

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

1155710

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:				
Operator:	Length of Conductor Pipe (if any):				
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.

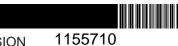
Operator:							Lo	cation of W	Vell: County:		
Lease:							_		feet from N / S Line of Section		
Well Number:					_	feet from E / W Line of Section					
Field:							Se	SecTwp S. R			
	f Acres attri /QTR/QTR						15	Section:	Regular or Irregular		
								Section is I ction corne	Irregular, locate well from nearest corner boundary. er used: NE NW SE SW		
					d electrical	the neare: l lines, as	required b		dary line. Show the predicted locations of sas Surface Owner Notice Act (House Bill 2032). ired.		
		: :	:	:		•	:	:			
		:	:	:			:	:	LEGEND		
	••••		· · · · · · · · · · · · · · · · · · ·						O Well Location		
									Tank Battery Location		
		:	:	:			:	:			
		:	:	:	:	;	:	:	Electric Line Location		
		:	:	:			:	:	Lease Road Location		
		:	:	:	:		:	:	Lease Road Location		
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	•••••		:			•••••			1980' FSL		
		 :		: : :	:			· 			
180 ft.	<del> </del>		:	:			• • •	:	SEWARD CO. 3390' FEL		

230 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.

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



## 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 County		
	(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		dures for periodic maintenance and determining cluding any special monitoring.		
Distance to nearest water well within one-mile of	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 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 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

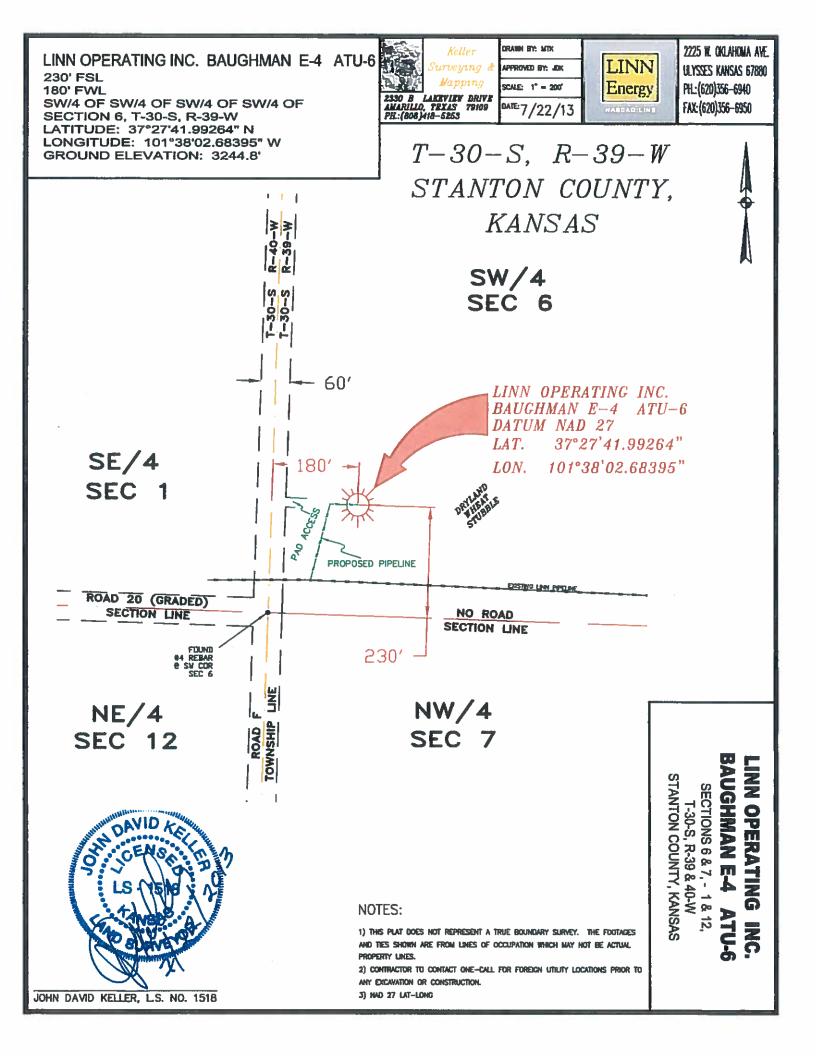
Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

# 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 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 county, and in the real estate property tax records of the county treasurer.				
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 Baughman WELL NUMBER E-4 ATU-6	230 S feet from south/north line of section 180 W feet from east / west line of section				
WELL NUMBER E-4 ATU-6					
FIELD Hugoton-Panoma	SECTION 6 TWP 30 (S) RG 39 W E/W				
NUMBER OF ACRES ATTRIBUTABLE TO WELL 640 QTR/QTR/QTR OF ACREAGE SW SW SW SW  (Show the location of the well and shade attri (Show the footage to the nearest lease or unit common source supply well).	SECTION 6 TWP 30 (S) RG 39 W E/W IS SECTION X REGULAR OF IRREGULAR IF SECTION IS IRREGULAR, LOCATE WELL FROM NEAREST CORNER BOUNDARY. (check line below) Section corner used: NE NW SE SW butable acreage for prorated or spaced wells). boundary line; and show footage to the nearest				
	·				
	see attached				
	su attained Pent				
	· Post				
	•				
	EXAMPLE .				
	·     ·   ·				
	1980				
	10				
	3390'				
	.     .     .				
	SEWARD CO.				
The undersigned hereby certifies as Regulatory 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 named 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 later.					
sign	ature Man Hierres				
Substituted and amount to account the same	27th day of August 19 2013				
My Commission expires Notary Public, State	OR Notary Public FORM CG-8 (12/94)				

