

please check the box below and return to the address below.

Well will not be drilled or Permit Expired Date: \_

Signature of Operator or Agent:

For KCC	Use:	
Effective	Date:	
District #		
SGA?	Yes No	

SGA?

### 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**

•	Surface Owner Notification Act, MUST be submitted with this form.				
Expected Spud Date:	Spot Description:				
o.a udy you.	Sec Twp S. R E				
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):				
Well Drilled For: Well Class: Type Equipment:	Nearest Lease or unit boundary line (in footage):				
	Ground Surface Elevation:feet MSL				
Oil Enh Rec Infield Mud Rotary  Gas Storage Pool Ext. Air Rotary	Water well within one-quarter mile:				
Gas Storage Pool Ext. Air Rotary  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:				
	Surface Pipe by Alternate: I 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:				
	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:	(Note: Apply for Permit with DWR )				
KCC DKT #:	Will Cores be taken?				
	If Yes, proposed zone:				
A E.	EIDAV/IT				
	FIDAVIT				
The undersigned hereby affirms that the drilling, completion and eventual plu	agging of this well will comply with K.S.A. 55 et. seq.				
It is agreed that the following minimum requirements will be met:					
<ol> <li>Notify the appropriate district office <i>prior</i> to spudding of well;</li> </ol>					
2. A copy of the approved notice of intent to drill <b>shall be</b> posted on each	9 0,				
<ol><li>The minimum amount of surface pipe as specified below shall be set through all unconsolidated materials plus a minimum of 20 feet into th</li></ol>					
4. If the well is dry hole, an agreement between the operator and the dis					
5. The appropriate district office will be notified before well is either plugg	, , , , , , , , , , , , , , , , , , , ,				
6. If an ALTERNATE II COMPLETION, production pipe shall be cemente	d from below any usable water to surface within 120 DAYS of spud date.				
• • • • • • • • • • • • • • • • • • • •	133,891-C, which applies to the KCC District 3 area, alternate II cementing				
must be completed within 30 days of the spud date or the well shall be	e plugged. In all cases, NOTIFY district office prior to any cementing.				
ubmitted Electronically					
For KCC Hos ONLY	Remember to:				
For KCC Use ONLY	- File Certification of Compliance with the Kansas Surface Owner Notification				
API # 15	Act (KSONA-1) with Intent to Drill;				
Conductor pipe requiredfeet	- File Drill Pit Application (form CDP-1) with Intent to Drill;				
Minimum surface pipe requiredfeet per ALT.	- File Completion Form ACO-1 within 120 days of spud date;				
	- File acreage attribution plat according to field proration orders;				
Approved by:	<ul> <li>Notify appropriate district office 48 hours prior to workover or re-entry;</li> <li>Submit plugging report (CP-4) after plugging is completed (within 60 days);</li> </ul>				
This authorization expires:	Obtain written approval before disposing or injecting salt water.				
(This authorization void if drilling not started within 12 months of approval date.)	- Oblain Willen approval before disposing or infecting sail water.				

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Spud date: \_



SEWARD CO. 3390' FEL

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.

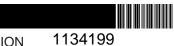
Location of Well: County: \_\_

Lease:										feet	from	N /	S Line	of Section
Well Numb	er:									feet	from	E /	W Line	of Section
Field:			_ Se	Sec Twp S. R				E W						
Number of Acres attributable to well:			is Section.											
						If Section is Irregular, locate well from nearest corner boundary.  Section corner used: NE NW SE SW				dary.				
			atteries, pi		d electrica	the neare	required b	y the Kan	dary line. Sl sas Surface sired.					
		:	:	:		:	:	:			LEGE	END		
1713 ft			•		•••••					<u> </u>	Tank E Pipelir Electri	ocation Battery Line Locatic Line Line Line Line Line Line Line Line	ion ocation	
				1					E	EXAMPLE :			:	
		·				:								
		:					:				0-7		 !	1980' FSL

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  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?	Artificial Liner?	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 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, Work	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 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					



1134199

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

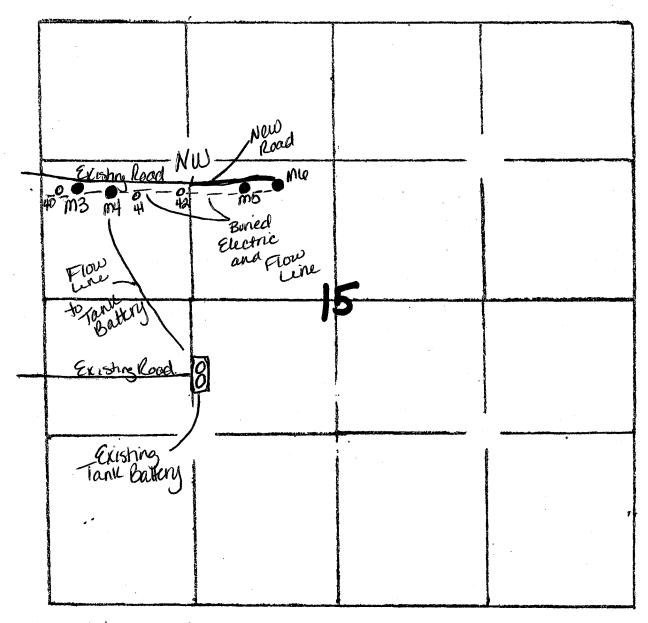
# CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

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					

LEASE	NAME Dearmond.	
LEGAL	15-345-12E	



• Proposed Wells — To be completed using existing Flow Lines and Existing Tank Battery.

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

April 22, 2013

MARK W. McCANN Quito, Inc. 1613 W 6TH ST BARTLESVILLE, OK 74003-3712

Re: Drilling Pit Application
DEARMOND M-6
NW/4 Sec.15-34S-12E
Chautauqua County, Kansas

#### Dear MARK W. McCANN:

District staff has inspected the above referenced location and has determined that the reserve pit shall be constructed **without slots**, the bottom shall be flat and reasonably level, and the free fluids must be removed. The fluids are to be removed from the reserve pit as soon as practical after drilling operations have ceased.

If production casing is set all completion fluids shall be removed from the working pits daily. NO completion fluids or non-exempt wastes shall be placed in the reserve pit.

The fluids should be taken to an authorized disposal well. Please call the District Office at (620) 432-2300 when the fluids have been removed. Please file form CDP-5 (August 2008), Exploration and Production Waste Transfer, through KOLAR within 30 days of fluid removal.

A copy of this letter should be posted in the doghouse along with the approved Intent to **Drill**. If you have any questions or concerns please feel free to contact the District Office at (620) 432-2300.