For KCC Use:

| Eff | e | ct | iv | е | Date |
|-----|---|----|----|---|------|
|     |   |    |    |   |      |

| District | # |  |
|----------|---|--|

| SGA? | Yes | No |
|------|-----|----|
| SGAS | res |    |

Form

## KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

March 2010 Form must be Typed Form must be Signed All blanks must be Filled

Form C-1

1155715

## NOTICE OF INTENT TO DRILL

Must be approved by KCC five (5) days prior to commencing well

| KSONA-1, Certification | n of Compliance with the | Kansas Surface Owner | r Notification Act, MUST | be submitted with this form |
|------------------------|--------------------------|----------------------|--------------------------|-----------------------------|
|------------------------|--------------------------|----------------------|--------------------------|-----------------------------|

| Expected Spud Date:                                                                                                                                                                               | Spot Description:                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| month day year                                                                                                                                                                                    | ( <u>Q/Q/Q/Q)</u> Sec Twp S. R E W                      |
| OPERATOR: License#                                                                                                                                                                                | feet from N / S Line of Section                         |
| Name:                                                                                                                                                                                             | feet from L E / W Line of Section                       |
| Address 1:                                                                                                                                                                                        | Is SECTION: Regular Irregular?                          |
| Address 2:                                                                                                                                                                                        | (Note: Locate well on the Section Plat on reverse side) |
| City: State: Zip: +                                                                                                                                                                               | County:                                                 |
| Contact Person:                                                                                                                                                                                   | Lease Name: Well #:                                     |
| Phone:                                                                                                                                                                                            | Field Name:                                             |
| CONTRACTOR: License#                                                                                                                                                                              | Is this a Prorated / Spaced Field?                      |
| Name:                                                                                                                                                                                             | Target Formation(s):                                    |
| Well Drilled For:  Well Class:  Type Equipment:    Oil  Enh Rec  Infield  Mud Rotary    Gas  Storage  Pool Ext.  Air Rotary    Disposal  Wildcat  Cable    Seismic ;  # of Holes  Other    Other: | Nearest Lease or unit boundary line (in footage):       |
|                                                                                                                                                                                                   | Water Source for Drilling Operations:                   |
| Directional, Deviated or Horizontal wellbore?                                                                                                                                                     | Well Farm Pond Other:                                   |
| If Yes, true vertical depth:                                                                                                                                                                      | DWR Permit #:                                           |
| Bottom Hole Location:                                                                                                                                                                             | ( <b>Note:</b> Apply for Permit with DWR )              |
| KCC DKT #:                                                                                                                                                                                        | Will Cores be taken?                                    |
|                                                                                                                                                                                                   | If Yes, proposed zone:                                  |

### **AFFIDAVIT**

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq.

It is agreed that the following minimum requirements will be met:

- 1. Notify the appropriate district office *prior* to spudding of well;
- 2. A copy of the approved notice of intent to drill shall be posted on each drilling rig;
- 3. The minimum amount of surface pipe as specified below shall be 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 the underlying formation.
- 4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary prior to plugging;
- 5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
- 6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within 120 DAYS of spud date. Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. In all cases, NOTIFY district office prior to any cementing.

## Submitted Electronically

| For KCC Use ONLY              |               |
|-------------------------------|---------------|
| API # 15                      |               |
| Conductor pipe required       | feet          |
| Minimum surface pipe required | feet per ALT. |
| Approved by:                  |               |
| This authorization expires:   |               |
| Spud date: Agent:             |               |

#### Remember to:

- File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill;
- File Drill Pit Application (form CDP-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;
- Notify appropriate district office 48 hours prior to workover or re-entry;
- Submit plugging report (CP-4) after plugging is completed (within 60 days);
- Obtain written approval before disposing or injecting salt water.
- 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:

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



Section corner used: NE NW SE SW

For KCC Use ONLY

API # 15 -\_\_\_

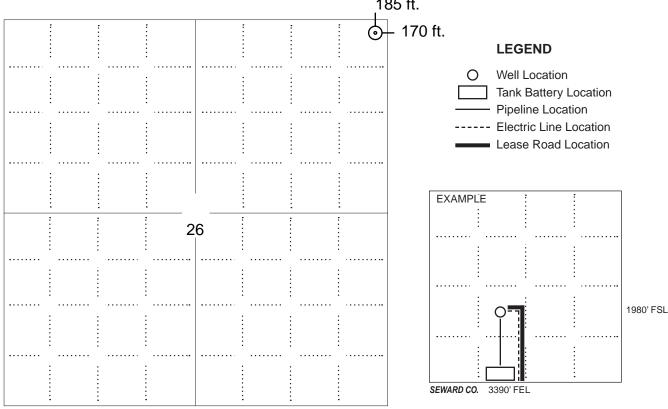
## IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

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:                                | SecTwpS. R E W                                                     |
| Number of Acres attributable to well: | Is Section: Regular or Irregular                                   |
|                                       | If Section is Irregular, locate well from nearest corner boundary. |

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. 185 ft.



