

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CB-1 March 2010 Form must be Typed Form must be Signed

CATHODIC PROTECTION BOREHOLE INTENT All blanks must be Filled

Must be approved by the KCC sixty (60) days prior to commencing well.

| Address 1: Address 2: Address 3: Address 5: Address 6: Address 7: Address 7: Address 8: Address 7: Address 7: Address 8: Address 7: Address 8: Address 8: Address 7: Address 8: Address 9: Add | |
|--|------------|
| OPERATOR: License# Name: Address 1: Address 2: City: State: Zip: + Contact Person: Feet from E / W Line Is SECTION: Regular Irregular? (Check directions from nearest outside corner boundries) Is SECTION: Regular Irregular? (Check directions from nearest outside corner boundries) County: Facility Name: Borehole Number: Ground Surface Elevation: Cathodic Borehole Total Depth: Depth to Bedrock: Water Information Aquifer Penetration: None Single Multiple Depth to bottom of fresh water: Depth to bottom of fresh water: Depth to bottom of fresh water: Depth to bottom of suable water: Depth to bottom of fresh water: Depth to bottom of presh pre | |
| SECTION: Get from N / S Line | |
| Address 1: | of Section |
| Address 2: | f Section |
| Contact Person: | |
| Contract Person: | |
| Phone: | |
| CONTRACTOR: License# | |
| Name: | |
| Name: | MSI |
| Depth to Bedrock: Water Information | fee |
| Air Rotary Other | fee |
| Aquifer Penetration: None Single Multiple Aquifer Penetration: None Single Multiple | |
| Planned to be set: | |
| Length of Conductor pipe (if any): | |
| Length of Conductor pipe (if any): | |
| Surface casing borehole size: | |
| Cathodic surface casing size: | |
| Water Well Location: Water Well Location: DWR Permit # | |
| DWR Permit # Standard Dimension Ratio (SDR) is = (Cathodic surface casing will terminate at: Above surface Surface Vault Below Surface Vault Pitless casing adaptor will be used: Yes No Depth feet Anode installation depths are: ; ; ; ; ; | |
| Standard Dimension Ratio (SDR) is = (Cathodic surface csg. O.D. in inches / MWT in inches = SDR) Anode installation depths are: ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | |
| Pitless casing adaptor will be used: Yes No Depth feet Anode installation depths are:;;;;;;; | |
| Annular space between borehole and casing will be grouted with: Annular space between borehole and casing will be grouted with: Concrete Neat Cement Bentonite Cement Bentonite Cement Annular space between borehole and casing will be grouted with: Annular space between borehole and casing will be grouted with: Annular space between borehole and casing will be grouted with: Annular space between borehole and casing will be grouted with: Annular space between borehole and casing will be grouted with: Annular space between borehole and casing will be grouted with: Annular space between borehole and casing will be grouted with: Annular space between borehole and casing will be grouted with: Depth of Base of Backfill installation material: Depth of TOP of Backfill installation material: Borehole will be Pre-Plugged? Yes No | |
| Anode installation depths are:;;;;;;;;; | |
| Anode vent pipe will be set at: | |
| Anode conductor (backfill) material TYPE: Depth of BASE of Backfill installation material: Depth of TOP of Backfill installation material: Depth of TOP of Backfill installation material: Borehole will be Pre-Plugged? Yes No | |
| AFFIDAVIT The undersigned hereby affirms that the drilling, completion and eventual plugging Depth of BASE of Backfill installation material: Depth of TOP of Backfill installation material: Borehole will be Pre-Plugged? Yes No | |
| AFFIDAVIT The undersigned hereby affirms that the drilling, completion and eventual plugging Depth of TOP of Backfill installation material: Borehole will be Pre-Plugged? Yes No | |
| The undersigned hereby affirms that the drilling, completion and eventual plugging Borehole will be Pre-Plugged? Yes No | |
| The undersigned hereby affirms that the drilling, completion and eventual plugging | |
| | |
| of this well will comply with K.S.A. 55-101 et. seq. | |
| t is agreed that the following minimum requirements will be met: | |
| Neith the committee District office and another and another the control of the control of the control of the District Office and the District Office a | |
| . Notify the appropriate District office prior to spudding and again before plugging the well. An agreement between the operator and the District Office on plugs and placement is necessary prior to plugging. In all cases, notify District Office prior to any grouting. | |
| 2. Notify appropriate District Office 48 hours prior to workover or re-entry. | |
| 3. A copy of the approved notice of intent to drill shall be posted on each drilling rig. | |
| The minimum amount of cathodic surface casing as specified below shall be set by grouting to the top when the cathodic surface casing is set. | |
| 5. File all required forms: a. File Drill Pit Application (form CDP-1) with Intent to Drill (form CB-1). b. File Certification of Compliance with Kansas Surface Owner Notific | ation Act |
| (form KSONA-1) with Cathodic Protection Borehole Intent (CB-1) c. File Completion Form (ACO-1) within 30 days from spud date. | |
| d. Submit plugging report (CP-4) within 30 days after final plugging is completed. | |
| en en la manual de la companya de l | |
| | |
| Submitted Electronically | |
| | |
| For KCC Lies ONLY | |
| For KCC Use ONLY | |
| API # 15 If this permit has expired or will not be drilled, check a box below, sign, date an | return |
| Conductor pipe requiredfeet to the address below. | |
| Minimum Cathodia Surface Coping Required: | |
| Minimum Cathodic Surface Casing Required:feet Permit Expired Well Not Drilled | |
| Approved by: | |
| This authorization expires: | |
| (This authorization void if drilling not started within 12 months of approval date.) | |
| Date Signature of Operator or Agent | |
| Spud date: Agent: | |



