

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 #	<u> </u>
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**

	Spot Description:					
month day year	Sec Twp S. R E V					
OPERATOR: License#	(O/O/O/O) 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 #:					
Phone:	Field Name:					
CONTRACTOR: License#	Is this a Prorated / Spaced Field?					
Name:	Target Formation(s):					
Well Drilled For: Well Class: Type Equipment:	Nearest Lease or unit boundary line (in footage):					
	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	Depth to bottom of fresh water:					
Seismic ; # of Holes Other Other:	Depth to bottom of usable water:					
	Surface Pipe by Alternate: I					
If OWWO: old well information as follows:	Length of Surface Pipe Planned to be set:					
Operator:	Length of Conductor Pipe (if any):					
Well Name:	Projected Total Depth:					
Original Completion Date: Original Total Depth:	Formation at Total Depth:					
Original Completion Bato.	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 )					
(CC DKT #:	Will Cores be taken?					
	If Yes, proposed zone:					
	TID AVIT					
	FIDAVIT					
The considerations of beginning officers that the duffline consequence and acceptance in la						
	gging of this well will comply with K.S.A. 55 et. seq.					
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Spud date: \_



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:						_ Lo	cation of W	ell: Coun	nty:				
_ease:									fe	et from	N /	S Line	of Section
Well Number:									fe	et from	E /	W Line	of Section
eld:					_ Se	SecTwpS. R E W							
Number of Acres at QTR/QTR/QT						15 (	Section:	Regu	lar or	Irregular			
ziivaiivaiivai	it of acreag	JG				If S	Section is location corne	_		NW		rner boun	dary.
	Show locatio			d electrica	l lines, as	required b		as Surfac					
				100 111	ay allacii t	и зерагате	29	8 ft.					
	:	:	: : : :		:	:	0	- 206	ft.	LEGI	END		
			:		:				0	Tank l Pipelii Electr	ocation  Battery L  ne Locati  ic Line Le  Road Le	ion ocation	
	. : . : :	:	: 	••••	:	: 		-			ROAU LO	ocation	
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	:	i	: 	•••••	:	: : :				97			1980' FSL
	: :	:	: :		: :	: :	: 						
		:	:		:	:		L	SEWARD CO.	3390' FEL			

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

713 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:	Pit is:					
Emergency Pit Burn Pit	Proposed	Existing	SecTwp R			
Settling Pit Drilling Pit If Existing, date col		nstructed:	Feet from North / South Line of Section			
Workover Pit   Haul-Off Pit   (If WP Supply API No. or Year Drilled)	Pit capacity:		Feet from East / West Line of Section			
	(bbls)		County			
Is the pit located in a Sensitive Ground Water A	rea? Yes	No	Chloride concentration: mg/l  (For Emergency Pits and Settling Pits only)			
Is the bottom below ground level?	Artificial Liner?		How is the pit lined if a plastic liner is not used?			
Yes No	Yes N	No				
Pit dimensions (all but working pits):	Length (fe	et)	Width (feet) N/A: Steel Pits			
	om ground level to dee					
If the pit is lined give a brief description of the li material, thickness and installation procedure.	ner	Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring.				
Distance to nearest water well within one-mile of	of pit:	Depth to shallowest fresh water feet. Source of information:				
feet Depth of water well	feet	measured well owner electric log KDWR				
Emergency, Settling and Burn Pits ONLY:		Drilling, Workover and Haul-Off Pits ONLY:				
Producing Formation:		Type of material utilized in drilling/workover:				
Number of producing wells on lease:		Number of working pits to be utilized:				
Barrels of fluid produced daily:		Abandonment	procedure:			
Does the slope from the tank battery allow all s flow into the pit? Yes No	pilled fluids to	Drill pits must be closed within 365 days of spud date.				
Submitted Electronically						
KCC OFFICE USE ONLY  Liner Steel Pit RFAC RFAS						
Date Received: Permit Num	her:	Darmi	t Date: Lease Inspection: Yes No			



