

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

1154322

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:
month day year	Sec Twp S. R
DPERATOR: License#	feet from N / S Line of Section
Name:	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)
State:	County:
Contact Person:	Lease Name: Well #:
hone:	Field Name:
CONTRACTOR: License#	Is this a Prorated / Spaced Field?
lame:	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 MS
Gas Storage Pool Ext. Air Rotary	Water well within one-quarter mile:
Disposal Wildcat Cable	Public water supply well within one mile:
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: I II
<u> </u>	Length of Surface Pipe Planned to be set:  Length of Conductor Pipe (if any):
Operator:	Projected Total Depth:
Well Name: Original Total Depth:	Formation at Total Depth:
Original Completion Date Original Total Deptil	Water Source for Drilling Operations:
Directional, Deviated or Horizontal wellbore?	Well   Farm Pond   Other:
f Yes, true vertical depth:	DWR Permit #:
Bottom Hole Location:	( <b>Note</b> : Apply for Permit with DWR)
(CC DKT #:	Will Cores be taken?
	If Yes, proposed zone:
AFF	If Yes, proposed zone:
	IDAVIT
The undersigned hereby affirms that the drilling, completion and eventual plu	IDAVIT
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The undersigned hereby affirms that the drilling, completion and eventual plu	FIDAVIT gging of this well will comply with K.S.A. 55 et. seq.
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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.

				Location of V	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 Acr	es attributable to	o well:			
		ge:	•	Is Section:	Regular or Irregular
				If Section is Section corne	s Irregular, locate well from nearest corner boundary.  ner used: NE NW SE SW
lea			footage to the nearest l	quired by the Kans	ndary line. Show the predicted locations of sas Surface Owner Notice Act (House Bill 2032). sired.
	:	: :	: :	:	7
					LEGEND
		· · · · · · · · · · · · · · · · · · ·	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	: 	
	:	: :	:	:	O Well Location
	:			:	Tank Battery Location
					Pipeline Location
	:				Electric Line Location
	:			:	Lease Road Location
					•
	:			:	
	:			:	EXAMPLE :
	:	: : .	<u> </u>	:	7
	:	1	9 :	:	
		:	:	: 	
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	i i	·		······································	1980' FSL
					1980' FSL

#### 210 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.

NOTE: In all cases locate the spot of the proposed drilling locaton.

- 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)  Is the pit located in a Sensitive Ground Water A		Existing  nstructed:  (bbls)	SecTwpRBastWest West Bast West West Line of Section Feet from East / West Line of Section County County mg/l (For Emergency Pits and Settling Pits only)	
Is the bottom below ground level?	Artificial Liner?  Yes  N	10	How is the pit lined if a plastic liner is not used?	
Pit dimensions (all but working pits):Length (fee			Width (feet)	
If the pit is lined give a brief description of the li material, thickness and installation procedure.	ilei		dures for periodic maintenance and determining scluding any special monitoring.	
Distance to nearest water well within one-mile of	of pit:	Depth to shallo Source of inforr	west fresh water feet. nation:	
feet Depth of water wellfeet		measured	well owner electric log KDWR	
Emergency, Settling and Burn Pits ONLY:		Drilling, Work	over and Haul-Off Pits ONLY:	
Producing Formation:		Type of materia	l utilized in drilling/workover:	
Number of producing wells on lease:		Number of worl	king pits to be utilized:	
Barrels of fluid produced daily:		Abandonment p	procedure:	
Does the slope from the tank battery allow all spilled fluids to flow into the pit? Yes No		·	e closed within 365 days of spud date.	
Submitted Electronically				
	KCC	OFFICE USE O	NLY Liner Steel Pit RFAC RFAS	
Date Received: Permit Num	ber:	Permi	t Date: Lease Inspection: Yes No	



