

please check the box below and return to the address below.

Well will not be drilled or Permit Expired Date: _

Signature of Operator or Agent:

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form C-1 March 2010 Form must be Typed Form must be Signed All blanks must be Filled

NOTICE OF INTENT TO DRILL

| | e (5) days prior to commencing well s Surface Owner Notification Act, MUST be submitted with this form. | | | | |
|--|--|--|--|--|--|
| Expected Spud Date: | Spot Description: | | | | |
| month day year | | | | | |
| | - Sec. Wp. S. R. E VV | | | | |
| OPERATOR: License# | feet from E / W Line of Section | | | | |
| Name: | Is SECTION: Regular Irregular? | | | | |
| Address 1: | is SECTION Regular Irregular ! | | | | |
| Address 2: State: Zip: + | (Note: Locate well on the Section Plat on reverse side) | | | | |
| Contact Person: | County: | | | | |
| Phone: | Lease Name: Well #: | | | | |
| Thorie. | Field Name: | | | | |
| CONTRACTOR: License# | Is this a Prorated / Spaced Field? | | | | |
| Name: | Target Formation(s): | | | | |
| Well Drilled For: Well Class: Type Equipment: | Nearest Lease or unit boundary line (in footage): | | | | |
| | Ground Surface Elevation:feet MSL | | | | |
| 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: | | | | |
| Other. | Surface Pipe by Alternate: I II | | | | |
| If OWWO: old well information as follows: | Length of Surface Pipe Planned to be set: | | | | |
| | Length of Conductor Pipe (if any): | | | | |
| Operator: | B. C. L. T. C. B. W. | | | | |
| Well Name:Original Total Depth: | Formation at Total Depth: | | | | |
| Original Completion Date Original Total Depth | Water Source for Drilling Operations: | | | | |
| Directional, Deviated or Horizontal wellbore? | Well Farm Pond Other: | | | | |
| If Yes, true vertical depth: | _ | | | | |
| Bottom Hole Location: | DWR Permit #:(Note: Apply for Permit with DWR) | | | | |
| KCC DKT #: | | | | | |
| | If Yes, proposed zone: | | | | |
| | 11 100, proposod 20110. | | | | |
| | FIDAVIT | | | | |
| The undersigned hereby affirms that the drilling, completion and eventual pl | ugging of this well will comply with K.S.A. 55 et. seq. | | | | |
| It is agreed that the following minimum requirements will be met: | | | | | |
| 1. Notify the appropriate district office prior to spudding of well: | | | | | |
| 2. A copy of the approved notice of intent to drill shall be posted on each | h drilling rig: | | | | |
| 3. The minimum amount of surface pipe as specified below shall be se | | | | | |
| through all unconsolidated materials plus a minimum of 20 feet into the | | | | | |
| , , , | strict office on plug length and placement is necessary <i>prior to plugging</i> ; | | | | |
| 5. The appropriate district office will be notified before well is either plug | | | | | |
| | ed from below any usable water to surface within 120 DAYS of spud date. :133,891-C, which applies to the KCC District 3 area, alternate II cementing | | | | |
| | e plugged. <i>In all cases, NOTIFY district office</i> prior to any cementing. | | | | |
| | ., ., ., ., ., ., ., ., ., ., ., ., ., . | | | | |
| | | | | | |
| Submitted Electronically | | | | | |
| | | | | | |
| For KCC Use ONLY | Remember to: | | | | |
| | - File Certification of Compliance with the Kansas Surface Owner Notification | | | | |
| API # 15 | Act (KSONA-1) with Intent to Drill; | | | | |
| Conductor pipe requiredfeet | File Drill Pit Application (form CDP-1) with Intent to Drill; File Completion Form ACO-1 within 120 days of spud date; | | | | |
| Minimum surface pipe requiredfeet per ALT. | - File acreage attribution plat according to field proration orders; | | | | |
| Approved by: | Notify appropriate district office 48 hours prior to workover or re-entry; | | | | |
| | - Submit plugging report (CP-4) after plugging is completed (within 60 days); | | | | |
| This authorization expires: (This authorization void if drilling not started within 12 months of approval date.) | - Obtain written approval before disposing or injecting salt water. | | | | |
| (11115 authorization void it dritting flot started within 12 months of approval date.) | If wall will not be drilled or permit has expired (Secretification deta) | | | | |

