For KCC Use:

| Effective | Date: | _ |
|-----------|-------|---|
| | | |

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

SGA? Yes No

Form

CORRECTION #1

1163276

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

NOTICE OF INTENT TO DRILL

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

| Expected Spud Date: | | | | Spot Description: | |
|--|-------------------|--|--------|---|----------------------------|
| OPERATOR: License# | month | | | SecTwpS. | R E W S Line of Section |
| Name: | | | | Is SECTION: Regular Irregular? | |
| Address 1: Address 2: | | | | | |
| City: | | | | (Note: Locate well on the Section Plat on reve | , |
| Contact Person: | | | | County: | |
| Phone: | | | | Lease Name: | |
| | | | | Field Name: | |
| CONTRACTOR: License# | | | | Is this a Prorated / Spaced Field? | Yes No |
| Name: | | | | Target Formation(s): | |
| Well Drilled For: Oil Enh F Gas Stora Dispo Seismic ; # c Other: | information as fo | eld I Ext dcat er billows: | | Nearest Lease or unit boundary line (in footage): Ground Surface Elevation: Water well within one-quarter mile: Public water supply well within one mile: Depth to bottom of fresh water: Depth to bottom of usable water: Surface Pipe by Alternate: I Length of Surface Pipe Planned to be set: Length of Conductor Pipe (if any): Projected Total Depth: Formation at Total Depth: Water Source for Drilling Operations: | feet MSL YesNo YesNo |
| Directional, Deviated or Ho | rizontal 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? | Ý Yes No |
| | | | | 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: Age | ent: | |

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.

ш

Well will not be drilled or Permit Expired Date: _ Signature of Operator or Agent:





For KCC Use ONLY

API # 15 - ____

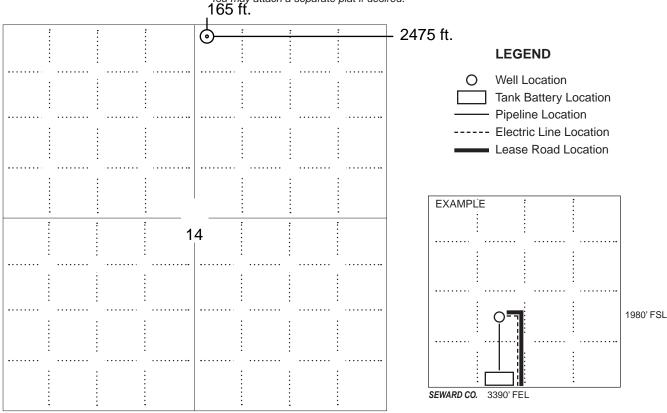
IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

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 E 📃 W | |
| Number of Acres attributable to well: QTR/QTR/QTR/QTR of acreage: | 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.

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.

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1163276

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: | | Sec Twp R | |
| Settling Pit Drilling Pit | If Existing, date constructed: | | 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 | |
| | | (bbls) | County | |
| Is the pit located in a Sensitive Ground Water Area? Yes No | | Chloride concentration: mg/l (For Emergency Pits and Settling Pits only) | | |
| Is the bottom below ground level? | Artificial Liner? | lo | 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 fro | m ground level to dee | epest point: | (feet) No Pit | |
| | | | 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 inforr | | west fresh water feet. nation: | | |
| feet Depth of water well | feet | measured | well owner electric log KDWR | |
| Emergency, Settling and Burn Pits ONLY: | | Drilling, Worko | ver and Haul-Off Pits ONLY: | |
| Producing Formation: | | Type of materia | al utilized in drilling/workover: | |
| Number of producing wells on lease: Number of work | | orking pits to be utilized: | | |
| Barrels of fluid produced daily: Abandonment | | procedure: | | |
| Does the slope from the tank battery allow all spilled fluids to | | t be closed within 365 days of spud date. | | |
| Submitted Electronically | | | | |
| KCC OFFICE USE ONLY | | | | |
| Date Received: Permit Numl | oer: | Permi | t Date: Lease Inspection: Yes No | |

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

| Kansas Corpor Oil & Gas Cons CERTIFICATION OF C | ATION COMMISSION 1163276 ERVATION DIVISION Form Must Be Typed OMPLIANCE WITH THE Form must be Signed NER NOTIFICATION ACT All blanks must be Filled | |
|--|---|--|
| T-1 (Request for Change of Operator Transfer of Injection | f Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); or Surface Pit Permit); and CP-1 (Well Plugging Application). mpanying Form KSONA-1 will be returned. | |
| Select the corresponding form being filed: C-1 (Intent) CB-1 (| Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application) | |
| OPERATOR: License # | Well Location: | |
| Name: | | |
| Address 1: | County: | |
| Address 2: | Lease Name: Well #: | |
| City: Zip: + Contact Person: | If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: | |
| Phone: () Fax: () | | |
| Email Address: | | |
| Surface Owner Information: | | |
| Name: | When filing a Form T-1 involving multiple surface owners, attach an additional | |
| dress 1: | | |
| Address 2: | county, and in the real estate property tax records of the county treasurer. | |
| City: State: Zip:+ | | |
| | dic Protection Borehole Intent), you must supply the surface owners and (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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Summary of Changes

Lease Name and Number: Henrichs 25

API/Permit #: 15-001-30544-00-00

Doc ID: 1163276

Correction Number: 1

Approved By: Rick Hestermann 10/17/2013

| Field Name | Previous Value | New Value |
|---|---|---|
| Expected Spud Date | 10/20/2012 | 10/20/2013 |
| Fresh Water Information Source: KDWR | Yes | No |
| KCC Only - Approved By | Rick Hestermann 10/16/2012 | Rick Hestermann 10/17/2013 |
| KCC Only - Approved Date | 10/16/2012 | 10/17/2013 |
| KCC Only - Date Received | 10/15/2012 | 10/16/2013 |
| Save Link | //kcc/detail/operatorE ditDetail.cfm?docID=10 97551 | //kcc/detail/operatorE ditDetail.cfm?docID=11 63276 |