For KCC Use:

| Eff | e | ct | iv | е | Date |
|-----|---|----|----|---|------|
|     |   |    |    |   |      |

| District | # |  |
|----------|---|--|
| DISTINCT | Ħ |  |

Yes No SGA?

# KANSAS CORPORATION COMMISSION

**OIL & GAS CONSERVATION DIVISION** 

March 2010 Form must be Typed Form must be Signed All blanks must be Filled

Form C-1

1218195

| NOTICE ( | OF INTENT | <b>TO DRILL</b> |
|----------|-----------|-----------------|
|----------|-----------|-----------------|

Must be approved by KCC five (5) days prior to commencing well

|  |  |  | e submitted with this form. |
|--|--|--|-----------------------------|
|  |  |  |                             |
|  |  |  |                             |

| Expected Spud Date:                                                                                                                                                                                                                                                                    | Spot Description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| month     day     year       OPERATOR:     License#                                                                                                                                                                                                                                    | (Q/Q/Q/Q) Sec Twp S. R E □ W<br>feet from □ N / □ S Line of Section<br>feet from □ E / □ W Line of Section                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Name: Address 1:                                                                                                                                                                                                                                                                       | Is SECTION: Regular Irregular?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Address 2:                                                                                                                                                                                                                                                                             | (Note: Locate well on the Section Plat on reverse side) County:                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Contact Person: Phone:                                                                                                                                                                                                                                                                 | Lease Name: Well #:<br>Field Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| CONTRACTOR: License#<br>Name:                                                                                                                                                                                                                                                          | Is this a Prorated / Spaced Field? Yes No Target Formation(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Well Drilled For:       Well Class:       Type Equipment:         Oil       Enh Rec       Infield       Mud Rotary         Gas       Storage       Pool Ext.       Air Rotary         Disposal       Wildcat       Cable         Seismic ;       # of Holes       Other         Other: | Nearest Lease or unit boundary line (in footage):         Ground Surface Elevation:         Water well within one-quarter mile:         Yes         No         Public water supply well within one mile:         Yes         No         Depth to bottom of fresh water:         Depth to bottom of usable water:         Surface Pipe by Alternate:         I         Length of Surface Pipe Planned to be set:         Length of Conductor Pipe (if any):         Projected Total Depth:         Formation at Total Depth: |
| Directional, Deviated or Horizontal wellbore? Yes No                                                                                                                                                                                                                                   | Water Source for Drilling Operations:           Well         Farm Pond           Other:                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Bottom Hole Location:<br>KCC DKT #:                                                                                                                                                                                                                                                    | (Note: Apply for Permit with DWR ) Will Cores be taken? Yes No If Yes, proposed zone:                                                                                                                                                                                                                                                                                                                                                                                                                                       |

## **AFFIDAVIT**

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq.

It is agreed that the following minimum requirements will be met:

- 1. Notify the appropriate district office *prior* to spudding of well;
- 2. A copy of the approved notice of intent to drill shall be posted on each drilling rig;
- 3. The minimum amount of surface pipe as specified below shall be set by circulating cement to the top; in all cases surface pipe shall be set through all unconsolidated materials plus a minimum of 20 feet into the underlying formation.
- 4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary prior to plugging;
- 5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
- 6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within 120 DAYS of spud date. Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. In all cases, NOTIFY district office prior to any cementing.

| Submitted E | Electronically |
|-------------|----------------|
|-------------|----------------|

| For KCC Use ONLY                                                                          |               |
|-------------------------------------------------------------------------------------------|---------------|
| API # 15                                                                                  |               |
| Conductor pipe required                                                                   | feet          |
| Minimum surface pipe required                                                             | feet per ALT. |
| Approved by:                                                                              |               |
| This authorization expires:<br>(This authorization void if drilling not started within 12 |               |
| Spud date: Agent:                                                                         |               |

#### Remember to:

- File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill;
- File Drill Pit Application (form CDP-1) with Intent to Drill;
- File Completion Form ACO-1 within 120 days of spud date;
- File acreage attribution plat according to field proration orders;
- Notify appropriate district office 48 hours prior to workover or re-entry;
- Submit plugging report (CP-4) after plugging is completed (within 60 days);
- Obtain written approval before disposing or injecting salt water.
- If well will not be drilled or permit has expired (See: authorized expiration date) 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:

|        | Mail to: | KCC -  | Conse | ervation | Division, |       |
|--------|----------|--------|-------|----------|-----------|-------|
| 130 S. | Market · | - Room | 2078, | Wichita, | Kansas    | 67202 |