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

Spud date: _



SEWARD CO. 3390' FEL

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

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

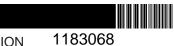
In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

| ator: | | | | Location of V | Vell: County: | | | |
|------------------------|---|-------|------------------|---|--------------------|---------------------------------------|----------------|----------|
| ə: | | | | | | feet from N | / S Line of | Section |
| Number: | | | | | | feet from E | / W Line of | Section |
| : | | | | SecTwpS. R 🔲 E 🔲 W | | | | N |
| | | | | | | | | |
| per of Acres attributa | ble to well: | | | Is Section: | Regular or | r Irregular | | |
| QTR/QTR/QTR of a | creage: | | | | | | | |
| | | | | If Section is | Irregular, locat | te well from nearest | corner boundar | rv. |
| | | | | Section corn | _ | IE NW SE | SW | , |
| | | | | Ocollon com | ci ascai | | | |
| | | | | | | | | |
| | | | D. | A.T. | | | | |
| | | | PL | | 0. | | | |
| | | - | | | - | the predicted location | | |
| lease roads, t | ank batteries, pip | | | | | ner Notice Act (House | e Bill 2032). | |
| | | You n | nay attach a sep | parate plat if des 166 | sired. 3 ft | | | |
| | | | | | J 11. | | | |
| : | | | | | | | | |
| | | | | | | LEGEND | | |
| | | | • • | | | | | |
| : | : | | | : | | O Well Location | | |
| | | | | : | | Tank Batter | y Location | |
| | | | · · | | - | Pipeline Lo | cation | |
| : | : : | | : : | : | - | Electric Line | e Location | |
| | | | | : ⊙— | – 412 ft. ˌ | Lease Road | d Location | |
| | | | • • | · · · · · · · · · · · · · · · · · · · | | | | |
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| : | | | : | : | 1 1 | · L | : | |

NOTE: In all cases locate the spot of the proposed drilling locaton.

In plotting the proposed location of the well, you must show:

- 1. The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.
- 2. The distance of the proposed drilling location from the south / north and east / west outside section lines.
- 3. The distance to the nearest lease or unit boundary line (in footage).
- 4. If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat must be attached: (C0-7 for oil wells; CG-8 for gas wells).
- 5. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.



Kansas Corporation Commission Oil & Gas Conservation Division

Form CDP-1 May 2010 Form must be Typed

APPLICATION FOR SURFACE PIT

Submit in Duplicate

| Operator Name: | | | License Number: | | |
|--|---|---|--|--|--|
| Operator Address: | | | | | |
| Contact Person: | | Phone Number: | | | |
| Lease Name & Well No.: | | | Pit Location (QQQQ): | | |
| Type of Pit: Emergency Pit Burn Pit Settling Pit Drilling Pit Workover Pit Haul-Off Pit (If WP Supply API No. or Year Drilled) Is the pit located in a Sensitive Ground Water A | Pit is: Proposed Existing If Existing, date constructed: Pit capacity: (bbls) Area? Yes No | | SecTwpR East WestFeet from North / South Line of SectionFeet from East / West Line of SectionCounty Chloride concentration: mg/l(For Emergency Pits and Settling Pits only) | | |
| Is the bottom below ground level? | Artificial Liner? Yes N | No | How is the pit lined if a plastic liner is not used? | | |
| | Length (fee | | Width (feet) N/A: Steel Pits(feet) No Pit | | |
| If the pit is lined give a brief description of the li material, thickness and installation procedure. | ilei | | dures for periodic maintenance and determining any special monitoring. | | |
| Distance to nearest water well within one-mile of | of pit: | Depth to shallo Source of infor | west fresh water feet. mation: | | |
| feet Depth of water well | feet | measured | well owner electric log KDWR | | |
| Emergency, Settling and Burn Pits ONLY: | | Drilling, Work | over and Haul-Off Pits ONLY: | | |
| Producing Formation: | | Type of material utilized in drilling/workover: | | | |
| Number of producing wells on lease: | | Number of working pits to be utilized: | | | |
| Barrels of fluid produced daily: | | Abandonment | procedure: | | |
| Does the slope from the tank battery allow all s flow into the pit? Yes No | pilled fluids to | Drill pits must b | pe closed within 365 days of spud date. | | |
| Submitted Electronically | | | | | |
| KCC OFFICE USE ONLY Liner Steel Pit RFAC RFAS | | | | | |
| Date Received: Permit Num | ber: | Permi | it Date: Lease Inspection: Yes No | | |



1183068

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.

