

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

1172337

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 |
| OPERATOR: License# | feet from N / S Line of Section |
| Name: | feet from 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: | 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 OMMO, old well information of fallering | Surface Pipe by Alternate: II II |
| 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: |
| Directional, Deviated or Horizontal wellbore? | Water Source for Drilling Operations: |
| f Yes, true vertical depth: | Well Farm Pond Other: |
| Bottom Hole Location: | DWR Permit #: |
| | |
| | (Note: Apply for Permit with DWR) |
| | Will Cores be taken? |
| CCC DKT #: | Will Cores be taken? If Yes, proposed zone: |
| CCC DKT #:AFI | Will Cores be taken? Yes Yes Yes The If Yes, proposed zone: |
| AFI The undersigned hereby affirms that the drilling, completion and eventual plu | Will Cores be taken? Yes Yes Yes The If Yes, proposed zone: |
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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: | 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 |
| | |
| F | 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 re | equired by the Kansas Surface Owner Notice Act (House Bill 2032). |
| You may attach a s | separate plat if desired. |
| 1800 ft. | |

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.



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 Workover Pit Haul-Off Pit (If WP Supply API No. or Year Drilled) | Pit is: Proposed If Existing, date continued in the continue | Existing nstructed: (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 fro | om ground level to dee | epest point: | (feet) No Pit | | |
| Distance to peacest water well within one mile of | of nit- | Donth to challe | west fresh waterfeet. | | |
| Distance to nearest water well within one-mile of pit: | | Source of inform | 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: | | Type of materia | ver and Haul-Off Pits ONLY: I utilized in drilling/workover: xing pits to be utilized: procedure: | | |
| Does the slope from the tank battery allow all s flow into the pit? Yes No | pilled fluids to | · | e 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 | | |



1172337

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 (CB-1) | Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application) | | |
|---|---|--|--|
| OPERATOR: License # | Well Location: | | |
| Name: | SecTwpS. R East | | |
| Address 1: | | | |
| Address 2: | | | |
| City: State: Zip:+ | | | |
| 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 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. | | |
| ☐ I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be to CP-1 that I am filing in connection with this form; 2) if the form to form; and 3) my operator name, address, phone number, fax, at ☐ I have not provided this information to the surface owner(s). I at KCC will be required to send this information to the surface owner(s). | 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 am being charged a \$30.00 handling 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 CP- | fee with this form. If the fee is not received with this form, the KSONA-1 | | |
| Submitted Electronically | | | |



Fall & Associates

Stake and Elevation Service 719 W. 5* Street P.O. Box 404 Concordia, KS. 66901 1-800-536-2221

1-800-536-2821 Date ____12-9-13 1205131 Invoice Number Burk Trust 'A' 2-23 MURFIN DRILLING Farm Name Number Operator 1800'FNL 1320'FWL 36w Rawlins-KS Location R County-State 3264 Gr. Elevation Murfin Drilling 250 N. Water Shauna Ordered By:_ Suite 300 Wichita, KS. 67202 Scale 1"=1000" Stake 1320 TB's & Lead Line Set 5' Iron rod & 4' wood stake on slight slope pasture hilltop 45' W of stock tank.

