

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

	Spot Description:
month day year	Sec Twp S. R
DPERATOR: License#	(O/O/O/O) feet from N / S Line of Section
lame:	feet from E / W Line of Section
ddress 1:	Is SECTION: Regular Irregular?
ddress 2:	(Note: Locate well on the Section Plat on reverse side)
City:	
Contact Person:	Lease Name: Well #:
Phone:	Field Name:
CONTRACTOR: License#	
Name:	Target Formation(s):
	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	
Disposal Wildcat Cable	,
Seismic ; # of Holes Other	Depth to bottom of fresh water:
Other:	Depth to bottom of usable water:
If OWWO: old well information as follows:	Surface Pipe by Alternate: II III
	Length of Surface Pipe Planned to be set:
Operator:	
Well Name:	Projected Total Depth:
Original Completion Date: Original Total Depth:	
Directional, Deviated or Horizontal wellbore?	Water Source for Drilling Operations:
Directional, Deviated or Horizontal wellbore? Yes \ Yes \ N f Yes, true vertical depth:	
Bottom Hole Location:	DWK Femili #.
KCC DKT #:	(Note: Apply for Permit with DWR)
	vviii cores se taken:
	If Yes, proposed zone:
	AFFIDAVIT
The undersigned hereby affirms that the drilling, completion and eventua	I plugging of this well will comply with K.S.A. 55 et. seq.
t is agreed that the following minimum requirements will be met:	
1. Notify the appropriate district office <i>prior</i> to spudding of well;	
2. A copy of the approved notice of intent to drill shall be posted on e	each drilling rig;
11 1	set by circulating cement to the top; in all cases surface pipe shall be set
through all unconsolidated materials plus a minimum of 20 feet into	
4. If the well is dry hole, an agreement between the operator and the	district office on plug length and placement is necessary <i>prior to plugging</i> ;
5. The appropriate district office will be notified before well is either n	
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6. If an ALTERNATE II COMPLETION, production pipe shall be ceme	ented from below any usable water to surface within 120 DAYS of spud date.
 If an ALTERNATE II COMPLETION, production pipe shall be ceme Or pursuant to Appendix "B" - Eastern Kansas surface casing order 	7
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6. If an ALTERNATE II COMPLETION, production pipe shall be ceme Or pursuant to Appendix "B" - Eastern Kansas surface casing order must be completed within 30 days of the spud date or the well shall ubmitted Electronically For KCC Use ONLY API # 15	Remember to: - File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill; - File Completion Form ACO-1 within 120 days of spud date; - File acreage attribution plat according to field proration orders;
6. If an ALTERNATE II COMPLETION, production pipe shall be ceme Or pursuant to Appendix "B" - Eastern Kansas surface casing order must be completed within 30 days of the spud date or the well shall be completed. 4. Ubmitted Electronically For KCC Use ONLY API # 15	Remember to: - File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill; - File Completion Form ACO-1 within 120 days of spud date; - File acreage attribution plat according to field proration or re-entry;
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6. If an ALTERNATE II COMPLETION, production pipe shall be ceme Or pursuant to Appendix "B" - Eastern Kansas surface casing order must be completed within 30 days of the spud date or the well shall ubmitted Electronically For KCC Use ONLY API # 15	Remember to: - File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill; - File Completion Form ACO-1 within 120 days of spud date; - File acreage attribution plat according to field proration or re-entry;

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

Spud date: _



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:				_ Lo	Location of Well: County:									
					feet from N / S Line of Section									
Well Number:												of Section		
					_ Se	SecTwpS. R					W			
Number of Acres attributable to well:			15	Is Section: Regular or Irregular										
							If S	Section is ection corne	_	, locate w	ell from n		orner boun SW	dary.
		ads, tank b			d electrica	l lines, as	required b	r unit bound by the Kans e plat if desi	as Surfac					
205 ft	-6	:	:	:		:	:	:			LEG	END		
			:								Well Tank Pipeli	Location Battery Ine Loca	Location tion _ocation	
	••••		:							EXAMPL	Έ			
				2	6								: :	
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	•••••	:					· · · · · · · · · · · · · · · · · · ·	······································		SEWARD CO	3390' FE	L		

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:	Pit is:						
Emergency Pit Burn Pit	Proposed	Existing	SecTwp R				
Settling Pit Drilling Pit	If Existing, date co	nstructed:	Feet from North / South Line of Section				
Workover Pit Haul-Off Pit (If WP Supply API No. or Year Drilled)	Pit capacity:		Feet from East / West Line of Section				
		(bbls)	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?		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	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, 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	pilled fluids to	Drill pits must be closed within 365 days of spud date.					
Submitted Electronically							
Cashinada Elocifornicany							
	KCC OFFICE USE ONLY Liner Steel Pit RFAC RFAS						
Date Received: Permit Num	her·	Permi	t Date: Lease Inspection: Yes No				



Kansas Corporation Commission Oil & Gas Conservation Division

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.

