

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

1168364

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 🔲 E 🔲 V
DPERATOR: License#	(0/0/0/0) 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)
City: State: Zip: +	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
	Length of Surface Pipe Planned to be set:
Operator:	Length of Conductor Pipe (if any):Projected Total Depth:
Well Name: Original Total Depth:	Frojected Total Depth:
Original Completion Bate Original Total Beptil	Water Source for Drilling Operations:
irectional, Deviated or Horizontal wellbore?	Well Farm Pond Other:
Yes, true vertical depth:	DWR Permit #:
Bottom Hole Location:	(Note: Apply for Permit with DWR)
(CC DKT #:	Will Cores be taken?
	If Yes, proposed zone:
	If Yes, proposed zone:
AFF	IDAVIT
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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	/ell: Cour	nty:
_ease:										feet from N / S Line of Section
Well Num	ber:									feet from E / W Line of Section
Field:							_ Se	ec	Twp	S. R 🗌 E 🔲 W
							13	Section:	Regu	ılar or 🔲 Irregular
							lf s	Section is	Irregular	, locate well from nearest corner boundary.
							Se	ection corne	er used:	NE NW SE SW
							D. 4.T			
	0	how location	on of the w	vall Shows	footogo to	the near	PLAT	r unit houn	dary lina	Show the predicted locations of
					-				-	ce Owner Notice Act (House Bill 2032).
			, /	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				e plat if des		
	14	00 ft.							_	
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			:		•••••		:			O Well Location
		:	:	:		:	:			Tank Battery Location
0= 4		:	:	:	••••	:	:	:		Pipeline Location
35 ft.	$+$ \odot	:	:	:		:	:	:		Electric Line Location
				:		:	:			Lease Road Location
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			:	:		:	:			
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		:	:	:		:		:	'	SEWARD CO. 3390' FEL

${\it NOTE: In all \ cases \ locate \ the \ spot \ of \ the \ proposed \ drilling \ locaton.}$

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.



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 Haul-Off Pit (If WP Supply API No. or Year Drilled) Is the pit located in a Sensitive Ground Water A	Pit is: Proposed If Existing, date col Pit capacity: urea? Yes	Existing nstructed: (bbls)	SecTwp R East WestFeet from North / South Line of Section Feet from East / West Line of Section County Chloride concentration: mg/l mg/l mg/l reference from reference from mg/l mg/l reference from reference from mg/l mg/l reference from reference from mg/l reference from	
Is the bottom below ground level? Yes No	Artificial Liner?	No	How is the pit lined if a plastic liner is not used?	
Pit dimensions (all but working pits):	Length (fee			
If the pit is lined give a brief description of the li material, thickness and installation procedure.			dures for periodic maintenance and determining acluding any special monitoring.	
Distance to nearest water well within one-mile of	of pit:	Depth to shallo Source of infor	west fresh water feet. mation:	
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		Type of materia	over and Haul-Off Pits ONLY: all utilized in drilling/workover: king pits to be utilized: procedure:	
flow into the pit? Yes No Drill pits must be closed within 365 days of spud date. Submitted Electronically				
	KCC	OFFICE USE O	NLY Liner Steel Pit RFAC RFAS	
Date Received: Permit Num	ber:	Permi	t Date: Lease Inspection: Yes No	



1168364

Form KSONA-1
January 2014
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 (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:	If filing a Form T-1 for multiple wells on a lease, enter the legal description or				
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				
Address 2:	county, and in the real estate property tax records of the county treasurer.				
City:					
are preliminary non-binding estimates. The locations may be entered of	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.				
Select one of the following:					
owner(s) of the land upon which the subject well is or will be le	Act (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.				
	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 must provide the name and address that I am being charged a \$30.00 handling fee, payable to the I					
that I am being charged a \$30.00 handling fee, payable to the I	CCC, which is enclosed with this form. fee with this form. If the fee is not received with this form, the KSONA-1				



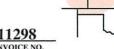
Pro-Stake LLC

Oil Field & Construction Site Staking

P.O. Box 2324

Garden City, Kansas 67846 Office/Fax: (620) 276-6159 Cell: (620) 272-1499

INVOICE NO.



