

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**

	e (5) days prior to commencing well s Surface Owner Notification Act, MUST be submitted with this form.						
Expected Spud Date:	Spot Description:						
month day year							
	(Q/Q/Q/Q) section   N / S Line of Section						
OPERATOR: License#	feet from E / W Line of Section						
Name:	Is SECTION: Regular Irregular?						
Address 1:							
Address 2: State: Zip: +	(Note: Locate well on the Section Plat on reverse side)						
Contact Person:	County						
Phone:	Lease Name: Well #:						
CONTRACTOR: Lineary	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):						
Oil Enh Rec Infield Mud Rotary	Ground Surface Elevation:feet MSL						
Gas Storage Pool Ext. Air Rotary	Water well within one-quarter mile: Yes No						
Disposal Wildcat Cable	Public water supply well within one mile: Yes No						
Seismic;# of Holes Other	Depth to bottom of fresh water:						
Other:	Depth to bottom of usable water:						
	Surface Pipe by Alternate: I 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:						
	Water Source for Drilling Operations:						
Directional, Deviated or Horizontal wellbore?	Well Farm Pond Other:						
If Yes, true vertical depth:							
Bottom Hole Location:	(Note: Apply for Permit with DWR )						
KCC DKT #:	Will Cores be taken?						
	If Yes, proposed zone:						
	FIDAVIT						
The undersigned hereby affirms that the drilling, completion and eventual pl	ugging 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 prior to spudding of well;</li> </ol>							
2. A copy of the approved notice of intent to drill shall be posted on eac	5 5,						
3. The minimum amount of surface pipe as specified below <b>shall be set</b>							
through all unconsolidated materials plus a minimum of 20 feet into the	ne underlying formation.  Strict office on plug length and placement is necessary <b>prior to plugging</b> ;						
<ol> <li>The appropriate district office will be notified before well is either plug</li> </ol>	, , , , , , , , , , , , , , , , , , , ,						
11 1	ed from below any usable water to surface within <i>120 DAYS</i> 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.						
Submitted Electronically							
,	Remember to:						
For KCC Use ONLY							
API # 15	- File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill;						
	- File Drill Pit Application (form CDP-1) with Intent to Drill;						
Conductor pipe requiredfeet	- File Completion Form ACO-1 within 120 days of spud date;						
Minimum surface pipe required feet per ALTIII	- 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> </ul>						
This authorization expires:	- Submit plugging report (CP-4) after plugging is completed (within 60 days);						
(This authorization void if drilling not started within 12 months of approval date.)	- Obtain written approval before disposing or injecting salt water.						
, and the state of	If well will not be drilled or permit has expired (See: authorized expiration data)						

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:										fee	et from	N /	S Line	of Section
Well Numb	er:									fee	et from	E /	W Lin€	of Section
Field:			Se	c	Twp	8	S. R		E	W				
Number of Acres attributable to well:		_ IS 3	Is Section: Regular or Irregular											
								Section is		, locate we		arest co		dary.
			atteries, pi		d electrica	the neare		y the Kans	as Surfac	Show the page Owner N				
		:	:				:				LEGE	ND		
1650 ft			•							0	<ul><li>Pipelin</li><li>Electric</li></ul>	ocation cattery L e Locati c Line Lo Road Lo	ion ocation	
				3	2					EXAMPLE :: 				
					•••••					ii	9			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 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				



1136361

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:							
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	_						

