

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

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: |
|---|--|
| monur day year | |
| PERATOR: License# | feet from N / S Line of Section |
| lame: | feet from E / W Line of Section |
| ddress 1: | Is SECTION: Regular Irregular? |
| ddress 2: | |
| State: | County: |
| Contact Person: | Lease Name: Well #: |
| hone: | Field Name: |
| ONTRACTOR: License# | Is this a Prorated / Spaced Field? |
| ame: | 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 |
| If OWWO: old well information as follows: | Length of Surface Pipe Planned to be set: |
| Operator: | |
| Well Name: | Projected Total Depth: |
| Original Completion Date: Original Total Depth: | |
| - · · g······ - · · · · · · · · · · · · | 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) |
| | |
| CCC DKT #: | |
| CC DKT #: | |
| | Will Cores be taken? Yes N If Yes, proposed zone: |
| AF | Will Cores be taken? If Yes, proposed zone: FIDAVIT |
| AF The undersigned hereby affirms that the drilling, completion and eventual p | Will Cores be taken? If Yes, proposed zone: FIDAVIT |
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| For KCC Use ONLY | |
|------------------|---|
| API # 15 | - |

Operator:_

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.

Location of Well: County: _

| | | | | | leet from N / S Line of Se | | |
|----------------|--------------------|----------------------|---------------------|---|--|--|--|
| ımber: | | | | | feet from E / W Line of Se | | |
| | | | | Sec. | Sec Twp S. R | | |
| | | | | . | p 0 | | |
| of Acres attri | butable to well:_ | | | Is Section: | Regular or Irregular | | |
| R/QTR/QTR | of acreage: | | - | is Section. | | | |
| | - | | | If Coation is I | lunguilar lagata wall from magrapt cormor baundani. | | |
| | | | | | Irregular, locate well from nearest corner boundary. | | |
| | | | | Section corne | er used: NE NW SE SW | | |
| | | | | | | | |
| | | | | | | | |
| | | | P | LAT | | | |
| Sh | ow location of the | e well. Show footag | e to the nearest | lease or unit bound | dary line. Show the predicted locations of | | |
| lease roa | ds, tank batteries | , pipelines and elec | trical lines, as re | quired by the Kansa | as Surface Owner Notice Act (House Bill 2032). | | |
| | | Yo | u may attach a s | eparate plat if desi | ired. | | |
| | | | , | | | | |
| | : : | : | : : | : | | | |
| | | | | | | | |
| | | | | | LEGEND | | |
| ••••• | | | | | O Well Location | | |
| | | | | | | | |
| | | : | : : | : | Tank Battery Location | | |
| ••••• | | | | • | —— Pipeline Location | | |
| | | | | | Electric Line Location | | |
| | | | | | Lease Road Location | | |
| | | | | | | | |
| | : | | : | | | | |
| | | | | | EXAMPLE : : | | |
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NOTE: In all cases locate the spot of the proposed drilling locaton.

245 ft.

276 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) Is the pit located in a Sensitive Ground Water A | Pit is: Proposed Existing If Existing, date constructed: Pit capacity: (bbls) | | SecTwpRBast WestFeet from North / South Line of SectionFeet from East / West Line of SectionCounty Chloride concentration: mg/l | | | | |
| Is the bottom below ground level? | Artificial Liner? Yes N | 10 | How is the pit lined if a plastic liner is not used? | | | | |
| | Length (fee | | Width (feet) | | | | |
| If the pit is lined give a brief description of the li material, thickness and installation procedure. | ilei | | dures for periodic maintenance and determining scluding any special monitoring. | | | | |
| Distance to nearest water well within one-mile of | of pit: | Depth to shallowest fresh water feet. Source of information: | | | | | |
| feet Depth of water well | feet | measured | well owner electric log KDWR | | | | |
| Emergency, Settling and Burn Pits ONLY: | | Drilling, Workover and Haul-Off Pits ONLY: | | | | | |
| Producing Formation: | | Type of material 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 | ber: | Permi | t Date: Lease Inspection: Yes No | | | | |



