

Well will not be drilled or Permit Expired Date: \_

Signature of Operator or Agent:

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

SGA?

## 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| monur day year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| PERATOR: License#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | foot from   N /   S Line of Soction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 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: II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Well Farm Pond Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| f Yes, true vertical depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DWR Permit #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Bottom Hole Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Note: Apply for Permit with DWR )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CCC DKT #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CCC DKT #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Will Cores be taken? Yes N If Yes, proposed zone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| AF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | - Will Cores be taken? Yes N If Yes, proposed zone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| AF<br>The undersigned hereby affirms that the drilling, completion and eventual p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | - Will Cores be taken? Yes N If Yes, proposed zone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| The undersigned hereby affirms that the drilling, completion and eventual p t is agreed that the following minimum requirements will be met:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - Will Cores be taken? Yes N If Yes, proposed zone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| AF  The undersigned hereby affirms that the drilling, completion and eventual p t is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of well;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Will Cores be taken?  If Yes, proposed zone:  FFIDAVIT  Iugging of this well will comply with K.S.A. 55 et. seq.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| AF The undersigned hereby affirms that the drilling, completion and eventual p t is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of well; 2. A copy of the approved notice of intent to drill <i>shall be</i> posted on each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Will Cores be taken?  If Yes, proposed zone:  FFIDAVIT  lugging of this well will comply with K.S.A. 55 et. seq.  Ch drilling rig;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| AF The undersigned hereby affirms that the drilling, completion and eventual p t is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of well; 2. A copy of the approved notice of intent to drill <i>shall be</i> posted on eac 3. The minimum amount of surface pipe as specified below <i>shall be se</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Will Cores be taken?  If Yes, proposed zone:  FIDAVIT  lugging of this well will comply with K.S.A. 55 et. seq.  ch drilling rig;  th by circulating cement to the top; in all cases surface pipe shall be set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| AF The undersigned hereby affirms that the drilling, completion and eventual p t is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of well; 2. A copy of the approved notice of intent to drill <i>shall be</i> posted on eac 3. The minimum amount of surface pipe as specified below <i>shall be se</i> through all unconsolidated materials plus a minimum of 20 feet into the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Will Cores be taken?  If Yes, proposed zone:  FIDAVIT  lugging of this well will comply with K.S.A. 55 et. seq.  ch drilling rig;  th by circulating cement to the top; in all cases surface pipe shall be set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| The undersigned hereby affirms that the drilling, completion and eventual pt is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of well;  2. A copy of the approved notice of intent to drill <i>shall be</i> posted on each and the district office prior to spudding of well;  3. The minimum amount of surface pipe as specified below <i>shall be set</i> through all unconsolidated materials plus a minimum of 20 feet into the district office will be notified before well is either pluging.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Will Cores be taken?  If Yes, proposed zone:  FIDAVIT  lugging of this well will comply with K.S.A. 55 et. seq.  ch drilling rig;  th by circulating cement to the top; in all cases surface pipe shall be set the underlying formation.  strict office on plug length and placement is necessary prior to plugging; aged or production casing is cemented in;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| The undersigned hereby affirms that the drilling, completion and eventual parties agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of well; 2. A copy of the approved notice of intent to drill <i>shall be</i> posted on each and the approved notice of intent to drill <i>shall be</i> posted on each and the approved notice of intent to drill <i>shall be</i> posted on each and the approved notice of intent to drill <i>shall be</i> posted on each and the approved in the approved in the second of | Will Cores be taken?  If Yes, proposed zone:  FIDAVIT  lugging of this well will comply with K.S.A. 55 et. seq.  Ch drilling rig;  If by circulating cement to the top; in all cases surface pipe shall be set the underlying formation.  Strict office on plug length and placement is necessary prior to plugging; aged or production casing is cemented in; ed from below any usable water to surface within 120 DAYS of spud date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| The undersigned hereby affirms that the drilling, completion and eventual parties agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of well;  2. A copy of the approved notice of intent to drill <i>shall be</i> posted on each and the approved notice of intent to drill <i>shall be</i> posted on each and the approved notice of intent to drill <i>shall be</i> posted on each and the approved notice of intent to drill <i>shall be</i> posted on each through all unconsolidated materials plus a minimum of 20 feet into the standard of the st | Will Cores be taken?  If Yes, proposed zone:  FIDAVIT  lugging of this well will comply with K.S.A. 55 et. seq.  ch drilling rig;  the by circulating cement to the top; in all cases surface pipe shall be set the underlying formation.  strict office on plug length and placement is necessary prior to plugging; aged or production casing is cemented in; the driving formation is compared to surface within 120 DAYS of spud date.  2133,891-C, which applies to the KCC District 3 area, alternate II cementing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| The undersigned hereby affirms that the drilling, completion and eventual pt is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of well;  2. A copy of the approved notice of intent to drill <i>shall be</i> posted on eac.  3. The minimum amount of surface pipe as specified below <i>shall be se</i> through all unconsolidated materials plus a minimum of 20 feet into the second of the s           | Will Cores be taken?  If Yes, proposed zone:  FIDAVIT  lugging of this well will comply with K.S.A. 55 et. seq.  ch drilling rig;  the by circulating cement to the top; in all cases surface pipe shall be set the underlying formation.  strict office on plug length and placement is necessary prior to plugging; aged or production casing is cemented in; ed from below any usable water to surface within 120 DAYS of spud date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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Side Two



