

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 #		
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:	month	do:	l/OOT	Spot Description:
	month	day	year	,SecTwpS. R 🔲 E 🔲 W
OPERATOR: License#				feet from N / S Line of Section
Name:				feet from E / W Line of Section
Address 1:				1 0F0T10N1
Address 2:				
City:				(Note: Locate well of the Goddon't lat of reverse slac)
Contact Person:				County.
Phone:				Lease Name: Well #:
CONTRACTOR II				Field Name:
CONTRACTOR: License#				is the difference of epaced field.
Name:				Target Formation(s):
Well Drilled For:	Well Class	s: Type	Equipment:	Nearest Lease or unit boundary line (in footage):
Oil Enh F	Rec Infield	d 🗌	Mud Rotary	Ground Surface Elevation:feet MSL
Gas Stora			Air Rotary	Water well within one-quarter mile:
Dispo			Cable	Public water supply well within one mile:
Seismic : # 0				Depth to bottom of fresh water:
Other:				Depth to bottom of usable water:
				Surface Pipe by Alternate: I II
If OWWO: old well	information as fol	lows:		Length of Surface Pipe Planned to be set:
Operator:				
Well Name:				Projected Total Depth:
Original Completion Da				
Original Completion De	116	. Original lotal	Берин.	Water Source for Drilling Operations:
Directional, Deviated or Ho	rizontal wellbore?	•	Yes No	Well Farm Pond Other:
If Yes, true vertical depth: _				
Bottom Hole Location:				DWK Femili #
KCC DKT #:				(Note: Apply for Fernill Will DWT
				If Yes, proposed zone:
				ii ies, proposed zone.
			AF	FIDAVIT
The undersigned hereby	affirms that the c	drilling, comple	etion and eventual p	lugging of this well will comply with K.S.A. 55 et. seq.
It is agreed that the follow	ving minimum red	quirements wi	II be met:	
Notify the appropri	ate district office	nrior to soud	ding of well:	
Notify the appropriate ap				sh drilling rig:
17 11				t by circulating cement to the top; in all cases surface pipe <b>shall be set</b>
				he underlying formation.
4. If the well is dry ho	le, an agreemen	t between the	operator and the di	strict office on plug length and placement is necessary prior to plugging;
<ol><li>The appropriate dis</li></ol>	strict office will be	e notified befo	re well is either plug	gged or production casing is cemented in;
				ed from below any usable water to surface within 120 DAYS of spud date.
				#133,891-C, which applies to the KCC District 3 area, alternate II cementing
must be completed	l within 30 days o	of the spud da	te or the well shall b	be plugged. In all cases, NOTIFY district office prior to any cementing.
ubmitted Electron	nically			
				Remember to:
For KCC Use ONLY				- File Certification of Compliance with the Kansas Surface Owner Notification
API # 15 -				Act (KSONA-1) with Intent to Drill;
				- File Drill Pit Application (form CDP-1) with Intent to Drill;
Conductor pipe required		fe	eet	- File Completion Form ACO-1 within 120 days of spud date;
Minimum surface pipe red	quired	feet	per ALT. I	- File acreage attribution plat according to field proration orders;
Approved by:				Notify appropriate district office 48 hours prior to workover or re-entry;
				- Submit plugging report (CP-4) after plugging is completed (within 60 days);
This authorization expire (This authorization void if a		ithin 12 months	-f   -l - l -   -	- Obtain written approval before disposing or injecting salt water.
			or approval date i	obtain without approval bollors allopsolling of injecting said fraction

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: County:
Lease:									feet from N / S Line of Section
Well Numb	oer:								feet from E / W Line of Section
Field:					Sec Twp S. R				
Number of	f Acres attr	ibutable to	well:				– ls !	Section:	Regular or Irregular
QTR/QTR	/QTR/QTR	of acreag	e:						
								Section is ection corne	Irregular, locate well from nearest corner boundary. er used: NE NW SE SW
					d electrica	l lines, as	required b		dary line. Show the predicted locations of eas Surface Owner Notice Act (House Bill 2032). ired.
		: :	:	: :		: :	:	:	
		:		:		:	:	:	LEGEND
		• • • • • • • • • • • • • • • • • • • •			••••				O Well Location
		:	:	:		:	:	:	Tank Battery Location
		:	:	:		:	:	:	——— Pipeline Location
		:		:	•••••	:		:	Electric Line Location
									Lease Road Location
		:	:	:		:	:	:	Lease Road Location
		:	:	:	•••••	:	:	:	
			:	:			:		
		:	:	:		:	:	:	EXAMPLE
		:	:	1		: :	:	<u>:</u>	
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			: 	: 			:	: 	
		:	:	:		:	:	:	
		:	:	:		: :	:	:	
			:				:	:	1980' FSL
		: :	:	: 		: :	:	:	
330 ft.	<u></u> —⊚		:				:		: <u>                                    </u>
	Y	:	:	•			:	:	SEWARD CO. 3390' FEL