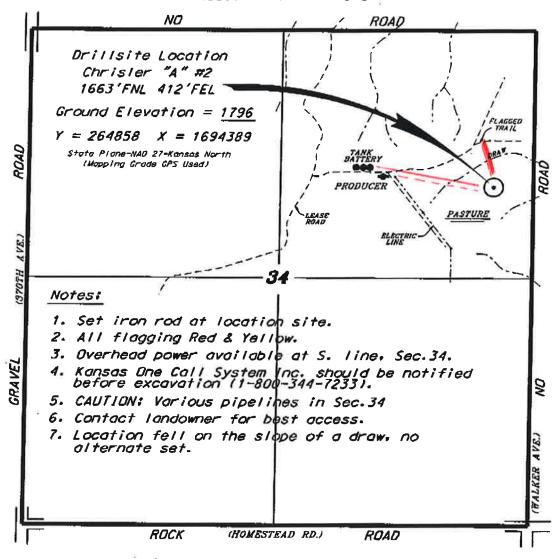
| Select the corresponding form being filed: C-1 (Intent) CB-1 (C | Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application) | | | | |
|--|--|--|--|--|--|
| OPERATOR: License # | Well Location: | | | | |
| Name: | SecTwpS. R | | | | |
| Address 1: | County: | | | | |
| Address 2: | Lease Name: Well #: | | | | |
| City: State: Zip:+ | If filing a Form T-1 for multiple wells on a lease, enter the legal description of | | | | |
| Contact Person: | the lease below: | | | | |
| Phone: () Fax: () | | | | | |
| Email Address: | | | | | |
| Surface Owner Information: | | | | | |
| Name: | When filing a Form T-1 involving multiple surface owners, attach an additional | | | | |
| Address 1: | sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the | | | | |
| Address 2: | county, and in the real estate property tax records of the county treasurer. | | | | |
| City: State: Zip:+ | | | | | |
| the KCC with a plat showing the predicted locations of lease roads, tank | dic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. | | | | |
| Select one of the following: | | | | | |
| owner(s) of the land upon which the subject well is or will be loc CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface owner(s). | cknowledge that, because I have not provided this information, the rner(s). To mitigate the additional cost of the KCC performing this | | | | |
| task, I acknowledge that I am being charged a \$30.00 handling If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP- | fee with this form. If the fee is not received with this form, the KSONA-1 | | | | |
| Submitted Electronically | _ | | | | |

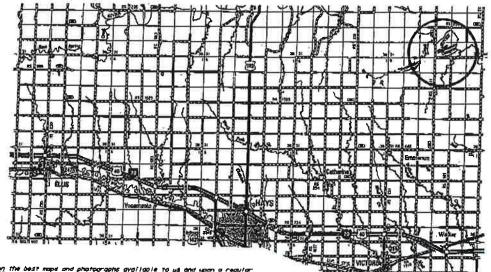
MG OIL, INC.

CHRISLER LEASE

NE. 1/4, SECTION 34, T115, R16W

ELLIS COUNTY, KANSAS





9 Control (I/b) data is based upon the best maps and photographs available to us and upon a regular seation of tand containing 540 ocres.

Addition on the containing are ones.

**Agaraximore section those were determined using the normal standard of core of pilited surreyors practicing in the state of Kansas. The American corpore, which asked the precise section lines, were not incesserily located, and the exact location of the dilistre letter processoring that make the corpore section in the dilistre letter. Therefore, the operator securing this service and occepting this piet and all other parties relying theirson opies to hald central Kandad Diliteld Services, Inc., its officers and exployees harmless from all losses, costs and expenses and dails entitles released from any licelity from laid dails and consequential datapass.

**Elavolidms derived from Metional Geodetic National Datum.

CENTRAL KANSAS OILFIELD SERVICES, INC. (620)792-1977

January 17, 2014