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.

Side Two

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CDP-1 Form must be Typed

May 2010

1155715

# **APPLICATION FOR SURFACE PIT**

Submit in Dunlicate

| Operator Name:                                                                                  |                        |                  | License Number:                                                             |  |  |
|-------------------------------------------------------------------------------------------------|------------------------|------------------|-----------------------------------------------------------------------------|--|--|
| Operator Address:                                                                               |                        |                  | I                                                                           |  |  |
| Contact Person:                                                                                 |                        |                  | Phone Number:                                                               |  |  |
| Lease Name & Well No.:                                                                          |                        |                  | Pit Location (QQQQ):                                                        |  |  |
| Type of Pit:                                                                                    | Pit is:                |                  | ·                                                                           |  |  |
| Emergency Pit Burn Pit                                                                          | Proposed               | Existing         | SecTwpR East West                                                           |  |  |
| Settling Pit Drilling Pit                                                                       | If Existing, date co   | nstructed:       | Feet from North / South Line of Section                                     |  |  |
| Workover Pit Haul-Off Pit<br>(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                                                | vrea? Yes              | No               | Chloride concentration: mg/l<br>(For Emergency Pits and Settling Pits only) |  |  |
| Is the bottom below ground level?                                                               | Artificial Liner?      | ٩o               | How is the pit lined if a plastic liner is not used?                        |  |  |
| Pit dimensions (all but working pits):                                                          | Length (fe             | et)              | Width (feet)N/A: Steel Pits                                                 |  |  |
| Depth fro                                                                                       | om ground level to dee | epest point:     | (feet) No Pit                                                               |  |  |
| Distance to nearest water well within one-mile of                                               | of pit:                |                  | west fresh water feet.                                                      |  |  |
| feet Depth of water well                                                                        | feet                   | Source of inforr | mation:                                                                     |  |  |
| Emergency, Settling and Burn Pits ONLY:                                                         |                        | Drilling, Worko  | over and Haul-Off Pits ONLY:                                                |  |  |
| Producing Formation:                                                                            |                        |                  | of material utilized in drilling/workover:                                  |  |  |
| Number of producing wells on lease:                                                             |                        | Number of work   | Number of working pits to be utilized:                                      |  |  |
| Barrels of fluid produced daily:                                                                |                        | Abandonment p    | Abandonment procedure:                                                      |  |  |
| Does the slope from the tank battery allow all spilled fluids to    flow into the pit?  Yes  No |                        |                  | l 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                                                                       | ber:                   | Permi            | t Date: Lease Inspection: Yes No                                            |  |  |

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

| OIL & GAS CONS<br>CERTIFICATION OF C                                     | ATION COMMISSION 1155715<br>ERVATION DIVISION 1155715<br>GMPLIANCE WITH THE<br>NER NOTIFICATION ACT                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| T-1 (Request for Change of Operator Transfer of Injection of             | f Intent to Drill); CB-1 (Cathodic Protection Borehole Intent);<br>or Surface Pit Permit); and CP-1 (Well Plugging Application).<br>ompanying Form KSONA-1 will be returned.<br>Cathodic Protection Borehole Intent) <b>T-1</b> (Transfer) <b>CP-1</b> (Plugging Application)                                               |
| OPERATOR: License #                                                      | Well Location:                                                                                                                                                                                                                                                                                                              |
| Surface Owner Information:    Name:    Address 1:    Address 2:    City: | When filing a Form T-1 involving multiple surface owners, attach an additional 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. |