| For KCC Use ONLY |   |
|------------------|---|
| API # 15         | - |

#### IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

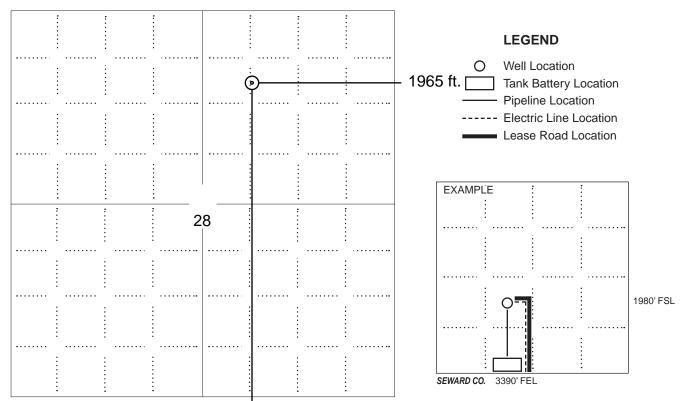
In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

| 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                                                                                         |
| 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.

#### 4290 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                                                                 | Pit is:                 |                                                              | SecTwp R                                                                        |  |
| Settling Pit Drilling Pit                                                                                | If Existing, date con   |                                                              | Feet from North / South Line of Section                                         |  |
| Workover Pit Haul-Off Pit (If WP Supply API No. or Year Drilled)                                         | Pit capacity:(bbls)     |                                                              | Feet from East / West Line of Section County                                    |  |
| Is the pit located in a Sensitive Ground Water A                                                         | rea? Yes N              | No                                                           | Chloride concentration: mg/l (For Emergency Pits and Settling Pits only)        |  |
| Is the bottom below ground level?  Yes No Artificial Liner?  Yes No                                      |                         | 0                                                            | How is the pit lined if a plastic liner is not used?                            |  |
| Pit dimensions (all but working pits):                                                                   | Length (fee             | t)                                                           | Width (feet) N/A: Steel Pits                                                    |  |
| Depth fro                                                                                                | om ground level to deep | pest point:                                                  | (feet) No Pit                                                                   |  |
| If the pit is lined give a brief description of the line material, thickness and installation procedure. | itei                    |                                                              | dures for periodic maintenance and determining ncluding any special monitoring. |  |
| Distance to nearest water well within one-mile of pit:                                                   |                         | Depth to shallowest fresh water feet. Source of information: |                                                                                 |  |
| feet Depth of water wellfeet                                                                             |                         | measured                                                     | well owner electric log KDWR                                                    |  |
| Emergency, Settling and Burn Pits ONLY:                                                                  |                         | Drilling, Worko                                              | over and Haul-Off Pits ONLY:                                                    |  |
| Producing Formation:                                                                                     |                         | Type of materia                                              | al utilized in drilling/workover:                                               |  |
| Number of producing wells on lease:                                                                      |                         | Number of work                                               | king pits to be utilized:                                                       |  |
| Barrels of fluid produced daily:                                                                         |                         | Abandonment p                                                | procedure:                                                                      |  |
| Does the slope from the tank battery allow all spilled fluids to flow into the pit?                      |                         | Drill pits must be closed within 365 days of spud date.      |                                                                                 |  |
| Submitted Electronically                                                                                 |                         |                                                              |                                                                                 |  |
|                                                                                                          | ксс                     | OFFICE USE OI                                                | NLY  Liner Steel Pit RFAC RFAS                                                  |  |
| Date Received: Permit Numb                                                                               | ber:                    | Permi                                                        | t Date: Lease Inspection: Yes No                                                |  |



