

Well will not be drilled or Permit Expired Date: _

Signature of Operator or Agent:

| For KCC | Use: |
|------------|----------|
| Effective | Date: |
| District # | <u> </u> |
| 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

| month day year | Spot Description: |
|--|--|
| | Sec Twp S. R L E L V |
| PPERATOR: License# | feet from N / S Line of Section |
| ame: | 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) |
| ity: State: Zip: + | County: |
| ontact Person:hone: | Lease Name: Well #: |
| | Field Name: |
| CONTRACTOR: 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 wall information as fallows: | Surface Pipe by Alternate: 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: |
| Directional, Deviated or Horizontal wellbore? | Water Source for Drilling Operations: |
| Directional, Deviated or Horizontal wellbore? Yes No Yes, true vertical depth: | Well Farm Pond Other: |
| Bottom Hole Location: | DWR Permit #: |
| CCC DKT #: | (Note: Apply for Permit with DWR) |
| | Will Cores be taken? |
| | If Yes, proposed zone: |
| | 100, proposou 201101 |
| AF | FIDAVIT |
| | FIDAVIT |
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Agent:

Spud date: _

| For KCC Use ONLY | |
|------------------|---|
| API # 15 | _ |

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

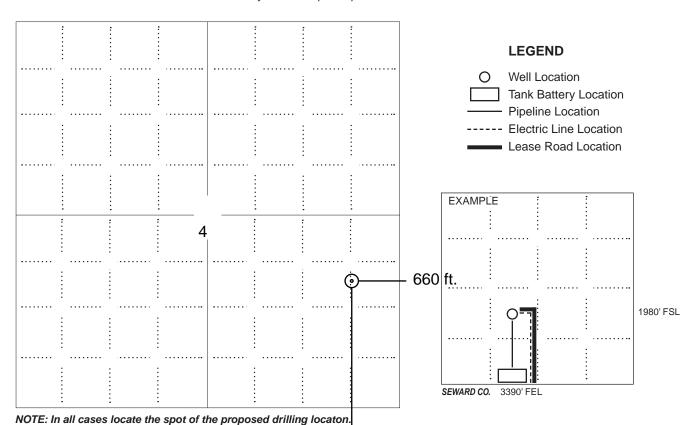
In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

| Operator: | Location of Well: County: | |
|---------------------------------------|--|--|
| Lease: | feet from N / S Line of Section | |
| Well Number: | feet from E / W Line of Section | |
| Field: | Sec Twp S. R | |
| Number of Acres attributable to well: | 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.



1735 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.
- 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.

CORRECTION #1

1130963

Form CDP-1 May 2010 Form must be Typed

APPLICATION FOR SURFACE PIT

Kansas Corporation Commission Oil & Gas Conservation Division

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 co Pit capacity: | Existing nstructed: | SecTwp R East WestFeet from North / South Line of SectionFeet from East / West Line of Section | | |
| | | (bbls) | County | | |
| Is the pit located in a Sensitive Ground Water A | Area? Yes | No | Chloride concentration: mg/l (For Emergency Pits and Settling Pits only) | | |
| Is the bottom below ground level? Yes No Artificial Liner? Yes No | | No | How is the pit lined if a plastic liner is not used? | | |
| Pit dimensions (all but working pits): | Length (fe | et) | Width (feet) N/A: Steel Pits | | |
| Depth fro | om ground level to dee | epest point: | (feet) No Pit | | |
| If the pit is lined give a brief description of the li material, thickness and installation procedure. | | | dures for periodic maintenance and determining ncluding 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: | | Drilling, Work | over and Haul-Off Pits ONLY: | | |
| Producing Formation: | | Type of materia | al 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 | spilled fluids to | Drill pits must be closed within 365 days of spud date. | | | |
| Submitted Electronically | | | | | |
| KCC OFFICE USE ONLY | | | | | |
| Date Received: Permit Num | ber: | Permi | Liner Steel Pit RFAC RFAS it Date: Lease Inspection: Yes No | | |

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1130963

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 🔲 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: | | |
| the KCC with a plat showing the predicted locations of lease roads, tank | dic Protection Borehole Intent), you must supply the surface owners and a 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. | |
| owner(s) of the land upon which the subject well is or will be lo | ct (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. | |
| | cknowledge that, because I have not provided this information, the vner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form. | |
| 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 | | |

Summary of Changes

Lease Name and Number: WWWM 2-4

API/Permit #: 15-109-21167-00-00

Doc ID: 1130963

Correction Number: 1

Approved By: Rick Hestermann 04/01/2013

| Field Name | Previous Value | New Value |
|-----------------------------|-------------------------------|-------------------------------|
| API | 15-109-21886-00-00 | 15-109-21167-00-00 |
| KCC Only - API Number | 15-109-21886-00-00 | 15-109-21167-00-00 |
| KCC Only - Approved By | Rick Hestermann 03/29/2013 | Rick Hestermann 04/01/2013 |
| KCC Only - Approved Date | 03/29/2013 | 04/01/2013 |
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