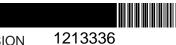
#### 330 ft.

#### 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.

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:	Pit is:					
Emergency Pit Burn Pit	Emergency Pit Burn Pit Proposed		SecTwp R			
Settling Pit Drilling Pit	Settling Pit Drilling Pit If Existing, date cor		Feet from North / South Line of Section			
Workover Pit Haul-Off Pit	Pit capacity:		Feet from East / West Line of Section			
(If WP Supply API No. or Year Drilled)		(bbls)	County			
Is the pit located in a Sensitive Ground Water A	rea? Yes	No	Chloride concentration: mg/l			
To the processing in a content of country training			(For Emergency Pits and Settling Pits only)			
Is the bottom below ground level?  Yes No	Artificial Liner?  Yes  N	No	How is the pit lined if a plastic liner is not used?			
			NAC data (for a)			
Pit dimensions (all but working pits):		,	Width (feet) N/A: Steel Pits No Pit			
If the pit is lined give a brief description of the li	om ground level to dee ner		dures for periodic maintenance and determining			
material, thickness and installation procedure.			cluding any special monitoring.			
Distance to nearest water well within one-mile	of pit:	Depth to shallo Source of inforr	west fresh water feet. nation:			
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 p	procedure:			
Does the slope from the tank battery allow all s flow into the pit? Yes No	pilled fluids to	Drill nite must h	e 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			



1213336

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:	SecTwp S. R
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 or
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:	
are preliminary non-binding estimates. The locations may be entered of	k batteries, pipelines, and electrical lines. The locations shown on the plat n 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 le	Act (House Bill 2032), I have provided the following to the surface ocated: 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.
	cknowledge that, because I have not provided this information, the vner(s). To mitigate the additional cost of the KCC performing this
task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the I	
that I am being charged a \$30.00 handling fee, payable to the I	CCC, which is enclosed with this form.  fee with this form. If the fee is not received with this form, the KSONA-1

•		
	Mellor 1 WD	

••

Attn: Rick Hestermann:

Alternate 2 will be used by doing one inch cementing procedures.  $\dot{}$ 

Leon C. Smitherman, Jr.

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Shari Feist Albrecht, Chair Jay Scott Emler, Commissioner Pat Apple, Commissioner

July 10, 2014

Leon C. Smitherman, Jr. 14331 Tipperary Cir Wichita, KS 67230-1517

RE: Table I Exception

Mellor #1-WD, SW-SW-SW Sec.1-T24S-R3E, Butler County, Kansas

Dear Mr. Smitherman:

The Kansas Corporation Commission (KCC) has received your request, dated July 8, 2014, for an exception to the Table 1 minimum surface pipe requirement of 200 feet for the proposed well. From your request, the KCC understands that your are to utilize the existing 150 feet of surface casing in this well bore and Alternate II cementing rules.

After review of this matter by technical staff it was determined that:

- 1. Bedrock at this location is the Permian Chase Group and is located at or near surface.
- 2. There are no active water wells of record within one mile of the proposed location.

Based on this information, an exception is granted for the Table 1 Minimum Surface Casing Requirements with the following stipulations:

- Upon completion of the well, the production or long string casing nearest the formation wall shall be immediately cemented from a depth of at least <u>250</u> feet back to the surface. Notify the KCC District #2 office prior to spudding the well and one day before cementing the longstring so they may have the opportunity to witness the procedure.
- 2. In the event the well is dry and no additional production pipe has been cemented inplace, plugging will be performed according to KCC rules and KCC District #2 requirements.

Sincerely,

Ryan A. Hoffman

Director

cc: Rene Stucky, Prod. Dept. Supervisor Jeff Klock - Dist #2 Supervisor