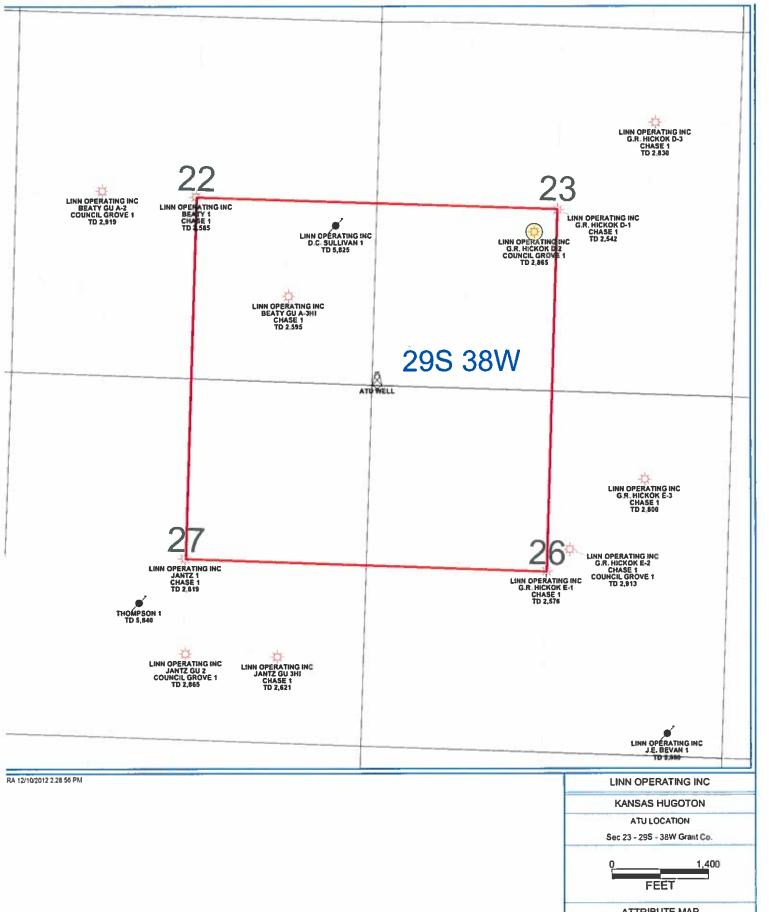
Select the corresponding form being filed: C-1 (Intent) CB-1 (CB-1)	Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)						
OPERATOR: License #	Well Location:						
Name:	SecTwpS. R East						
Address 1:	County:						
Address 2:	Lease Name: Well #:						
City: State: Zip:+	If filing a Form T-1 for multiple wells on a lease, enter the legal description o						
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							

DRAWN BY: MTK 2225 W. OKLAHOMA AVE. LINN OPERATING INC. HICKOK E-4 ATU-63 LINN APPROVED BY: JDK ULYSSES KANSAS 67880 210' FNL SCALE: 1" = 200" Energy PH.:(620)356-6940 205' FWL 2330 B LAKEVIEW DRIVE AMARILLO, TEXAS 79109 PH.:(806)418-5253 NW/4 OF NW/4 OF NW/4 DATE 2/15/13 FAX: (620)356-6950 SECTION 26, T-29-S, R-38-W LATITUDE: 37°30'12.61714" N T-29-S, R-38-WLONGITUDE: 101°27'07.40553" W **GROUND ELEVATION: 3072.6'** GRANT COUNTY, KANSAS SE/4SW/4SEC 22 SEC 23 FOUND COUNTY ROAD 17 (GRADED ROAD) PIONEER COMMUNICATIONS UG LINE 60 PAD ACCESS 210 205 LINN OPERATING INC. HICKOK E-4 ATU-63 NE/4DATUM NAD 27 NATIVE GRASS LAT.37°30'12.61714" SEC 27 101°27'07.40553" LON. 60 PIONEER COMMUNICATIONS UG LINE NW /4 PROPOSED PIPELINE SEC 26 80 NOTES: 1) THIS PLAT DOES NOT REPRESENT A TRUE BOUNDARY SURVEY. THE FOOTAGES AND TIES SHOWN ARE FROM LINES OF OCCUPATION WHICH MAY NOT BE ACTUAL 2) CONTRACTOR TO CONTACT ONE-CALL FOR FOREIGN UTILITY LOCATIONS PRIOR TO ANY EXCAVATION OR CONSTRUCTION. 3) NAD 27 LAT-LONG JOHN DAVID KELLER, L.S. NO. 1518

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

API NUMBER 15-	LOCATION OF WELL: COUNTY Grant				
OPERATOR Linn Operating, Inc.					
LEASE Hickok	210 N feet from south/north line of section				
WELL NUMBER E-4 ATU-63	205 W feet from east / west line of section				
FIELD Hugoton-Panoma	SECTION 26 TWP 29 (S) RG 38W E/W				
NUMBER OF ACRES ATTRIBUTABLE TO WELL 640	IS SECTION X REGULAR OFIRREGULAR				
QTR/QTR/QTR OF ACREAGE NW NW NW	IF SECTION IS IRREGULAR, LOCATE WELL FROM				
	NEAREST CORNER BOUNDARY. (check line below)				
	Section corner used: NE NW SE SW				
(Show the location of the well and shade attri	butable acreage for prorated or spaced wells).				
(Show the footage to the nearest lease or unit	boundary line; and show footage to the nearest				
common source supply well).					
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	EXAMPLE .				
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<u></u>	SEWARD CO.				
	mulataria Camaliana Admiana (title) for				
The undersigned hereby certifies as <u>Ke</u>	qulatory Compliance Advisor (title) for				
Linn Operating, Inc.	(Co.), a duly authorized agent, that all				
	to the best of my knowledge and belief, that all				
INTOCHMENTON SHOWN REFERENTS CITE AND COLLECT	ed herein is held by production from that well				
and because make application for an allowable	to be assigned to the well upon the filing of				
this form and the State test, whichever is 1	ater.				
Signa	ture Menstehrung				
Subscribed and sworn to before me on this	3rd day of July , 19 2013				
The state of the s	barne & Compater ?!				
	oug b. cucares				
19/27/0015	Notary Public				
My Commission expires	FORM CG-8 (12/94)				



ATU LOCATION
Sec 23 - 29S - 38W Grant Co.

1,400
FEET

ATTRIBUTE MAP
Commingled

WELL SYMBOLS
ATU Well Location
Gas Well
Plugged and Abandoned

December 10, 2012