

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1162060

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#	(0/0/0/0) feet from N / S Line of Section
lame:	feet from E / W Line of Section
Address 1:	Is SECTION: Regular Irregular?
ddress 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?
lame:	Target Formation(s):
Well Drilled For: Well Class: Type Equipment:	Nearest Lease or unit boundary line (in footage):
	Ground Surface Elevation:feet MS
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 Seismic : # of Holes Other	Depth to bottom of fresh water:
Other:	Depth to bottom of usable water:
	Surface Pipe by Alternate: I III
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:
f 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:
ΔFF	IDAVIT
The undersigned hereby affirms that the drilling, completion and eventual plug	
t is agreed that the following minimum requirements will be met:	35 3
Notify the appropriate district office <i>prior</i> to spudding of well;	
	drilling rig:
 A copy of the approved notice of intent to drill <i>shall be</i> posted on each The minimum amount of surface pipe as specified below <i>shall be set</i> b 	3 <i>5</i>
 A copy of the approved notice of intent to drill shall be posted on each The minimum amount of surface pipe as specified below shall be set be through all unconsolidated materials plus a minimum of 20 feet into the 	by circulating cement to the top; in all cases surface pipe shall be set underlying formation.
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Agent:

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

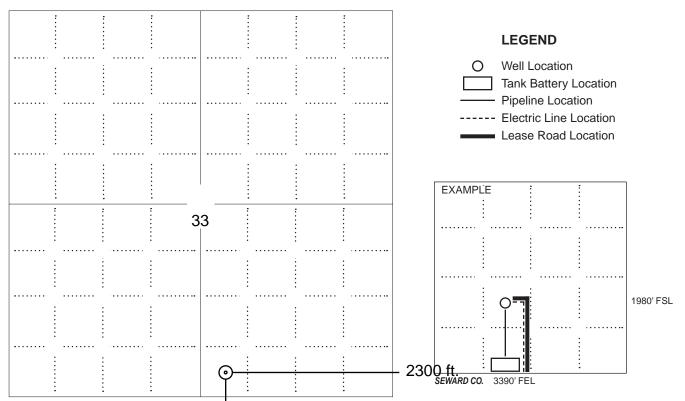
In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

Operator:	Location of Well: County:	
Lease:	feet from N / S Line of Section	
Well Number:	feet from E / W Line of Section	
Field:	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. 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.

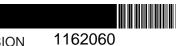


NOTE: In all cases locate the spot of the proposed drilling locaton.

335 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

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)	Pit is: Proposed Existing If Existing, date constructed: Pit capacity: (bbls)		SecTwpR East WestFeet from North / South Line of SectionFeet from East / West Line of SectionCounty
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?	No	How is the pit lined if a plastic liner is not used?
Pit dimensions (all but working pits):	Length (fee	et)	Width (feet) N/A: Steel Pits
Depth from ground level to deepest point:			
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 well	feet	measured	well owner electric log KDWR
Emergency, Settling and Burn Pits ONLY: Producing Formation: Number of producing wells on lease: Barrels of fluid produced daily: Does the slope from the tank battery allow all s flow into the pit? Yes No Submitted Electronically		Type of materia Number of wor Abandonment	over and Haul-Off Pits ONLY: all utilized in drilling/workover: king pits to be utilized: procedure: de closed within 365 days of spud date.
	KCC	OFFICE USE O	NLY
Date Received: Permit Num	ber:	Perm	Liner Steel Pit RFAC RFAS t Date: Lease Inspection: Yes No



1162060

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 (C	athodic Protection Borehole Intent)		
OPERATOR: License #	Well Location:		
Name:	SecTwpS. R		
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 the lease below:		
Contact Person:			
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: State: Zip:+			
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and 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 Adowner(s) of the land upon which the subject well is or will be lo CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, are	ct (House Bill 2032), I have provided the following to the surface potential: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the being filed is a Form C-1 or Form CB-1, the plat(s) required by this end email address. 1) cknowledge that, because I have not provided this information, the		
task, I acknowledge that I am being charged a \$30.00 handling	ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling to form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
Submitted Electronically			