For KCC Use ONLY

API # 15 - \_\_\_\_

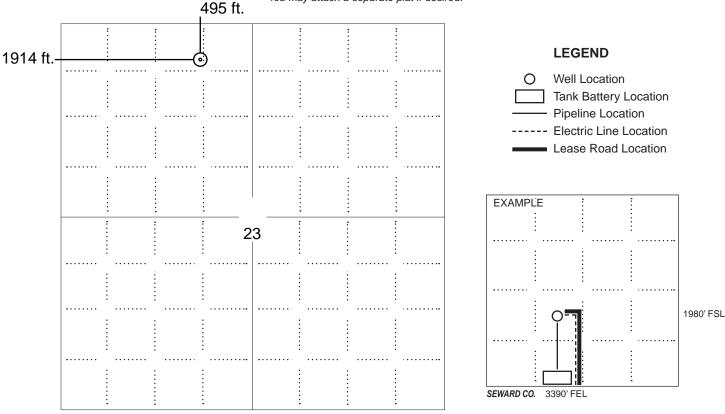
# IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

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:                                          |
|----------------------------------------------------------------------|--------------------------------------------------------------------|
| Lease:                                                               | feet from N / S Line of Section                                    |
| Well Number:                                                         | feet from E / W Line of Section                                    |
| Field:                                                               | Sec Twp S. R E 📃 W                                                 |
| Number of Acres attributable to well:<br>QTR/QTR/QTR/QTR of acreage: | Is Section: Regular or Irregular                                   |
|                                                                      | If Section is Irregular, locate well from nearest corner boundary. |
|                                                                      | Section corner used: NE NW SE SW                                   |

PLAT

Show location of the well. Show footage to the nearest lease or unit boundary line. Show the predicted locations of lease roads, tank batteries, pipelines and electrical lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032). You may attach a separate plat if desired.



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.

Side Two

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1218195

Form CDP-1 May 2010 Form must be Typed

# **APPLICATION FOR SURFACE PIT**

Submit in Duplicate

| Operator Name:                                                      |                        | bhint in Dupiicat | License Number:                   |                                      |
|---------------------------------------------------------------------|------------------------|-------------------|-----------------------------------|--------------------------------------|
| Operator Address:                                                   |                        |                   |                                   |                                      |
| Contact Person:                                                     |                        |                   | Phone Number:                     |                                      |
| Lease Name & Well No.:                                              |                        |                   | Pit Location (QQQQ):              |                                      |
| Type of Pit:                                                        | Pit is:                |                   | ·                                 |                                      |
| Emergency Pit Burn Pit                                              | Proposed               | Existing          | SecTwpR                           | East West                            |
| Settling Pit Drilling Pit                                           | If Existing, date co   | nstructed:        | Feet from I                       | North / South Line of Section        |
| Workover Pit Haul-Off Pit (If WP Supply API No. or Year Drilled)    | Pit capacity:          |                   | Feet from I                       | East / West Line of Section          |
|                                                                     |                        | (bbls)            |                                   | County                               |
| Is the pit located in a Sensitive Ground Water A                    | Area? Yes              | No                | Chloride concentration:           | mg/l<br>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 (fe             | et)               | Width (feet)                      | N/A: Steel Pits                      |
| Depth fro                                                           | om ground level to dee | epest point:      | (feet)                            | No Pit                               |
| Distance to nearest water well within one-mile                      |                        | Source of inform  |                                   | feet.                                |
| feet Depth of water well                                            | feet                   | measured          |                                   |                                      |
| Emergency, Settling and Burn Pits ONLY:<br>Producing Formation:     |                        | _                 | ver and Haul-Off Pits ONLY:       |                                      |
| 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? | spilled fluids to      | Drill pits must b | e closed within 365 days of spuc  | d date.                              |
| Submitted Electronically                                            |                        |                   |                                   |                                      |
|                                                                     |                        |                   |                                   |                                      |
|                                                                     | ксс                    | OFFICE USE O      | NLY                               | el Pit                               |