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

#### Select one of the following:

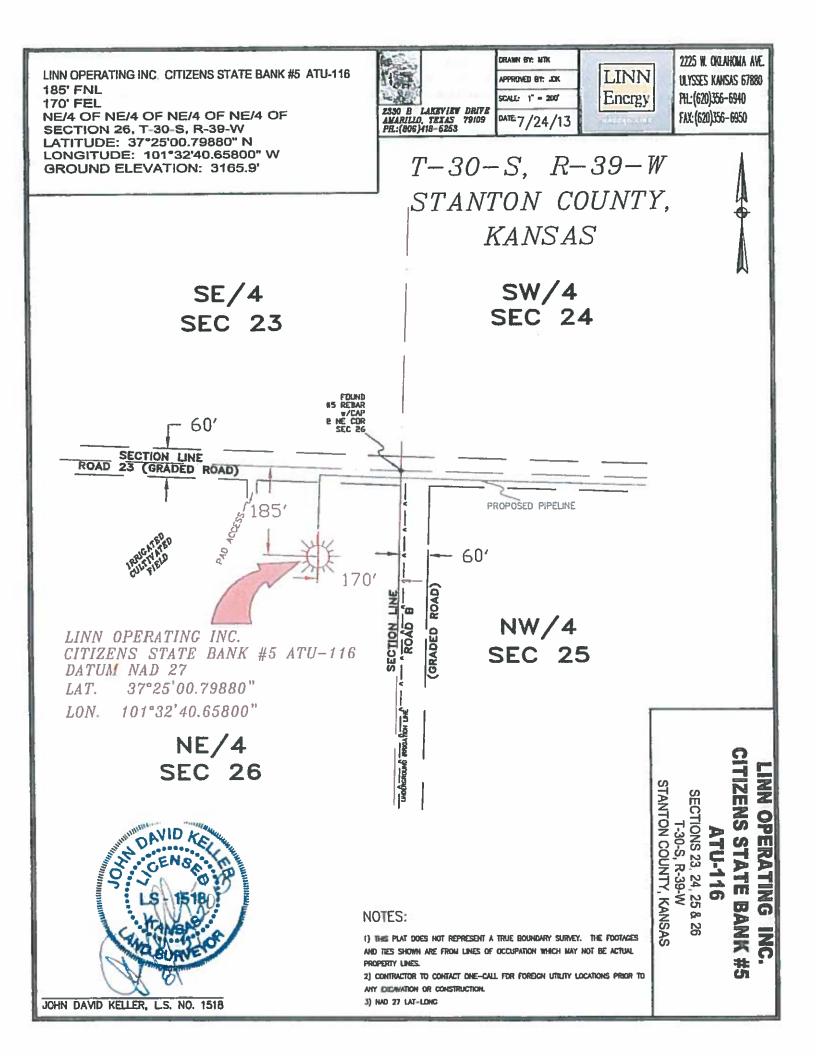
- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- □ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

## Submitted Electronically

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Т



# 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.<br>LEASE Citizens State Bank<br>WELL NUMBER 5 ATU-116                    | $\frac{185 \text{ N}}{170 \text{ E}}$ feet from south/north line of section feet from east / west line of section                                                                                                                            |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIELD Hugoton-Panoma<br>NUMBER OF ACRES ATTRIBUTABLE TO WELL 640<br>QTR/QTR/QTR OF ACREAGE NE NE NE NE | SECTION 26<br>TWP 30<br>IS SECTION X REGULAR OF IRREGULAR<br>IF SECTION IS IRREGULAR, LOCATE WELL FROM<br>NEAREST CORNER BOUNDARY. (check line below)<br>Section corner used: NE NW SE SW<br>but able acreage for prorated or spaced wells). |

(Show the location of the well and shade attributable 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).

|      |                                |                                       | •<br>•<br>• |                                       | sie attainer<br>map                   | L     |
|------|--------------------------------|---------------------------------------|-------------|---------------------------------------|---------------------------------------|-------|
| •••• |                                | · · · · · · · · · · · · · · · · · · · |             | • •                                   | EXAMPLE                               |       |
|      | •<br>• • • • •<br>•<br>• • • • | • • • • • • • • • • • • • • • • • • • |             | • •                                   | · · · · · · · · · · · · · · · · · · · | -1980 |
|      | •                              | • •<br>• • •<br>• • •<br>• •          | •           | · · · · · · · · · · · · · · · · · · · | 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.

|                         | Signature Thurs Thursday        |        |                             |  |
|-------------------------|---------------------------------|--------|-----------------------------|--|
| Subscribed and sworn to | o before me on this 28th day of | August | , <u>-19</u> _ 2013_        |  |
| My Commission expires   | MINDY POTOR                     | Hotor  | Public<br>FORM CG-8 (12/94) |  |
|                         | Commission Expires 02-19-2017   |        |                             |  |

