

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1154505

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		
ODERATOR: License#	(Q/Q/Q/Q) feet from N / S Line of Section	
OPERATOR: License# 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 Della di Farra Mall Olassa Tima Familiana anti	Nearest Lease or unit boundary line (in footage):	
Well Drilled For: Well Class: Type Equipment:	Ground Surface Elevation:feet MSL	
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 Other:	Depth to bottom of usable water:	
Outer	Surface Pipe by Alternate: I II	
If OWWO: old well information as follows:	Length of Surface Pipe Planned to be set:	
Operator:	Length of Conductor Pipe (if any):	
Well Name:	Projected Total Depth:	
Original Completion Date: Original Total Depth:	Formation at Total Depth:	
	Water Source for Drilling Operations:	
Directional, Deviated or Horizontal wellbore? Yes No	Well Farm Pond Other:	
If Yes, true vertical depth:	DWR Permit #:	
Bottom Hole Location:	(Note: Apply for Permit with DWR)	
KCC DKT #:	Will Cores be taken?	
	If Yes, proposed zone:	
ΔΕ	FIDAVIT	
The undersigned hereby affirms that the drilling, completion and eventual pl		
	adding of this well will comply with N.S.A. 33 et. seg.	
	agging of this well will comply with N.S.A. 55 et. seq.	
It is agreed that the following minimum requirements will be met:	agging of this well will comply with N.S.A. 35 et. seq.	
It is agreed that the following minimum requirements will be met: 1. Notify the appropriate district office <i>prior</i> to spudding of well;		
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Spud date: _

If well will not be drilled or permit has expired (See: authorized expiration date)
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 ONLY	
API # 15	

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

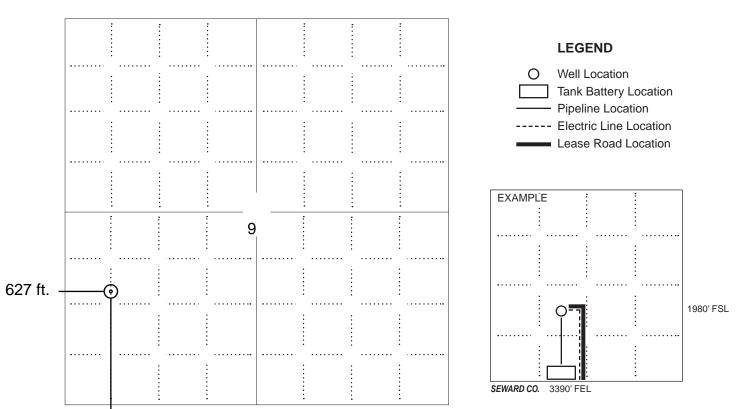
In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

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.



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

1551 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

1154505 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 constructed		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
(III VI Gappiy Al Proc. of Teal Elimed)		(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		dures for periodic maintenance and determining cluding any special monitoring.
Distance to nearest water well within one-mile of pit:		Depth to shallo Source of infor	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 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 b	e closed within 365 days of spud date.
Submitted Electronically			
Custimized Electromodify			
	ксс	OFFICE USE O	NLY Liner Steel Pit RFAC RFAS
Date Received: Permit Num	her·	Permi	t Date: Lease Inspection: Yes No



1154505

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 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		