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

| Kansas Corpora<br>Oil & Gas Conse<br>CERTIFICATION OF CO<br>KANSAS SURFACE OWN                                                                                                                                                              | RVATION DIVISION       January 2014         Form Must Be Typed       Form must be Signed         All blanks must be Filled       All blanks must be Filled                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| This form must be submitted with all Forms C-1 (Notice of a<br>T-1 (Request for Change of Operator Transfer of Injection of<br>Any such form submitted without an accon<br>Select the corresponding form being filed: C-1 (Intent) CB-1 (Ca | r Surface Pit Permit); and CP-1 (Well Plugging Application).<br>npanying Form KSONA-1 will be returned.                                                                                                                                                                                                                     |
| OPERATOR: License #                                                                                                                                                                                                                         | Well Location:                                                                                                                                                                                                                                                                                                              |
| Surface Owner Information:         Name:         Address 1:         Address 2:         City:                                                                                                                                                | When filing a Form T-1 involving multiple surface owners, attach an additional 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 county, and in the real estate property tax records of the county treasurer. |

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

#### Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address 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.

If choosing the second option, submit payment of the \$30.00 handling fee 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 CP-1 will be returned.

## Submitted Electronically

I

Side Two

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

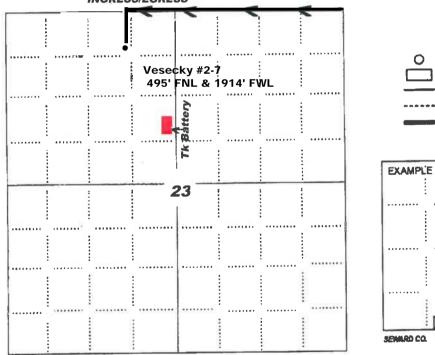
# IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

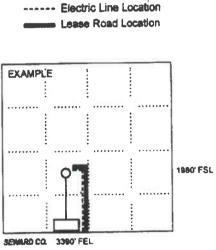
In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

| Operator: Grand Mesa Operating Company | Location of Well: County: Douglas                                                                     | _ |
|----------------------------------------|-------------------------------------------------------------------------------------------------------|---|
| Lesse: VESECKY                         | 495 feet from X N / S Line of Section                                                                 |   |
| Well Number:                           | 1914 feet from E / X W Line of Section                                                                | л |
| Field:                                 | Sec. 23 Twp. 14 S. R. 20 X E W                                                                        |   |
| Number of Acres attributable to well:  | Is Section: X Regular or Imegutar                                                                     |   |
|                                        | If Section is irregular, locate well from nearest corner boundary.<br>Section corner used: NENW SESSW |   |

PLAT

Show location of the well. Show footage to the nearest lease or unit boundary line. Show the predicted locations of lease roads, tank batteries, pipelines and electrical lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032)-You may attach a separate plat if desired. INGRESS/EGRESS





LEGEND

Well Location

Tank Battery Location

Pipeline Location

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

## In plotting the proposed location of the well, you must show

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

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/

Shari Feist Albrecht, Chair Jay Scott Emler, Commissioner Pat Apple, Commissioner Sam Brownback, Governor

August 12, 2014

Michael J. Reilly Grand Mesa Operating Company 1700 N WATERFRONT PKWY BLDG 600 WICHITA, KS 67206-5514

Re: Drilling Pit Application VESECKY 2-7 NW/4 Sec.23-14S-20E Douglas County, Kansas

Dear Michael J. Reilly:

District staff has inspected the above referenced location and has determined that the reserve pit shall be constructed **without slots**, the bottom shall be flat and reasonably level, and the free fluids must be removed. The fluids are to be removed from the reserve pit as soon as practical after drilling operations have ceased.

# If production casing is set all completion fluids shall be removed from the working pits daily. NO completion fluids or non-exempt wastes shall be placed in the reserve pit.

The fluids should be taken to an authorized disposal well. Please call the District Office at (620) 432-2300 when the fluids have been removed. Please file form CDP-5 (August 2008), Exploration and Production Waste Transfer, through KOLAR within 30 days of fluid removal.

A copy of this letter should be posted in the doghouse along with the approved Intent to Drill. If you have any questions or concerns please feel free to contact the District Office at (620) 432-2300.