1170623

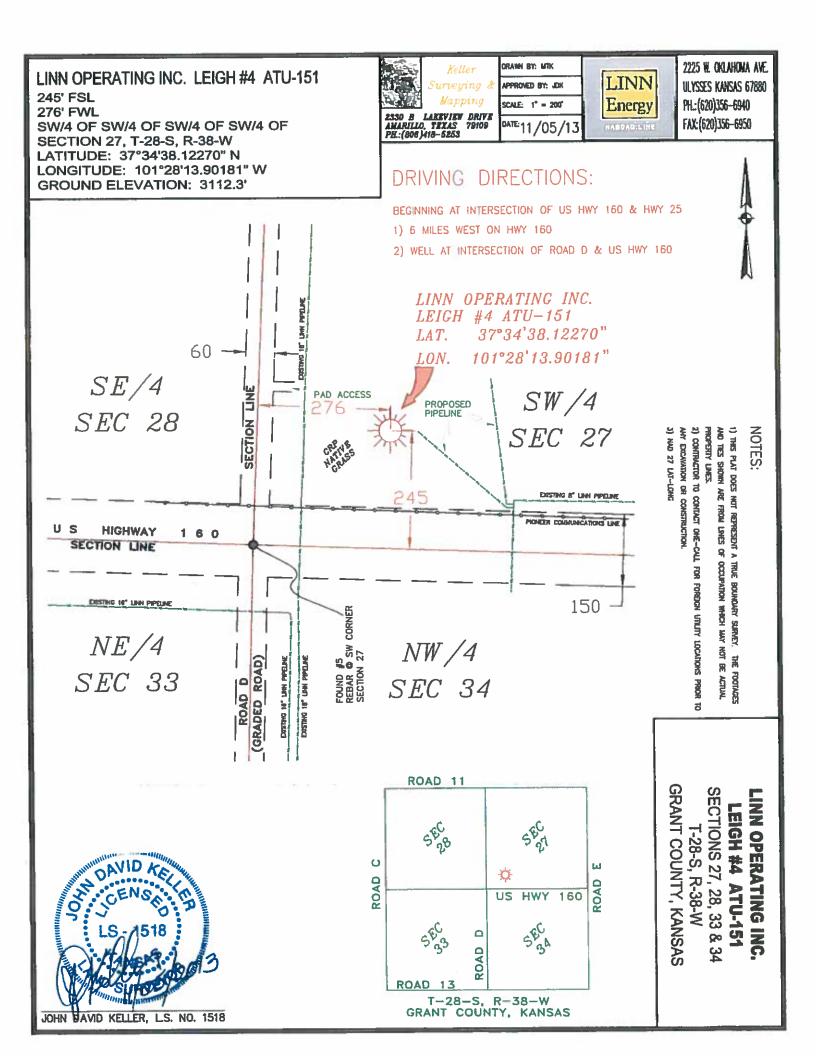
Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 | (Cathodic Protection Borehole Intent) I-1 | (Transfer) | | |
|--|--|---|--|--|
| OPERATOR: License # | Well Location: | | | |
| Name: | | wpS. R | | |
| Address 1: | | | | |
| Address 2: | • | Well #: | | |
| City: | If filing a Form T-1 for multiple well | s 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 m | ultiple surface owners, attach an additional | | |
| Address 1: | | to the left for each surface owner. Surface 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: | | | | |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe the KCC with a plat showing the predicted locations of lease roads, tar are preliminary non-binding estimates. The locations may be entered | nk batteries, pipelines, and electrical | lines. The locations shown on the plat | | |
| ☐ I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, ☐ I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling | located: 1) a copy of the Form C-1, being filed is a Form C-1 or Form C and email address. acknowledge that, because I have no wner(s). To mitigate the additional of | Form CB-1, Form T-1, or Form EB-1, the plat(s) required by this of provided this information, the cost of the KCC performing this | | |
| 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 CF | | received with this form, the KSONA-1 | | |
| Submitted Electronically | | | | |
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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 NUM | BER 15 | | | | | | _ |
|---|---|-------------|---|---|----------------------|---|--|
| OPERATOR LINN Operating, Inc. LEASE Leigh | | | LOCATION OF WELL: COUNTY Grant 245 S feet from south/north line of section | | | | |
| WELL NUMBER 4 ATU-151 | | | 276 W f∈ | et from east / | west line of section | | |
| FIELD 1 | Iugoton-l | Panoma | | | | | |
| | OF ACRES A | | | SW - SW | IF SECTION | N X REGULAR N IS IRREGULAR, ORNER BOUNDARY. | IRREGULAR LOCATE WELL FROM (check line below) |
| (Show t | he locatio he footage source su | to the | nearest | and shade attri t lease or unit | butable acr | orner used: Reage for proratine; and show for | E NW SE SW ed or spaced wells). ootage to the nearest |
| Г | | -EE-3 | | | | | |
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| | INN Opera | | | | | | |
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| acreage | claimed a | ttribut | able to | the well name | d herein is | s held by produc | and belief, that all ction from that well l upon the filing of |
| this for | rm and the | State | test. w | hichever is la | co be weeld | gned to the well | l upon the filing of |
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| | | | | Signati | ire MM | us Hilds | W |
| Subscrib | oed and swo | orn to b | efore m | e on this20 | th day of | November | , 19 2013 |
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| My CORES | гавтон ехр | TLAR | N SA | Commission Expires | 02-19-2017 🖔 | | FORM CG-8 (12/94) |
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