

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

1202887

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 🔲 V				
DPERATOR: License#	(0/0/0/0) feet from N / S Line of Section				
Name:	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)				
City: State: Zip: +	County:				
Contact Person:	Lease Name: Well #:				
hone:	Field Name:				
CONTRACTOR: 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 OWWO: old well information as follows:	Surface Pipe by Alternate: I II				
	Length of Surface Pipe Planned to be set:				
Operator:	Length of Conductor Pipe (if any): Projected Total Depth:				
Well Name: Original Total Depth:	Frojected Total Depth:				
Original Completion Bate Original Total Beptil	Water Source for Drilling Operations:				
irectional, Deviated or Horizontal wellbore?	Well Farm Pond Other:				
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:				
	If Yes, proposed zone:				
AFF	IDAVIT				
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AFF The undersigned hereby affirms that the drilling, completion and eventual plu	IDAVIT gging of this well will comply with K.S.A. 55 et. seq.				
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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.

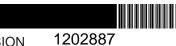
Operator:							_ Lo	cation of W	Vell: County:		
Lease:									feet from N / S Line of Section		
Well Number:							feet from E / W Line of Section				
Field:							_ Se	Sec Twp S. R			
Number o	f Acres attr	ibutable to	well:				– ls :	Section:	Regular or Irregular		
QTR/QTR	/QTR/QTR	of acreag	e:				_				
							If S	Section is	Irregular, locate well from nearest corner boundary.		
							Se	ction corne	er used: NE NW SE SW		
							PLAT				
	SI	how location	on of the w	ell Show	footage to	the neare		· unit hound	dary line. Show the predicted locations of		
					_				sas Surface Owner Notice Act (House Bill 2032).		
				,				plat if desi			
	825	π.							7		
		:	:	:		:	:	:			
		:	:	:		:	:	:	LEGEND		
ICE #									O Well Location		
165 ft.	+0	:	:	:			:	:	Tank Battery Location		
		:	:	:		:	:	:	Pipeline Location		
		:	:	:		:	:	:	Electric Line Location		
		:	:	:		:	:	:	Lease Road Location		
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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.

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

- 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 Drilling Pit Workover Pit Haul-Off Pit (If WP Supply API No. or Year Drilled)	Pit is: Proposed If Existing, date colling Pit capacity:	Existing	SecTwpR East WestFeet from Rast / West Line of SectionFeet from East / West Line of Section		
	(bbls)		County		
Is the pit located in a Sensitive Ground Water A	Area? Yes	No	Chloride concentration: mg/l (For Emergency Pits and Settling Pits only)		
Is the bottom below ground level?	Artificial Liner?	No	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		
If the pit is lined give a brief description of the li material, thickness and installation procedure.	illei		dures for periodic maintenance and determining ncluding 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 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 materia	al 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 O			
Date Received: Permit Num	ber:	Permi	Liner Steel Pit RFAC RFAS it Date: Lease Inspection: Yes No		



1202887

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 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:					
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 as of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form.				
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					

DICE LEASE WELL LOCATIONS

