

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:
month day year	Sec Twp S. R E
DPERATOR: License#	(0/0/0/0) feet from N / S Line of Section
lame:	feet from E / W Line of Section
ddress 1:	Is SECTION: Regular Irregular?
ddress 2:	(Note: Locate well on the Section Plat on reverse side)
Sity:	County:
Contact Person:	Lease Name: Well #:
hone:	Field Name:
CONTRACTOR: License#	Is this a Prorated / Spaced Field?
lame:	Target Formation(s):
Wall Drillad For: Wall Classes Type Foreignments	Nearest Lease or unit boundary line (in footage):
Well Drilled For: Well Class: Type Equipment:	Ground Surface Elevation:feet M
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:
Other.	Surface Pipe by Alternate: I 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:
- Ongmar - Otal - Doptin	Water Source for Drilling Operations:
Directional, Deviated or Horizontal wellbore? Yes No	Well Farm Pond Other:
f Yes, true vertical depth:	DWR Permit #:
Sottom Hole Location:	(Note: Apply for Permit with DWR)
(CC DKT #:	Will Cores be taken?
	If Yes, proposed zone:
ΔFF	IDAVIT
The undersigned hereby affirms that the drilling, completion and eventual plug	
	igning of this work will comply with the six to our socy.
t is agreed that the following minimum requirements will be met:	igning of this won win comply with recent to occusion.
is agreed that the following minimum requirements will be met: 1. Notify the appropriate district office <i>prior</i> to spudding of well;	
is agreed that the following minimum requirements will be met:	drilling rig;
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



SEWARD CO. 3390' FEL

For KCC Use ONLY	
API # 15	

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

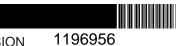
In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

Operator:	Location of Well: County:
_ease:	feet from N / S Line of Section
Nell Number:	feet from E / W Line of Section
Field:	Sec Twp S. R 🗌 E 🔲 W
Number of Acres attributable to well:	is Section. Negulai of Integulai
	If Section is Irregular, locate well from nearest corner boundary. Section corner used: NE NW SE SW
Show location of the well. Show feetage to the nee	PLAT
lease roads, tank batteries, pipelines and electrical lines, a	arest lease or unit boundary line. Show the predicted locations of as required by the Kansas Surface Owner Notice Act (House Bill 2032). The aseparate plat if desired. 330 ft.
	990 ft. LEGEND
	O Well Location Tank Battery Location Pipeline Location Electric Line Location Lease Road Location
	EXAMPLE :
29	
	1980' 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.



Kansas Corporation Commission Oil & Gas Conservation Division

956 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)	Pit is: Proposed Existing If Existing, date constructed: Pit capacity:		SecTwp R East WestFeet from North / South Line of SectioFeet from East / West Line of Sectio			
	(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?			
Pit dimensions (all but working pits):	Length (fee	et)	Width (feet) N/A: Steel Pits			
Depth fro	om ground level to dee	epest point:	(feet) No Pit			
material, thickness and installation procedure. 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: Producing Formation: Number of producing wells on lease: Barrels of fluid produced daily: Does the slope from the tank battery allow all s		Drilling, Workover and Haul-Off Pits ONLY: Type of material utilized in drilling/workover: Number of working pits to be utilized: Abandonment procedure:				
Submitted Electronically Drill pits must be closed within 365 days of spud date.						
KCC OFFICE USE ONLY Liner Steel Pit RFAC RFAS						
Date Received: Permit Numl	ber:	Permi	t Date: Lease Inspection: Yes No			



1196956

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:	
Address 2:	Lease Name: Well #:
City: State: Zip:+	_ If filing a Form T-1 for multiple wells on a lease, enter the legal description or
Contact Person:	the lease helow:
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 toy records of the county traceurer
City:	_
	thodic Protection Borehole Intent), you must supply the surface owners and
	ank batteries, pipelines, and electrical lines. The locations shown on the plat d 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 b	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 x, 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 the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 handli form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ing fee with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.
Submitted Electronically	
I	



Fall & Associates

Stake and Elevation Service 719 W. 5" Street P.9. Box 404 Concordia, KS. 66901 1-800-536-2021

Date 4-1-14

						Invoice Nun	iber
URFIN DR	ILLING	- A	2-29		HMZ		
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250 N. Suite 3			an and extension of the state o			ElevationOrdered By:	3303 Gr. Shauna
A				Seale 17710	100 33	p) 1- 990'	X
30 Miles	·				Stake	-	
						,	•
				29		The state of the s	
	Set 5' wood stake on 120' W of center of cou	inty road.	stubble	ra formanismo paire d'autore considerativa del productiva del prod			
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