

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

1185333

Form C-1

March 2010

Form must be Typed

Form must be Signed

All blanks must be Filled

NOTICE OF INTENT TO DRILL

| Expected Spud Date: | Spot Description: |
|---|--|
| month day year | Sec. Twp. S. R. E |
| DPERATOR: License# | feet from N / S Line of Section |
| Name: | feet from E / W Line of Section |
| Address 1: | Is SECTION: Regular Irregular? |
| ddress 2: | (Note: Locate well on the Section Plat on reverse side) |
| City: State: Zip: + | County: |
| Contact Person: | Lease Name: Well #: |
| hone: | Field Name: |
| ONTRACTOR: License# | Is this a Prorated / Spaced Field? |
| lame: | Target Formation(s): |
| Well Drilled For: Well Class: Type Equipment: | Nearest Lease or unit boundary line (in footage): |
| Oil Enh Rec Infield Mud Rotary | Ground Surface Elevation:feet MS |
| Gas Storage Pool Ext. Air Rotary | Water well within one-quarter mile: |
| Disposal Wildcat Cable | Public water supply well within one mile: |
| Seismic ; # of Holes Other | Depth to bottom of fresh water: |
| Other: | Depth to bottom of usable water: |
| If OWNED, and well information as follows: | Surface Pipe by Alternate: III |
| If OWWO: old well information as follows: | Length of Surface Pipe Planned to be set: |
| Operator: | Length of Conductor Pipe (if any): |
| Well Name: | Projected Total Depth: |
| Original Completion Date: Original Total Depth: | Formation at Total Depth: |
| Directional, Deviated or Horizontal wellbore? | Water Source for Drilling Operations: |
| Directional, Deviated or Horizontal wellbore? Yes No Yes, true vertical depth: | Well Farm Pond Other: |
| Bottom Hole Location: | DWR Permit #:(Note: Apply for Permit with DWR) |
| ottom Holo Eddaton. | (Note: Apply for Permit with DWR) |
| (CC DKT #: | |
| (CC DKT #: | Will Cores be taken? |
| CCC DKT #: | |
| AFF | Will Cores be taken? Yes If Yes, proposed zone: |
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| For KCC Use ONLY | |
|------------------|---|
| API # 15 | - |

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

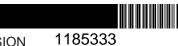
In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

| Operator: | Location of Well: County: |
|---------------------------------------|--|
| Lease: | feet from N / S Line of Section |
| Well Number: | feet from E / W Line of Section |
| Field: | Sec Twp S. R L E L W |
| Number of Acres attributable to well: | Is Section: Regular or Irregular |
| | If Section is Irregular, locate well from nearest corner boundary. |
| | Section corner used: NE NW SE SW |
| | _ _ |
| _ | DI AT |
| | PLAT t lease or unit boundary line. Show the predicted locations of |
| | equired by the Kansas Surface Owner Notice Act (House Bill 2032). |
| | separate plat if desired. 1155 ft. |
| | 1155 ft. |
| | |
| | LEGEND |
| | O Well Location |
| | Tank Battery Location |
| | O Pipeline Location |
| | Electric Line Location |
| | Lease Road Location |
| | : |
| | EXAMPLE : : |
| | EXAMPLE : |
| 4 | |
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| | 1980' FSL |
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| | : |

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

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

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



Kansas Corporation Commission Oil & Gas Conservation Division

Form CDP-1 May 2010 Form must be Typed

APPLICATION FOR SURFACE PIT

Submit in Duplicate

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



1185333

Form KSONA-1
January 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

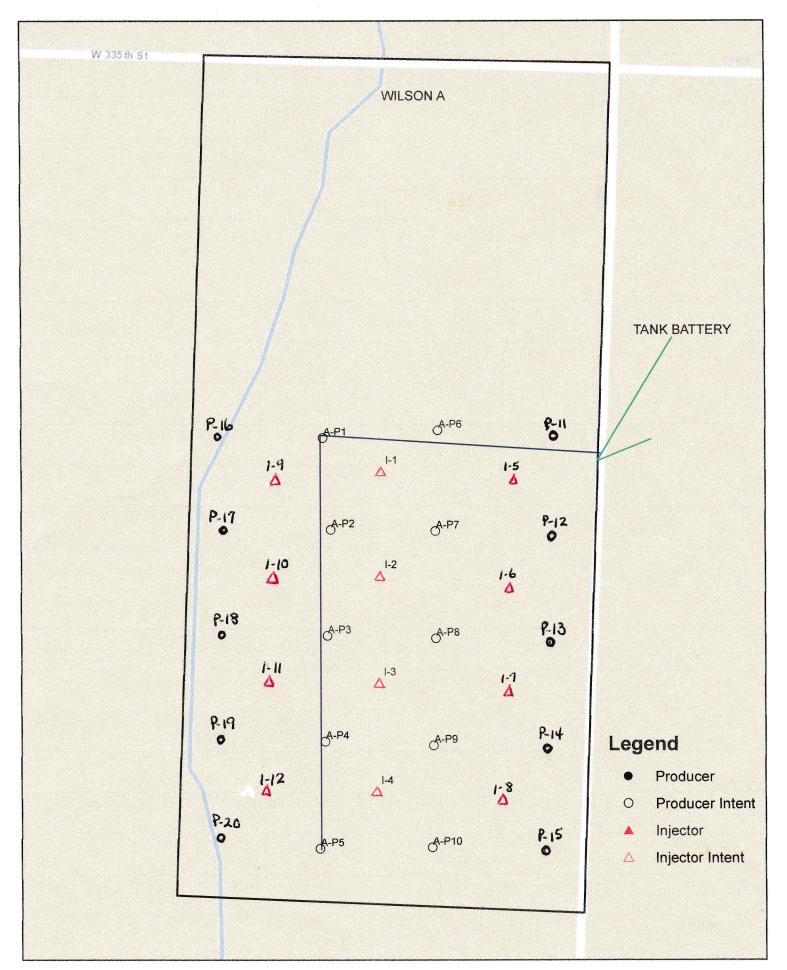
CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

| OPERATOR: License # | | | |
|--|---|--|--|
| Name: | | | |
| Address 1: | County: | | |
| Address 2: | Lease Name: Well #: | | |
| City: | If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: | | |
| Contact Person: | - | | |
| Phone: () Fax: () Email Address: | | | |
| Surface Owner Information: | | | |
| Name: | | | |
| Address 1: | 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: | | | |
| | nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. | | |
| I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, | | | |
| KCC will be required to send this information to the surface of | acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this as of the surface owner by filling out the top section of this form and 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 CF | g fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned. | | |
| Submitted Electronically | | | |
| I | | | |



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

Shari Feist Albrecht, Chair Thomas E. Wright, Commissioner Jay Scott Emler, Commissioner

January 29, 2014

TOM CAIN JTC Oil, Inc. PO BOX 24386 STANLEY, KS 66283

Re: Drilling Pit Application API 15-121-29517-00-00 WILSON A P-16 NE/4 Sec.04-18S-22E Miami County, Kansas

Dear TOM CAIN:

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.