

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

1207943

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):				
Well Name: Original Total Depth:	Projected Total Depth: Formation at 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				
AFF The undersigned hereby affirms that the drilling, completion and eventual plu	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.

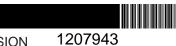
Operator: Lease: Well Number: Field:				_ Loc	Location of Well: County:								
							fee	<u> </u>	N /	S Line	of Section		
										of Section			
				_ Se	C	Twp.	8	S. R		E	W		
Number of Acres attributable to well:			15 (Is Section: Regular or Irregular									
						If S	Section is	_	r, locate we	II from n		orner boun	dary.
			ne well. Show i s, pipelines and	d electrica	l lines, as		y the Kan	sas Surfa					
	:	:	: :			:	:						
						:	:			LEG	END		
										Tank Pipeli Elect	Location Battery I ine Loca ric Line I e Road I	Location tion Location	
		······	2	2				_	EXAMPLE	<u> </u>	: : : : :	: : : :	
		 	:									:	
		· · · · · · · · · · · · · · · · · · ·								0-7			1980' FSL
290 ft _						:			SEWARD CO.	3390' FE	:	:	

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

200 ft.

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 Existing If Existing, date constructed: Pit capacity: (bbls) Area? Yes No		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 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		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		



1207943

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: State: Zip:+	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:						
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: State: Zip:+							
	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, □ I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of 	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. 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						
that I am being charged a \$30.00 handling fee, payable to the	KCC, which is enclosed with this form. g fee with this form. If the fee is not received with this form, the KSONA-1						
Submitted Electronically							
[

DRAWN BY: JDK 2225 W. OKLAHOMA AVE. LINN OPERATING INC. HOHNER A-4 ATU-264 LINN APPROVED BY: JOK ULYSSES KANSAS 67880 Surveying A 200' FSL SCALE: 1" = 200" PH.: (620)356-6940 290' FWL Energy 2330 B LAKKVIKY DRIVE AVARILLO, TEXAS 79109 PH:(808)418-5253 FAX:(620)356-6950 SW/4 OF SW/4 OF SW/4 OF DATE: 4/14/14 SECTION 22, T-27-S, R-38-W LATITUDE: 37°40'44.09493" N LONGITUDE: 101°28'15.71089" W DRIVING DIRECTIONS: **GROUND ELEVATION: 3110.7'** BEGINNING AT INTERSECTION OF US HWY 160 & HWY 25 1) 7 MILES NORTH ON HWY 25 2) 6 MILES WEST ON COUNTY ROAD 5 SECTION PROPOSED SW/4 LINN OPERATING INC. HOHNER A-4 ATU-264 SEC 22 SE/437°40'44.09493" LAT. 101°28'15.71089" LON. SEC 21 60 NOTES: 2) CONTRACTOR TO CONTACT ONE-CALL 1) THIS PLAT DOES NOT REPRESENT A TRUE AND THIS SHOWN ARE FROM 290 5110.B THES OF OCCUPATION MACH PAD ACCESS 5110.E 200 FOR FOREIGN UTILITY LOCATIONS PRIOR SECTION LINE ROAD 5 (ASPHALT ROAD) FOUND #5 REBAR • SW CORNER SECTION 22 19 PR 80 THE FOOTAGES **VOTINE** NE/4NW/4SEC 28 SEC 27 GRANT COUNTY, KANSAS SECTIONS 21, 22, 27 & 28 HOHNER A-4 LINN OPERATING INC. SPR SEC T-27-S, R-38-W ш ROAD 5 O ROAD Δ ROAD ROAD 6 T-27-S, R-38-W GRANT COUNTY, KANSAS Sheet 1 of 2 JOHN DAVID KELLER, L.S. NO. 1518

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-	LOCATION OF WELL: COUNTY Grant				
OPERATOR LINN Operating, Inc. LEASE Hohner	200 S feet from south/north line of section				
WELL NUMBER A-4 ATU-264	290 W feet from east / west line of section				
FIELD Hugoton-Panoma					
	SECTION 22 TWP 27 (S) RG $38W$ E/W				
NUMBER OF ACRES ATTRIBUTABLE TO WELL 640 QTR/QTR/QTR OF ACREAGE SW SW SW SW (Show the location of the well and shade attr	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 ibutable 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).					
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	EXAMPLE .				
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• • • •	SEWARD CO.				
The undersigned hereby certifies as Re	equlatory Compliance Advisor (title) for				
LINN Operating, Inc.	(Co.), a duly authorized agent, that all				
information shown hereon is true and correct	to the best of my knowledge and belief, that all				
acreage claimed attributable to the well na	med herein is held by production from that well				
and hereby make application for an allowable	e to be assigned to the well upon the filing of				
this form and the State test, whichever is					
e i	ature Man Hiemon				
Sign	#cnte				
Subscribed and sworn to before me on this	29th day of May , 19 2014				
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The state of the s	Nobeline Problem				
MINDY POTOR My Commission expires Notary Public State of	BODY 05-8 (12/94)				
My Commission expired Notary Public, State of Commission Expires 02-1	MAXAS N				
Commission Explies 02-1	. tu				
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