

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

CATHODIC PROTECTION BOREHOLE INTENT

Must be approved by the KCC sixty (60) days prior to commencing well.

| • | Surface Owner Notification Act, MUST be submitted with this form. |
|--|---|
| Expected Spud Date: | Spot Description: |
| , , | Sec Twp S. R E W |
| OPERATOR: License# | feet from N / S Line of Section |
| Name: | feet from E / W Line of Section |
| Address 1: | Is SECTION: Regular Irregular? |
| Address 2: | (Check directions from nearest outside corner boundries) |
| City: + | County |
| Contact Person: | County: |
| Phone: | Facility Name: |
| | Borehole Number: |
| CONTRACTOR: License# | Ground Surface Elevation: MSI |
| Name: | Cathodic Borehole Total Depth:fee |
| Type Drilling Equipment: | Depth to Bedrock: fee |
| Air Rotary Other | Water Information |
| Construction Features | Aquifer Penetration: None Single Multiple |
| Length of Cathodic Surface (Non-Metallic) Casing | Depth to bottom of fresh water: |
| Planned to be set: feet | Depth to bottom of usable water: |
| Length of Conductor pipe (if any): feet | Water well within one-quarter mile: Yes No |
| Surface casing borehole size: inches | Public water supply well within one mile: Yes No |
| Cathodic surface casing size: inches | Water Source for Drilling Operations: |
| Cathodic surface casing centralizers set at depths of:;; | ☐ Well ☐ Farm Pond ☐ Stream ☐ Other |
| ;;;;; | Water Well Location: |
| Cathodic surface casing will terminate at: | DWR Permit # |
| ☐ Above surface ☐ Surface Vault ☐ Below Surface Vault | Standard Dimension Ratio (SDR) is = |
| Pitless casing adaptor will be used: Yes No Depth feet | (Cathodic surface csg. O.D. in inches / MWT in inches = SDR) |
| Anada installation depths are: | Annular space between borehole and casing will be grouted with: |
| Anode installation depths are:;; ;; ;; | ☐ Concrete ☐ Neat Cement ☐ Bentonite Cement ☐ Bentonite Clay |
| ;;;;;; | Anode vent pipe will be set at: feet above surface |
| | Anode conductor (backfill) material TYPE: |
| | Depth of BASE of Backfill installation material: |
| AFFIDAVIT | Depth of TOP of Backfill installation material: |
| | Borehole will be Pre-Plugged? Yes No |
| The undersigned hereby affirms that the drilling, completion and eventual pluggin of this well will comply with K.S.A. 55-101 et. seq. | |
| is agreed that the following minimum requirements will be met: | |
| | |
| Notify the appropriate District office prior to spudding and again before plugging the | |
| and placement is necessary prior to plugging. In all cases, notify District Office prior | or to any grouting. |
| Notify appropriate District Office 48 hours prior to workover or re-entry. | |
| A. A copy of the approved notice of intent to drill shall be posted on each drilling rig. | |
| The minimum amount of cathodic surface casing as specified below shall be set by | |
| | (form CB-1). b. File Certification of Compliance with Kansas Surface Owner Notification Act |
| (form KSONA-1) with Cathodic Protection Borehole Intent (CB-1) c. File Completic d. Submit plugging report (CP-4) within 30 days after final plugging is completed. | n Form (ACO-1) within 30 days from spud date. |
| | |
| | |
| 0 ''' | |
| Submitted Electronically | |
| | |
| | 7 |
| For KCC Use ONLY | |
| | If this permit has expired or will not be drilled, check a box below, sign, date and return |
| API # 15 | If this permit has expired or will not be drilled, check a box below, sign, date and return to the address below. |
| API # 15 | |
| API # 15 | |
| API # 15feet | to the address below. |
| API # 15 | to the address below. |
| API # 15 | to the address below. |
| API # 15 | to the address below. Permit Expired Well Not Drilled |
| API # 15 | to the address below. |

Side Two

1198098

SEWARD CO. 3390' FEL

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

IN ALL CASES, PLEASE FULLY COMPLETE THIS SIDE OF THE FORM.

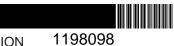
In all cases, please fully complete this side of the form. Include items 1 through 3 at the bottom of this page.

| Operators | | | | Lann | sian at Malla C | Saat | | | |
|-----------|----------|---|-------------------|---------------|----------------------------------|-----------|---|--|-----------------|
| | : | | | | tion of Well: C | - | from N. / | | -4.0 |
| • | ame: | | | | | | from N / | $\overline{}$ | of Section |
| borenoie | Number: | | | | Tw | | | E E | of Section W |
| | | | | Is Se | ction: R | egular or | Irregular | | |
| | | | | | ction is Irregu on corner use | | from nearest c | orner bound SW | dary. |
| | | e Cathodic Borehole. atteries, pipelines and | l electrical line | | the Kansas Si | - | | | |
| | 2022 II. | | | | | | | | |
| | | | | | | | LEGEND | | |
| | | | | | | 0 | Well Location Tank Battery Pipeline Loca Electric Line Lease Road | Location ation | |
| 15 ft. | | : : | ······ | ···· : ······ | | | | | |
| | | 1! | 5 | | | EXAMPLE | | | |
| | | | | | | | | · ···································· | |
| | | | | | | | 0=3 | · | 1980' FSL |
| | | | | | | | | | |
| | : | : : | : | : : | | - 1 : 1 | | | |