172830L PLAT NO.

burt@pro-stakellc.kscoxmail.com

American Warrior, Inc.

Gray County, KS

COUNTY

OPERATOR

28s 30wTwp.

LEASE NAME 1400' FNL - 335' FWI

LOCATION SPOT

Shadow #4-17

1" = 1000" Nov. 13th, 2013 Burt W. MEASURED BY: Drew H. DRAWN BY: Cecil O. AUTHORIZED BY:

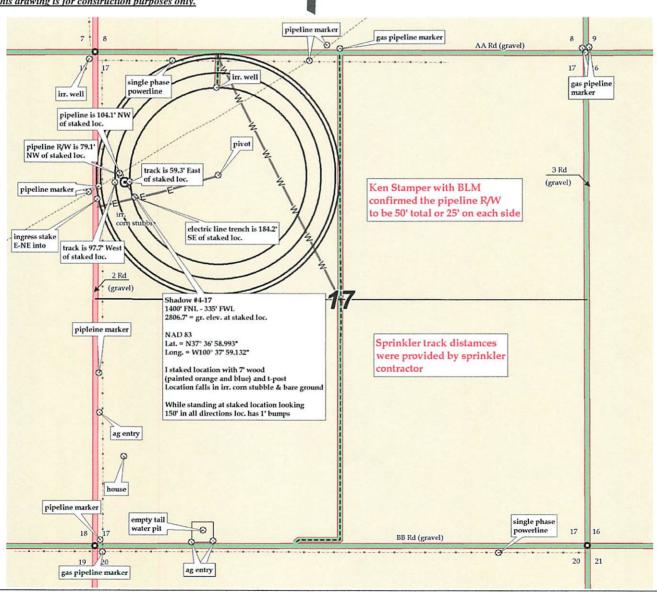
This drawing does not constitute a monumented survey or a land survey plat.

This drawing is for construction purposes only.

GR. ELEVATION: 2806.7°

Directions: From the West side of Copeland Ks. at the intersection of Hwy 144 & 2 Rd - Now go 4.4 mile North on 2 Rd to the SW corner of section 17-28s-30w - Now go 0.7 mile North on 2 Rd to ingress stake E-NE into - Now go approx. 370' E-NE through bare ground and irr. corn stubble into staked location.

Final ingress must be verified with land owner or Operator.



R. Evan Noll

(Petroleum Landman)

P.O. Box 1351 Hays, KS 67601

Office - 785,628,8774 Cell - 785,623,0698 Fax - 785,628,8478

November 19, 2013

Reliant Resources, LLC P.O. Box 399 Garden City, KS 67846

RE: Shadow #4-17 Well

1400' from North Line & 335' from West Line

Section 17-28S-30W Gray County, Kansas

Dear Property Owner:

Prior to issuing a permit to drill, the Kansas Corporation Commission is requiring the property owner be notified. The operator for the captioned well is:

American Warrior, Inc. P.O. Box 399

Garden City, KS 67846

Contact Man: Kevin Wiles - (620) 271-4407 - kwiles@awioil.com

I'm enclosing a copy of the intent to drill filed with the KCC, a plat showing well, lease road, pipe & electric Line & tank battery locations for the captioned well. This is all non-binding and preliminary, being shown simply to satisfy State requirement. The actual locations will be determined by the dirt contractor.

Lowell Foos with Lowell Foos Oilfield Tractor Works, Bazine, Kansas, is the dirt contractor and he will be building the lease road and well site location.

If you want to be involved with the locations, contact Mr. Lowell Foos (785) 731-5612, reference the captioned well name and coordinate with him.

R. Evan Noll

Contract Landman with American Warrior, Inc.



Pro-Stake LLC

Oil Field & Construction Site Staking

P.O. Box 2324

Garden City, Kansas 67846 Office/Fax: (620) 276-6159

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INVOICE NO.