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; Spiral Energy Corp.	Location of Well: County: Graham
Lease: Milfred	335 feet from N / X S Line of Section
Well Number: 1-33	2,300 feet from \times E / \times W Line of Section
Field: Cooper	Sec. <u>33</u> Twp. <u>9</u> S. R. <u>21</u> E 🔀 W
Number of Acres attributable to well: QTR/QTR/QTR of acreage: _neswswse	Is Section: Regular or Irregular
	If Section is Irregular, locate well from nearest corner boundary. Section corner used: NE NW SE SW
PL. Show location of the well. Show footage to the nearest led lease roads, tank batteries, pipelines and electrical lines, as requ	ase or unit boundary line. Show the predicted locations of
You may attach a sep	parate plat if desired.

33

EXAMPLE 1980' FSL

SEWARD CO. 3390' FEL

LEGEND
Well Location
Tank Battery Location
Pipeline Location
Electric Line Location

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.

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

NOTICE TO OPERATORS FILING INTENT TO DRILL FOR DISPOSAL OR ENHANCED RECOVERY INJECTION WELLS, (CLASS II INJECTION WELL)

The attached approved Notice of Intent to Drill indicates the proposed well is to be used for injection. An approved "Intent to Drill" does not approve injection authority as a Class II Injection Well in Kansas.

Before any well is used for injection purposes, the operator must file an application for injection authority in accordance with K.A.R. 82-3-401 and provide notice in accordance with K.A.R. 82-3-402. The Conservation Division must issue a written permit granting the application before commencement of injection.

The Conservation Division requirements and restrictions associated with Class II Injection are identified in K.A.R. 82-3-400 et seq of our regulations. Associated regulations governing drilling, completion and injection applications may be found in K.A.R. 82-3-135, Table I, Table II, in the Cedar Hills Sandstone Moratorium, (Docket #156,397-C), and the Eastern Kansas Surface Casing Order, (Docket #133,891-C).

If you have questions regarding the approval of injection authority, an injection application may be filed as a "Design Approval" before actual drilling and completion of the well occurs. If you have any questions or concerns regarding Class II injection wells or regulations, call the Underground Injection Control Department at 316-337-6200.

Failure to obtain commission approval before beginning injection is punishable by a penalty, shut-in of the well or both.



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1144678

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:			API N	No. 15		
Name:				Spot Description:		
Address 1:				Sec T	wp S. R East West	
Address 2:				Feet from	North / South Line of Section	
City:	State:	Zip:+				
Contact Person:			Foota			
Phone: ()				NE NW	SE SW	
Type of Well: (Check one)			ic Cour	ty:		
Water Supply Well	Other:	SWD Permit #:		•	Well #:	
ENHR Permit #:	Gas Sto	orage Permit #:	Date	Date Well Completed:		
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes			roved on: (Date)	
Producing Formation(s): List A		r sheet)	by:_		(KCC District Agent's Name)	
Depth to		m: T.D	l Plugo	ging Commenced:		
Depth to		m: T.D	Plugg	ging Completed:		
Depth to	o Top: Botto	m: T.D				
Show depth and thickness of		ations.				
Oil, Gas or Water				(Surface, Conductor & Produ	, ·	
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
					_	
cement or other plugs were us	. 00				ods used in introducing it into the hole. If	
Plugging Contractor License #	# :		Name:			
Address 1:			Address 2:			
City:			State	:	Zip:+	
Phone: ()						
Name of Party Responsible fo	or Plugging Fees:					
State of	County, _		, SS.			
	(Print Name)			Employee of Operator or	Operator on above-described well,	