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 section's south / north and east / west; line.
- 3. 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) | Pit is: Proposed Existing If Existing, date constructed: Pit capacity: (bbls) | | SecTwpR East WestFeet from North / South Line of SectionFeet from East / West Line of SectionCounty | | |
| 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 | | |
| If the pit is lined give a brief description of the li material, thickness and installation procedure. | om ground level to dee | Describe proce | dures for periodic maintenance and determining any special monitoring. | | |
| Distance to nearest water well within one-mile 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 flow into the pit? Yes No Submitted Electronically | | Drilling, Workover and Haul-Off Pits ONLY: Type of material utilized in drilling/workover: Number of working pits to be utilized: Abandonment procedure: Drill pits must be closed within 365 days of spud date. | | | |
| | KCC | OFFICE USE O | NLY | | |
| Date Received: Permit Num | ber: | | Liner Steel Pit RFAC RFAS t Date: Lease Inspection: Yes No | | |



1198098

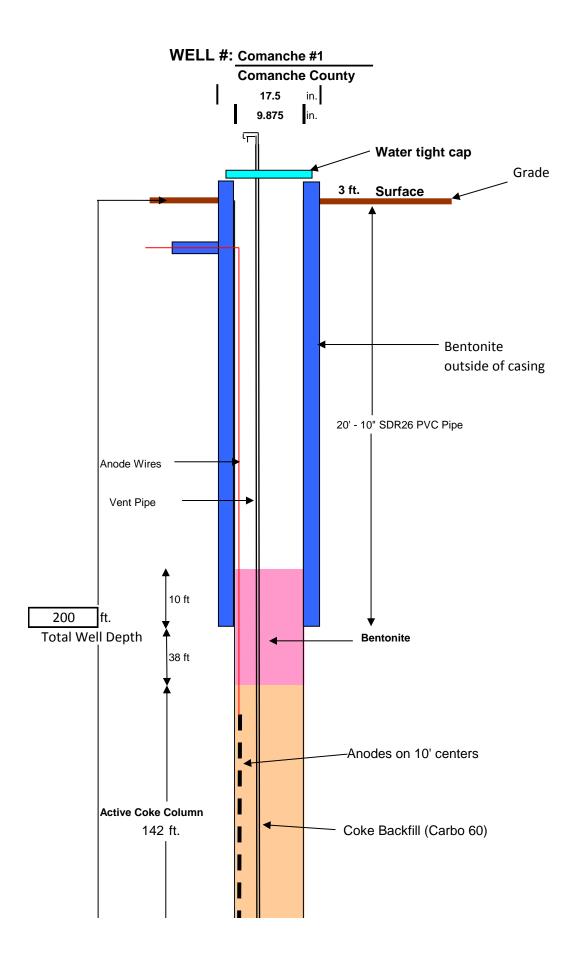
Form KSONA-1
January 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

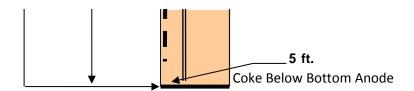
CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

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: | SecTwpS. R East West | | | | |
| 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 | | | | |
| 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 additiona | | | | |
| 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: | | | | | |
| City: | | | | | |
| the KCC with a plat showing the predicted locations of lease roads, tar are preliminary non-binding estimates. The locations may be entered a Select one of the following: 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, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the | acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this is of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 | | | | |
| form and the associated Form C-1, Form CB-1, Form T-1, or Form CF Submitted Electronically | - I wiii be returnea. | | | | |
| T. | | | | | |





For KCC Use ONLY API # 15 -_



COMANCHE

IN ALL CASES, PLEASE FULLY COMPLETE THIS SIDE OF THE FORM.

In all cases, please fully complete this side of the form. Include items 1 through 3 at the bottom of this page.

| Operator: 3782 | Location of Well: County:COMANCHE | | | | | |
|----------------------------------|--|--|--|--|--|--|
| Facility Name: DCP MIDSTREAM, LP | 2,022 feet from N / S Line of Section 45 feet from E / W Line of Section | | | | | |
| Borehole Number: 1 | | | | | | |
| | Sec. 15 Twp. 31 S. R. 20 □ E ✓ W | | | | | |
| | Is Section: Regular or Irregular | | | | | |
| | If Section is Irregular, locate well from nearest corner boundary. Section corner used: NE NW SE SW | | | | | |
| | | | | | | |
| | PLAT | | | | | |
| | he nearest lease or unit boundary line. Show the predicted locations of | | | | | |
| Vou may attach | s required by the Kansas Surface Owner Notice Act (House Bill 2032). a separate plat if desired. | | | | | |
| 2022 | ra separate pat il desired. | | | | | |
| ! : : : : | <u> </u> | | | | | |
| | LEGEND | | | | | |
| | : : O Well Location | | | | | |
| | Tank Battery Location | | | | | |
| | Pipeline Location | | | | | |
| 45 | Blue — Electric Line Location | | | | | |
| | Black — Lease Road Location | | | | | |
| | 151000 | | | | | |
| | | | | | | |
| | EXAMPLE : | | | | | |
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| | | | | | | |
| | 1980' FSL | | | | | |
| | | | | | | |
| 2 | | | | | | |
| * - | | | | | | |
| | : : : 3500 FEL | | | | | |

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

3. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.