

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

Form C-1 March 2010 Form must be Typed Form must be Signed All blanks must be Filled

NOTICE OF INTENT TO DRILL

Expected Spud Date:	Spot Description:
monur day year	
PERATOR: License#	feet from N / S Line of Section
lame:	feet from E / W Line of Section
ddress 1:	Is SECTION: Regular Irregular?
ddress 2:	
State:	County:
Contact Person:	Lease Name: Well #:
hone:	Field Name:
ONTRACTOR: 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):
	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 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:	
Well Name:	Projected Total Depth:
Original Completion Date: Original Total Depth:	
Original Completion Bate.	Water Source for Drilling Operations:
Directional, Deviated or Horizontal wellbore?	Well Farm Pond Other:
f Yes, true vertical depth:	DWR Permit #:
Bottom Hole Location:	(Note: Apply for Permit with DWR)
(CC DKT #:	
CCC DKT #:	
	Will Cores be taken? Yes N If Yes, proposed zone:
AF	Will Cores be taken? If Yes, proposed zone: FIDAVIT
AF The undersigned hereby affirms that the drilling, completion and eventual p	Will Cores be taken? If Yes, proposed zone: FIDAVIT
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Side Two



For KCC Use ONLY	
API # 15	

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

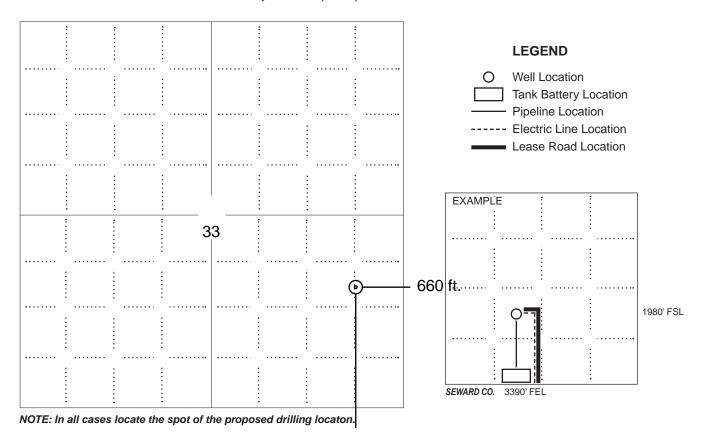
In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

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).

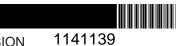
You may attach a separate plat if desired.



1650 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.



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:	Pit is:					
☐ Emergency Pit ☐ Burn Pit ☐ Proposed ☐ Settling Pit ☐ Drilling Pit If Existing, date contained		Existing	SecTwp R			
		nstructed:	Feet from North / South Line of SectionFeet from East / West Line of SectionCounty			
Workover Pit Haul-Off Pit (If WP Supply API No. or Year Drilled)	Pit capacity:					
	(bbls)					
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?		How is the pit lined if a plastic liner is not used?			
Yes No	Yes N	No .				
Pit dimensions (all but working pits):	Length (fe	et)	Width (feet) N/A: Steel Pits			
	om ground level to dee					
If the pit is lined give a brief description of the li material, thickness and installation procedure.	ner	Describe procedures for periodic maintenance and determining liner integrity, including 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 wellfeet		measured well owner electric log KDWR				
Emergency, Settling and Burn Pits ONLY:		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 spilled fluids to flow into the pit? Yes No		Drill pits must be closed within 365 days of spud date.				
Submitted Electronically						
KCC OFFICE USE ONLY Liner Steel Pit RFAC RFAS						
Date Received: Permit Num	her:	Parmi	t Date: Lease Inspection:Yes No			



1141139

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				

STATE OF KANSAS STATE CORPORATION COMMISSION

15-009-03198-0000

Give All Information Completely Make Required Affidavit Mail or Deliver Report to:	WELL PLUGGING RECORD				,,			
Conservation Division State Corporation Commission 212 North Market, Insurance Bldg.								
Wichita, Kansas NORTH	Bar Location as "N	ton E/CNW#SW#" c	Cour	ty. Sec. 33 T	wp. <u>168</u> Rge. 2 NE SE	(<u>X</u>) <u>11</u> (W)		
	Location as "NE/CNW%SW%" or footage from lines C S/2 NE SE Lease Owner Gulf Oil Corporation							
	Lease Name _	Cynthia Ri	eman			Well No. 4		
	Office Address 316 Union Center Bldg., Wichita 2, Kansas							
	Character of Well (completed as Oil, Gas or Dry Hole) Oil Date well completed 2-28 19.51							
						19_ <u>59</u> 19_59		
! ! !						19 59		
		leted			5-11	19 59		
			or produci	ng formation W	ell operati	ng below its		
	economic	Will the RA COLD BY MALE						
	Was permissio	well is abandone	ed, date of	last production_	5-16	19_56_		
Locate well correctly on above Section Plat	menced?	Yes	the Conser	vation Division o	r its agents befor	e plugging was com-		
Name of Conservation Agent who supe	rvised plugging of th	is well Don	ald Tru	an	24.02			
Producing formation Arbuckle	<u> </u>	Depth to top_33	72 ' Botto	m3393'	Total Depth of V	Vell 3393 Feet		
Show depth and thickness of all water,	oil and gas formation	ns.			- rail			
OIL, GAS OR WATER RECORD	S				C	ASING RECORD		
FORMATION	CONTENT	FROM	то	SIZE				
			- 10	8-5/8"	756'	PULLED DUT		
				1 7/3	170	-0-		
				5-1/2"	33741	26821		
		-						
to 275'. Mudded hole				and capper	I WILLI IO S	acks cement.		
			DE	PEINE				
			STATE CO	Physical Carl	1.75			
				MAY101	. 1			
			CONT	CALATION CON	astor			
-				Wichite, News	S			
Name of Plugging Contractor Mor		description is necess	sary, use BAC					
	chinson, Kans		-6					
TATE OF Kansas Thomas A. Trax	, cot							
vell, being first duly sworn on oath, s		owledge of the f	mpioyee of acts. statem	owner) or (owner)	er or operator) of	the above-described		
bove-described well as filed and that	the same are true ar	id correct. Sø h	elp me God	l.	Herein Containe	and the log of the		
		(Signature)	11			S		
					172-1-1	0 17		
		210	OUTOU	Center Bldg	ddress)	<, Kansas		
Subscribed and Sworn to befor	e me this 12th	day of	May	ROUSER, NOT	5	9_		
- 5			1 ay	WK	Quer			
Ay commission expires 2-4-63			RAY W.	ROUSER, NOT	ARY DITELLA	Notary Public.		

CONTRACTOR OF THE PARTY OF THE

My commission expires____

PLUGGING FILE SEC 33T 16 R 11W BOOK PAGE 28 LINE 3