#### Kansas Corporation Commission Oil & Gas Conservation Division

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

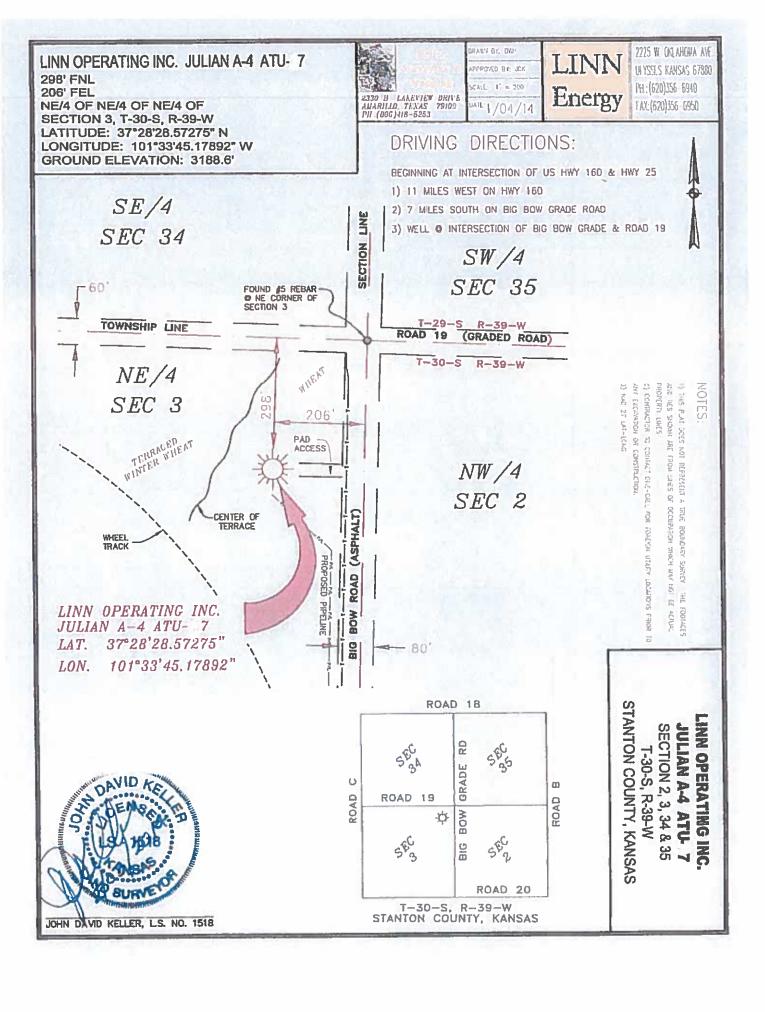
# CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

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 #	Well Location:					
Name:	· — —					
Address 1:	County:					
Address 2:	Lease Name: Well #:					
City:         State:	If filing a Form T-1 for multiple wells on a lease, enter the legal description o 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:	and the second in the second and the second					
City: State: Zip:+	_					
are preliminary non-binding estimates. The locations may be entered	ank batteries, pipelines, and electrical lines. The locations shown on the plat If on 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	e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.					
KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ess of the surface owner by filling out the top section of this form and e 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 C	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.					
Submitted Electronically						
I						



## PLAT AND CERTIFICATION OF ACREAGE ATTRIBUTABLE TO A GAS WELL'

Kansas Corporation Commission, Conservation Division Finney State Office Building, 130 South Market, Room 2078 Wichita, Kansas 67202

API NUMBER 15-	Stanton						
ITMN Operating Inc	LOCATION OF WELL: COUNTY Stanton						
OPERATOR LINN Operating, Inc. LEASE Julian	298 N feet from south/north line of section						
WELL NUMBER A-4 ATU- 7	206 E feet from east / west line of section						
FIELD Hugoton-Panoma							
	SECTION 3 TWP 30 (S) RG 39W E/W						
NUMBER OF ACRES ATTRIBUTABLE TO WELL 640 QTR/QTR/QTR OF ACREAGE NE _ NE _ NE	IS SECTION X REGULAR OF IRREGULAR IF SECTION IS IRREGULAR, LOCATE WELL FROM						
	NEAREST CORNER BOUNDARY. (check line below)						
	Section corner used: NE NW SE SW						
(Show the location of the well and shade attri	butable acreage for prorated or spaced wells).						
(Show the footage to the nearest lease or unit boundary line; and show footage to the nearest common source supply well).							
Common Bource Buppry well).							
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<u> </u>	SEWARD CO.						
The undersigned hereby certifies as Regulatory Compliance Advisor (title) for							
LINN Operating, Inc.	(Co.), a duly authorized agent, that all						
<u>-</u>	to the best of my knowledge and belief, that all						
acresse claimed attributable to the well name	ed herein is held by production from that well						
and hereby make application for an allowable	to be assigned to the well upon the filing of						
this form and the State test, whichever is 1							
Signature Man Hieren							
Subscribed and sworn to before me on this 24th day of March 19 2014							
, , 3	, Strup Belender Callatan						
12/20/00/	Notary Public						
My Commission expires FORM CG-8 (12/94)							

