

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	

#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1136419

Form C-1

March 2010

Form must be Typed

Form must be Signed

All blanks must be Filled

## NOTICE OF INTENT TO DRILL

	Spot Description:
month day year	Sec Twp S. R E V
OPERATOR: License#	(O/O/O/O) 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):
Mall Daille d Farm Wall Oleans Time Familiane at	Nearest Lease or unit boundary line (in footage):
Well Drilled For: Well Class: Type Equipment:	Ground Surface Elevation:feet MS
Oil Enh Rec Infield Mud Rotary	Water well within one-quarter mile:
Gas Storage Pool Ext. Air Rotary	Public water supply well within one mile:
Disposal Wildcat Cable	Depth to bottom of fresh water:
Seismic ; # of Holes Other	Depth to bottom of usable water:
Other:	Surface Pipe by Alternate:
If OWWO: old well information as follows:	Length of Surface Pipe Planned to be set:
	Length of Conductor Pipe (if any):
Operator:	Projected Total Depth:
Well Name: Original Total Ponth:	Formation at Total Depth:
Original Completion Date: Original Total Depth:	Water Source for Drilling Operations:
Directional, Deviated or Horizontal wellbore?	Well Farm Pond Other:
f Yes, true vertical depth:	
Bottom Hole Location:	DWR Permit #:(Note: Apply for Permit with DWR )
(CC DKT #:	Will Cores be taken?
	If Yes, proposed zone:
ΛEΓ	FIDAVIT
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Spud date: \_

Side Two



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.

erator:	Location of Well: County:	
ase:	feet from N / S Lin	e of Section
ll Number:		e of Section
ld:	Sec Twp S. R L E	W
mber of Acres attributable to well:	is section.     Negulai of     Integulai	
	If Section is Irregular, locate well from nearest corner bou Section corner used: NE NW SE SW	ndary.
lease roads, tank batteries, pipelines and electrical line	PLAT nearest lease or unit boundary line. Show the predicted locations of es, as required by the Kansas Surface Owner Notice Act (House Bill 2032). ttach a separate plat if desired.	
	LEGEND	
	O Well Location  Tank Battery Location	
	Lease Road Location	
15	EXAMPLE : : : : :	
15	EXAMPLE	1980' FSL

#### 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).

150 ft.

5. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.



## Kansas Corporation Commission Oil & Gas Conservation Division

1136419 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
Producing Formation: Type of mate  Number of producing wells on lease: Number of w  Barrels of fluid produced daily: Abandonmer  Does the slope from the tank battery allow all spilled fluids to flow into the pit? Yes No No Drill pits mus		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 O	NLY
Date Received: Permit Num	ber:		Liner Steel Pit RFAC RFAS  t Date: Lease Inspection: Yes No



1136419

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:+	<ul> <li>If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:</li> </ul>	
Contact Person:		
Phone: ( ) Fax: ( )		
Email Address:		
Surface Owner Information:		
Name:	When filing a Form T-1 involving multiple surface owners, attach an addition	
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		

LINN OPERATING INC. RIDER B-4 ATU-21

150' FSL 180' FEL

SE/4 OF SE/4 OF SE/4 SECTION 15, T-27-S, R-38-W LATITUDE: 37°41'35.57229" N LONGITUDE: 101°27'15.66129" W **GROUND ELEVATION: 3100.8'** 

Keller

urveying & 2330 B LAKEVIEV DRIVE AMARILLO, TEXAS 79109 PH:(806)418-5253

SCALE: 1" = 200"

DATE 2/28/13

DRAWN BY: MTK

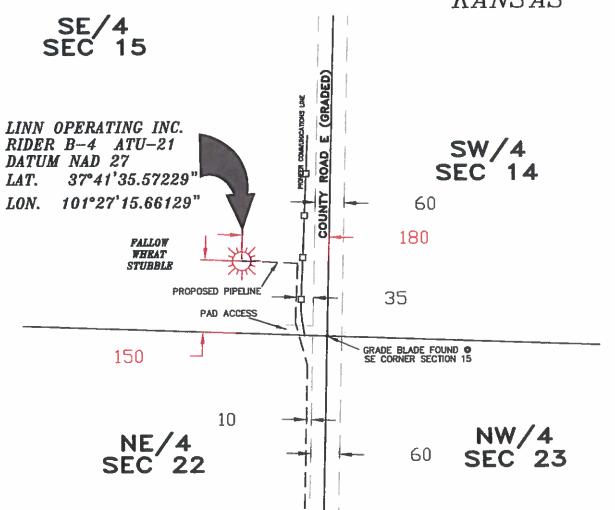
APPROVED BY: JOK

LINN Energy HARDAD LIN

2225 VL OKLAHOMA AVE ULYSSES KANSAS 67880 PH:(620)356-5940 FAX: (620)356-6950

T-27-S, R-38-WGRANT COUNTY, KANSAS





JOHN DAVID KELLER, L.S. NO. 1518

#### NOTES:

- 1) THIS PLAT DOES NOT REPRESENT A TRUE BOUNDARY SURVEY. THE FOOTAGES AND THES SHOWN ARE FROM LINES OF OCCUPATION WHICH MAY NOT BE ACTUAL PROPERTY LINES.
- 2) CONTRACTOR TO CONTACT ONE-CALL FOR FOREIGN UTILITY LOCATIONS PRIOR TO ANY EXCAVATION OR CONSTRUCTION.
- 3) NAD 27 LAT-LONG

GRANT COUNTY, KANSAS

LINN OPERAT

## 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

ART NUMBER 15-

	LOCATION OF WELL: COUNTY Grant
OPERATOR Linn Operating, Inc.	150 S feet from south/north line of section
LEASE Rider	1000 1100 00000/100100 12000 01
WELL NUMBER B-4 ATU-21	180 E feet from east / west line of section
FIELD Hugoton-Panoma	SECTION 15 TWP 27 (S) RG 38W E/W
NUMBER OF ACRES ATTRIBUTABLE TO WELL 640 QTR/QTR/QTR OF ACREAGE SE SE SE SE	SECTION 15 TWP 27 (S) RG 38W E/W IS SECTION X REGULAR OF IRREGULAR IF SECTION IS IRREGULAR, LOCATE WELL FROM NEAREST CORNER BOUNDARY. (check line below) Section corner used: NE NW X SE SW
	ributable acreage for prorated or spaced wells).
(Show the location of the well and Bhade acti	t boundary line; and show footage to the nearest
(Show the rootage to the hearest rease or uni	c boundary true, and snow rootage to the houses
common source supply well).	
	· de out
	see wo ained
	many
	11 org
	·
	EXAMPLE .
	1980
	10
	. 3390'
	.     .
	.
	SEWARD CO.
The undersigned hereby certifies as R	equiatory Compliance Advisor (title) for
<u>-</u>	<del></del>
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 na	med herein is held by production from that well
and hereby make application for an allowabl	e to be assigned to the well upon the filing of
this form and the State test, whichever is	later.
Sign	lature Shaw Hierun
Subscribed and sworn to before me on this	25th day of April , 19 2013
	Stry Belina Callagon
intentant	Notary Public
My Commission expires /42/180/5	FORM CG-8 (12/94)

