERATOR: License#	feet from N / S Line of Section
ame:	feet from E / W Line of Sectio
ddress 1:	Is SECTION: Regular Irregular?
ddress 2:	(Note: Locate well on the Section Plat on reverse side)
ty:	County:
ontact Person:	Lease Name: Well #:
none:	Field Name:
ONTRACTOR: License#	Is this a Prorated / Spaced Field?
ame:	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: III
III OVVVVO. 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?	Well Farm Pond Other:
Yes, true vertical depth:	DWR Permit #:
tottom Hole Location:	(Note: Apply for Permit with DWR)
CC DKT #:	Will Cores be taken? Yes No
	If Yes, proposed zone:
AFI	EIDAVIT
	FIDAVIT
The undersigned hereby affirms that the drilling, completion and eventual plu	
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_ Agent: _

Spud date: _



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:							_ L	ocation of \	Well: Cou	nty:				
Lease:					feet from N / S Line of Section									
Well Numb	oer:									fe	et from	E /	W Line	of Section
Field:					_ S	ec	Twp.		S. R	[E	W		
							15	Section:	Reg	ular or	Irregula	ar		
								Section is	_	r, locate w			orner boun SW	dary.
		ads, tank b			d electrica	l lines, as	required		sas Surfa	Show the ce Owner I				
190 ft.	-0	:	:	:		:	:	:			LEG	END		
			: : : :								Tank Pipe	Location Battery I line Loca tric Line L se Road L	tion ocation	
				2	3					EXAMPL	E			
											0=7			1980' FSL
		: !	:	: 	•••••	:	:	: 		SEWARD CO.	3390' FE	i i 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 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 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		



1126021

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:	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					
Address 1:						
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	_					

DRAWN BY: MTK 2225 W. OKLAHOMA AVE. LINN OPERATING INC. HICKOK D-4 ATU-64 LINN APPROVED BY: JOK ULYSSES KANSAS 67880 Energy 190' FWL SCALE: 1" = 200" PH.: (620)356-6940 2330 B LAKEVIEW DRIVE AMARILLO, TEXAS 79109 PH.:(806)418-5253 NW/4 OF NW/4 OF NW/4 DATE: 2/13/13 FAX: (620)356-6950 SECTION 23, T-29-S, R-38-W LATITUDE: 37"31'05.26461" N LONGITUDE: 101°27'08.04337" W T-29-S, R-38-W**GROUND ELEVATION: 3092.7** GRANT COUNTY, KANSAS SE/4SW/4SEC 14 SEC 15 50 PROPOSED PIPELINE 60 SEC 23 150 (GRADED ROAD) WHEAT STUBBLE 190 LINN OPERATING INC. HICKOK D-4 ATU-64 80 DATUM NAD 27 37°31'05.26461" LAT. NE/4LON. 101°27'08.04337" SEC 22 NW/4GRANT COUNTY, KANSAS SEC 23 NOTES: 1) THIS PLAT DOES NOT REPRESENT A TRUE BOUNDARY SURVEY. THE FOOTAGES AND TIES SHOWN ARE FROM LINES OF OCCUPATION WHICH MAY NOT BE ACTUAL 2) CONTRACTOR TO CONTACT ONE-CALL FOR FOREIGN UTILITY LOCATIONS PRIOR TO ANY EXCAVATION OR CONSTRUCTION. 3) NAD 27 LAT-LONG JOHN DAVID KELLER, L.S. NO. 1518

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.					
TEASE Hickok	150 N feet from south/north line of section				
WELL NUMBER D-4 ATU-64	190 W feet from east / west line of section				
FIELD Hugoton & Panoma					
	SECTION 23 TWP 29 (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 ibutable acreage for prorated or spaced wells).				
(Show the location of the well and shade acti-	boundary line; and show footage to the nearest				
(Show the footage to the hearest lease of unit common source supply well).	. boundary rine, and blow restage to the homes				
common source supply well).					
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	SEWARD CO.				
The undersigned hereby certifies as Re	equlatory Compliance Advisor (title) for				
Linn Operating, Inc.					
<u> </u>	(Co.), a duly authorized agent, that all				
information shown hereon is true and correct	to the best of my knowledge and belief, that all med herein is held by production from that well				
acreage claimed attributable to the well had	e to be assigned to the well upon the filing of				
this form and the State test, whichever is	later.				
	ature Mann Hierry				
7	Par Delenda Collation				
1././	Notary Public				
My Commission expires /2/27/20/5 Notary Public FORM CG-8 (12/94)					