1174798

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) T-1 (Transfer) CP-1 (Plugging Application)                                                                                                                                                                                                                                                                                                                                                                         |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| OPERATOR: License #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Well Location:                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | County:                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| Address 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Lease Name: Well #:                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| Address 2:  City: State: Zip: +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| Contact Person:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | If filing a Form T-1 for multiple wells on a lease, enter the legal description of<br>the lease below:                                                                                                                                                                                                                                                                                                                                                   |  |  |
| Phone: ( ) Fax: ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| Email Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| Surface Owner Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | When filing a Form T-1 involving multiple surface owners, attach an additional 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 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| Address 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | county, and in the real estate property tax records of the county treasurer.                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| the KCC with a plat showing the predicted locations of lease roads, tan are preliminary non-binding estimates. The locations may be entered of Select one of the following:  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 I 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, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface or | Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form CB-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.  Cacknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this gree, payable to the KCC, which is enclosed with this form. |  |  |
| 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-1-1 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: D & Z Exploration, Inc.                                                                                                                            | Location of Well: County: Johnson                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Lease: Donovan                                                                                                                                               | 4,290 feet from N / N S Line of Section                                                                                   |
| Well Number: #I-16                                                                                                                                           | 1,965 feet from X E / W Line of Section                                                                                   |
| Field: Bear & Bull                                                                                                                                           | Sec. 28 Twp. 14 S. R. 22 E W                                                                                              |
| Number of Acres attributable to well:                                                                                                                        | Is Section: Regular or Irregular                                                                                          |
| QTR/QTR/QTR of acreage:NW NE                                                                                                                                 | 13 Section. They may be miregular                                                                                         |
|                                                                                                                                                              | If Section is Irregular, locate well from nearest corner boundary.  Section corner used: NE NW SE SW                      |
| Show location of the well. Show footage to the nearest lea<br>lease roads, tank batteries, pipelines and electrical lines, as requi<br>You may attach a sept | ase or unit boundary line. Show the predicted locations of ired by the Kansas Surface Owner Notice Act (House Bill 2032). |
|                                                                                                                                                              | LEGEND  O Well Location  Tank Battery Location  Pipeline Location  Electric Line Location  Lease Road Location            |
| 28                                                                                                                                                           | EXAMPLE                                                                                                                   |

1980' FSL

SEWARD CO. 3390' FEL

4290 FSL

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

December 31, 2013

Nina Belden D & Z Exploration, Inc. 901 N Elm St. PO BOX 159 ST ELMO, IL 62458

Re: Drilling Pit Application API 15-091-24000-00-00 Donovan #I-16 NE/4 Sec.28-14S-22E Johnson County, Kansas

#### Dear Nina Belden:

District staff has inspected the above referenced location and has determined that the reserve pit shall be constructed **without slots**, the bottom shall be flat and reasonably level, and the free fluids must be removed. The fluids are to be removed from the reserve pit as soon as practical after drilling operations have ceased.

If production casing is set all completion fluids shall be removed from the working pits daily. NO completion fluids or non-exempt wastes shall be placed in the reserve pit.

The fluids should be taken to an authorized disposal well. Please call the District Office at (620) 432-2300 when the fluids have been removed. Please file form CDP-5 (August 2008), Exploration and Production Waste Transfer, through KOLAR within 30 days of fluid removal.

A copy of this letter should be posted in the doghouse along with the approved Intent to **Drill**. If you have any questions or concerns please feel free to contact the District Office at (620) 432-2300.