SEWARD CO. 3390' FEL

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

IN ALL CASES, PLEASE FULLY COMPLETE THIS SIDE OF THE FORM.

In all cases, please fully complete this side of the form. Include items 1 through 3 at the bottom of this page.

| Operator: | | | Loc | ation of Well: Cour | ntv. | | |
|------------------|---|---|------|--|----------------------|--|-------------------|
| • | | | | ation of well. Coal | feet from | \square N / \square S | Line of Section |
| • | | | | | | | |
| Borehole Number: | | | | cTwp | feet from S. R | | Line of Section W |
| | | | Is S | Section: Regu | ılar or 🗌 Irregula | ar | |
| | | | | ection is Irregular stion corner used: | , locate well from I | nearest corner | boundary. |
| | | athodic Borehole. Show foot ries, pipelines and electrical You ma | - | y the Kansas Surfa | | | |
| | | | | | LEC | SEND | |
| 100 ft. | • | | | | Tank Pipe | Location Battery Location tric Line Location Representation | tion |
| | | 33 | | | EXAMPLE : | | |
| | | | | | | | |
| | | | | | φ - | · · | 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 section's south / north and east / west; line.
- 3. 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 West Feet from North / South Line of Section Feet from East / West Line of Section County | | |
| 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 | | |
| Depth fro | om ground level to dee | epest point: | (feet) No Pit | | |
| material, thickness and installation procedure. liner integrity, including any special monitoring. | | | | | |
| Distance to nearest water well within one-mile of | or pit: | Depth to shallowest fresh water feet. Source of information: | | | |
| feet Depth of water well | feet | measured | well owner electric log KDWR | | |
| Producing Formation: Type of material Number of producing wells on lease: Number of wor | | | cover and Haul-Off Pits ONLY: rial utilized in drilling/workover: prking pits to be utilized: t procedure: | | |
| Does the slope from the tank battery allow all s flow into the pit? Yes No | pilled fluids to | Drill pits must be closed within 365 days of spud date. | | | |
| Submitted Electronically | | | | | |
| | KCC | OFFICE USE O | NLY Liner Steel Pit RFAC RFAS | | |
| Date Received: Permit Numl | ber: | Permi | t Date: Lease Inspection: Yes No | | |



1137034

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:+ | 3 | | | | |
| Contact Person: | the lease below: | | | | |
| Phone: () Fax: () | | | | | |
| Email Address: | | | | | |
| Surface Owner Information: | | | | | |
| Name: | | | | | |
| 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 in 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 | | | | | |

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

IN ALL CASES, PLEASE FULLY COMPLETE THIS SIDE OF THE FORM.

| In all cases, please fully complete this side of the form. Include items 1 through 3 at the bottom of this page. | | | | | | | | |
|--|--|--|--|-----------|------------------------------------|---|--|--|
| Operator: Southern Stan Centur (A 5 Facility Name: WHEELER RECTIFIED #107 (6 Borehole Number: Z | | | | | Location of Well: County: 14/3 | | | |
| lea | | | | s require | st lease or un d by the Kans | it boundary line. Show the predicted locations of las Surface Owner Notice Act (House Bill 2032). ired. LEGEND O Well Location Tank Battery Location —— Pipeline Location —— Electric Line Location —— Lease Road Location EXAMPLE | | |

1980' FSL

SEWARD CO. 3390' FEL

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