1154322

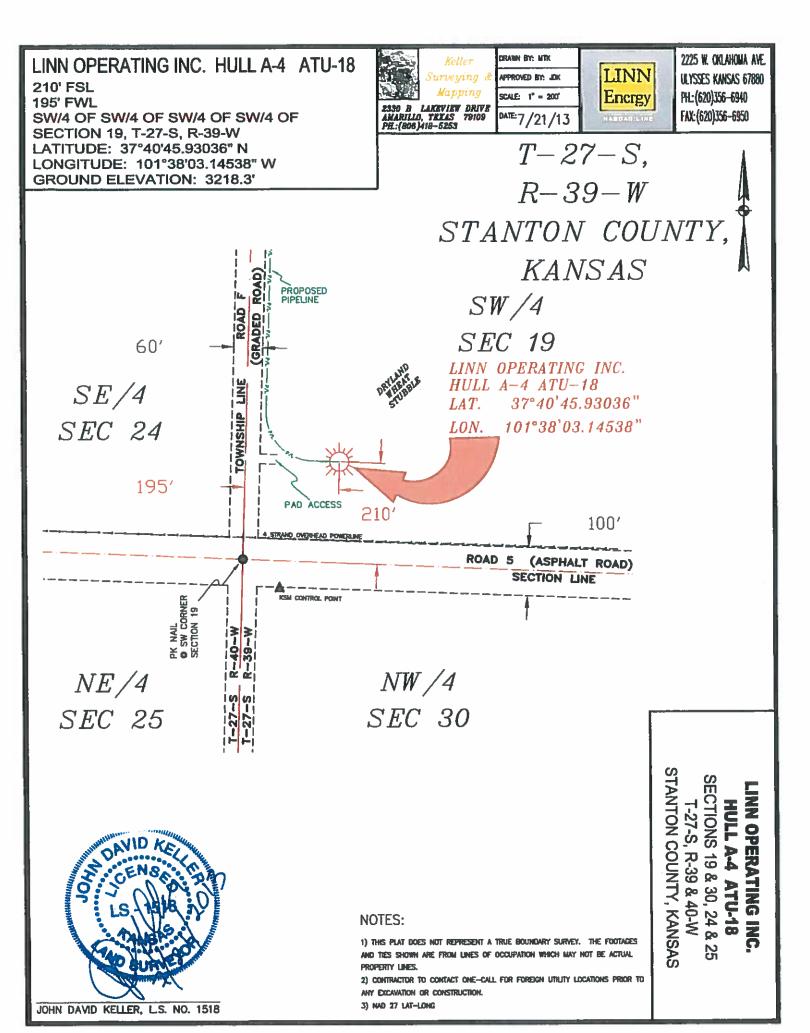
Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

# 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:	owner information can be found in the records of the register of deeds for the		
Address 2:			
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			



# 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 Stanton
OPERATOR Linn Operating, Inc.	
LEASE Hull	210 S feet from south/north line of section
WELL NUMBER A-4 ATU-18	195 W feet from east / west line of section
FIELD Hugoton-Panoma	SECTION 19 TWP $^{27}$ (S) RG $^{39W}$ E/W
	SECTION 19 TWP 27 (S) RG 39W E/W
NUMBER OF ACRES ATTRIBUTABLE TO WELL 640	IS SECTION X REGULAR OF IRREGULAR IF SECTION IS IRREGULAR, LOCATE WELL FROM
QTR/QTR/QTR OF ACREAGE SW _ SW _ SW	NEAREST CORNER BOUNDARY. (check line below)
	Section corner used: NE NW SE SW
	ibutable acreage for prorated or spaced wells).
(Show the footenes to the mean and shade attraction of the west and shade attraction of the west and shade attraction of the mean and shade attraction of the west a	boundary line; and show footage to the nearest
common source supply well).	, <b></b> ,,,,,,,
COMMICIT BORICE BUPPLY WOLLY.	
	. Du attacher
	Su attacher
	- Im
	•
	•••
	•
• • • •	EXAMPLE
	EVALUE .
	.     .
	1980
	10
	3390
	.     .     .
	.
	SEWARD CO.
The undersigned hereby certifies as Re	equlatory Compliance Advisor (title) for
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 name	med herein is held by production from that well
and hereby make application for an allowable	to be assigned to the well upon the filing of
this form and the State test, whichever is 1	later.
	ature Mans Hieron
Signa	iture State Thusburg
Subscribed and sworn to before me on this	9th day of August , 19 2013
	(V) 1 lblas
	Livide YOTOR
MINDY POTOR	Notary Public
My Commission expired 19 Notary Public State of To	
Commission Expires 02-19	<b>-2017</b> ፟ຽ
A CONTRACTOR OF THE PROPERTY O	222