Submitted Electronically

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and



CHARGE TO	(1)	
AMERICAN	WARRIDE ZAC	
CITY STATE ZIP CODE		

- Augre	-	v	gen t	-
	11.4	n		

Nº 24616

PAGE	OF	
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Serv	ices, I	inc.													1		
1. ACCC CAY KS J-33 2. TICKET TYPE CONTRACTOR SALES SALES		1-33			OZURED GRAHAM KS			CITY			DAT	ATE OWNER					
								Vs.					5-29-13 SAME				
														RDER NO.			
		The second second second second	MONE WELL CATEGORY JOB PURPOSE			CT.	WELL PERMIT NO.				LL LOCATION						
4.		071			-	BANDONEL PTA								PACOKS-25 SHW ALE			
REFERRAL LOCATION	PART .	INVOICE INSTRU	CTIONS									YET -					
PRICE	SECONDAR	Y REFERENCE/	CE/ ACCOUNT		1								UNIT				
REFERENCE	PART NUMBER		LOC ACCT		DF		DESCRIPTION	DESCRIPTION		QTY.	U/M QTY.		U/M	PRICE	AMOUNT		
575			1			MILEAGE 1	1			40	MI			b	00	240	00
576P						PUMP CUA	RGE			1	200			1000	00	1000	00
275					Compused Hous				3	SKS			30	00	90	00	
328-11						60140 POZMEX (490 GEL)					SVS			31	Sa	2875	00
279					BESTRUCKE GEL				15	SUS			25	00	375	00	
290				iber a l		D-AZR				3	GAL			42	00	126	100
581		TOP WITH	1			SERVETE CHARGE CEMENT				265	ISVA			2	100	530	
583			4			DRAYAGE				22475	LAS	449.5	DVM	1	00	449	1
LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.				REMIT	PAYMENT TO:	WITHOUT	IPMENT BREAK		AG	REE DECIDED	DIS-	PAGE TOT	AL	5685	150		
				SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 WE UNDERSTOOM MET YOUR NEED OUR SERVICE W PERFORMED WI PERFORME CALCULATIONS SATISFACTORIL ARE YOU SATIS			R NEED	os? AS									
MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS								FORME TIONS CTORIL	HE EQUIPMEN D JOB Y?	0			Grah- TAX 7.55	-70	429	24	
DATE SIGNED 5 - 29-		IME SIGNED	30	D AM.		785-798-2300				FIED WITH OUR SERVICE? YES NO ISTOMER DID NOT WISH TO RESPOND				TOTAL		6114	76
		CUSTO	MER ACCE	PTANCE OF	MA	TERIALS AND SE	RVICES The customer hereby	in the same of the					his ticket				

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SWIFT Services, Inc.

DATE 5-29-

an Was					VILLERE.	D JOB TYPE PTA TICKET NO. 24616
TIME	RATE (BPM)	VOLUME (BBL) (GAL)	T C	TUBING	CASING	DESCRIPTION OF OPERATION AND MATERIALS
1430						ONLOUTED
		Harris II		N. ST		51/2" CASTAG
15.				The state of		85/8" SURFACE = 211"
						PERFE-3631 - 3746
200					1	PORT COLUME = 1754'
						Post Colleg 1134
1515	6	13	1		10	PUMP SOSKS CEMENT W/ 100" HULLS
1970		1		- 77,1		PUMP IS SKS BENTOUTE GEL
	9	1 45	1		500	PUMP 175 SKS CSMGAT W/200" HULLS
1545		21/2			1	PUMP 10 SKY CEMENT - BEASEN HEAD
1010		212	-		200	LAWL LO SET CALD! POSSES HAND
1600		4	1	THE	500	TOP OFF STA 15 SUS CEMENT
						SHUTZN WASH TRUCK
1700		F-32.5				JOB COMPLETE
					TUBE	
						Talani Ya I
						WARRE, NIEK, DOUG
						O AGE, 10 BE, 2000
					1	
			-		-	
			-	31 202		
					-	
		TABLE !	7	GU.	S III III	
Service.						
					16.76	
					-1237	
11.12						
	TIME 1430 1515	TIME RATE (BPM) 1430 1515 S 5 1545 1545	TIME (BPM) (BBL) (GAL) 1430 1515 5 13 5 116 5 46 1545 272	TIME RATE (BPM) (BBL) (GAL) T C 1430 1515 S 13 V 5 116 V 1545 212 V 1545 212 V	TIME RATE (BPM) (BBL) (GAL) T C TUBING 1430 1515 S 13 V 5 46 V 1545 272 V 1600 44 V	TIME RATE (BPM) (BBL) (GAL) T C TUBING CASING 1430 1515 S 13 V O 5 116 V O 5 146 V SOOT 1545 272 V SOO 1500