

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

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                    | day year                                | Spot Description:  |
|-------------------------------|--------------------------|---|--|
|                               | monur                    | uay year                                | 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:                    |                          |   | s SECTION: Regular Irregular?  |
|                               |                          |   |  |
| City:                         | State:                   | Zip: +                                  | County:  |
|                               |                          |   | Lease Name: Well #:  |
| Phone:                        |                          |   | Field Name:  |
| CONTRACTOR: License#          |                          |   | Is this a Prorated / Spaced Field? Yes No  |
| Name:                         |                          |   | — Target Formation(s):   |
| Wall Duilland Fam             | Mall Class.              | Tuna Fausiamaants                       | Nearest Lease or unit boundary line (in footage):  |
| Well Drilled For:             | Well Class:              | Type Equipment:                         | Ground Surface Elevation:feet MSI  |
| Oil Enh F                     |                          | Mud Rotary                              | Water well within one-quarter mile:  |
| Gas Stora                     | • =                      | — · · · · · · · · · · · · · · · · · · · | Public water supply well within one mile:  Yes N   |
| Dispo                         |                          | Cable                                   | Depth to bottom of fresh water:  |
| Seismic ;# (                  |                          |   | Depth to bottom of usable water:   |
| Uiner:                        |                          |   | Surface Pipe by Alternate: I II  |
| If OWWO: old well             | information as follow    | ws:                                     | Length of Surface Pipe Planned to be set:  |
|                               |                          |   |  |
| •                             |                          |   | Projected Total Depth:   |
|                               |                          | Driving of Total Donath                 |  |
| Original Completion Da        | ate: C                   | Original Total Depth:                   | Formation at Total Depth: Water Source for Drilling Operations:  |
| Directional, Deviated or Ho   | rizontal wellbore?       | Yes N                                   | Wall Farm Pond Other:  |
|                               |                          |   | ven Fram Fond Goner.   |
| ·                             |                          |   | DWK Fellill #.   |
| KCC DKT #:                    |                          |   |  |
|                               |                          |   | If Yes, proposed zone:   |
|                               |                          |   |  |
|                               |                          |   | FFIDAVIT   |
| -                             |                          |   | plugging of this well will comply with K.S.A. 55 et. seq.  |
| t is agreed that the follow   | ving minimum requ        | irements will be met:                   |  |
| 1. Notify the appropri        | ate district office p    | rior to spudding of well;               |  |
| 17 11                         |                          | nt to drill <b>shall be</b> posted on e | 0 0 <sup>,</sup>   |
|                               |                          |   | set by circulating cement to the top; in all cases surface pipe shall be set   |
| O .                           |                          | plus a minimum of 20 feet into          | the underlying formation.  district office on plug length and placement is necessary <i>prior to plugging;</i>   |
|                               |                          |   | ugged or production casing is cemented in:   |
|                               |                          |   | nted 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             | within 30 days of        | the spud date or the well shal          | be plugged. In all cases, NOTIFY district office prior to any cementing.   |
|                               |                          |   |  |
|                               |                          |   |  |
| ubmitted Electro              | 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;  |
| Conductor pipe required.      |                          | feet                                    | - File Drill Pit Application (form CDP-1) with Intent to Drill;  |
| Minimum surface pipe red      |                          |   | - File Completion Form ACO-1 within 120 days of spud date;   |
|                               | •                        |   | - File acreage attribution plat according to field proration orders;   |
| Approved by:                  |                          |   | - Notify appropriate district office 48 hours prior to workover or re-entry;   |
| This authorization expire     |                          |   | Submit plugging report (CP-4) after plugging is completed (within 60 days);     Obtain written approval before disposing or injecting salt water.          |
| (This authorization void if a | rilling not started with | nin 12 months of approval date.)        | 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.  |

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

Agent:

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:    |   | Location of Well: County:  |
|--------------|---|--|
| Lease:       |   | feet from N / S Line of Section  |
| Well Number: |   | feet from E / W Line of Section  |
| Field:       |   | SecTwpS. R E W   |
|              | o well:                                       | ls Section: Regular or Irregular   |
|              | <u> </u>                                      | If Section is Irregular, locate well from nearest corner boundary.  Section corner used: NE NW SE SW   |
|              | batteries, pipelines and electrical lines, as | PLAT  est lease or unit boundary line. Show the predicted locations of serequired by the Kansas Surface Owner Notice Act (House Bill 2032).  a separate plat if desired. |
| 372 ft. —    |   | LEGEND   |
| ,,, Z n      |   | O Well Location  Tank Battery Location  Pipeline Location  Electric Line Location  Lease Road Location   |
|              | 25  | EXAMPLE  |
|              |   | 1980°FSL   |
|              |   | SEWARD CO. 3390' FEL   |

### 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.

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

CORRECTION #1

1218250

Form CDP-1 May 2010 Form must be Typed

## **APPLICATION FOR SURFACE PIT**

Kansas Corporation Commission Oil & Gas Conservation Division

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   | Proposed               | Existing   | SecTwp R   |  |
| Settling Pit Drilling Pit  | If Existing, date co   | nstructed:   | Feet from North / South Line of Section  |  |
| Workover Pit   Haul-Off Pit   (If WP Supply API No. or Year Drilled)                                   | Pit capacity:          |  | Feet from East / West Line of Section County                                   |  |
|  |                        | (bbls)   |  |  |
| 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?                           |  |
| Yes No   | Yes N                  | No   |  |  |
| Pit dimensions (all but working pits):   | Length (fe             | et)  | Width (feet) N/A: Steel Pits   |  |
|  | om ground level to dee |  |  |  |
| If the pit is lined give a brief description of the li material, thickness and installation procedure. | ner                    |  | dures for periodic maintenance and determining cluding any special monitoring. |  |
|  |                        |  |  |  |
|  |                        |  |  |  |
|  |                        |  |  |  |
| Distance to nearest water well within one-mile of pit:   |                        | Depth to shallowest fresh water feet. Source of information: |  |  |
| feet Depth of water wellfeet   |                        | 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  | procedure:   |  |
| Does the slope from the tank battery allow all spilled fluids to flow into the pit? Yes No             |                        | Drill pits must be closed within 365 days of spud date.      |  |  |
|  |                        |  |  |  |
| Submitted Electronically   |                        |  |  |  |
|  |                        |  |  |  |
|  |                        |  |  |  |
|  | ксс                    | OFFICE USE O   | NLY Liner Steel Pit RFAC RFAS  |  |
| Date Received: Permit Num  | her:                   | Darmi  | t Date: Lease Inspection: Yes No   |  |

CORRECTION #1 Kansas Corporation Commission

1218250

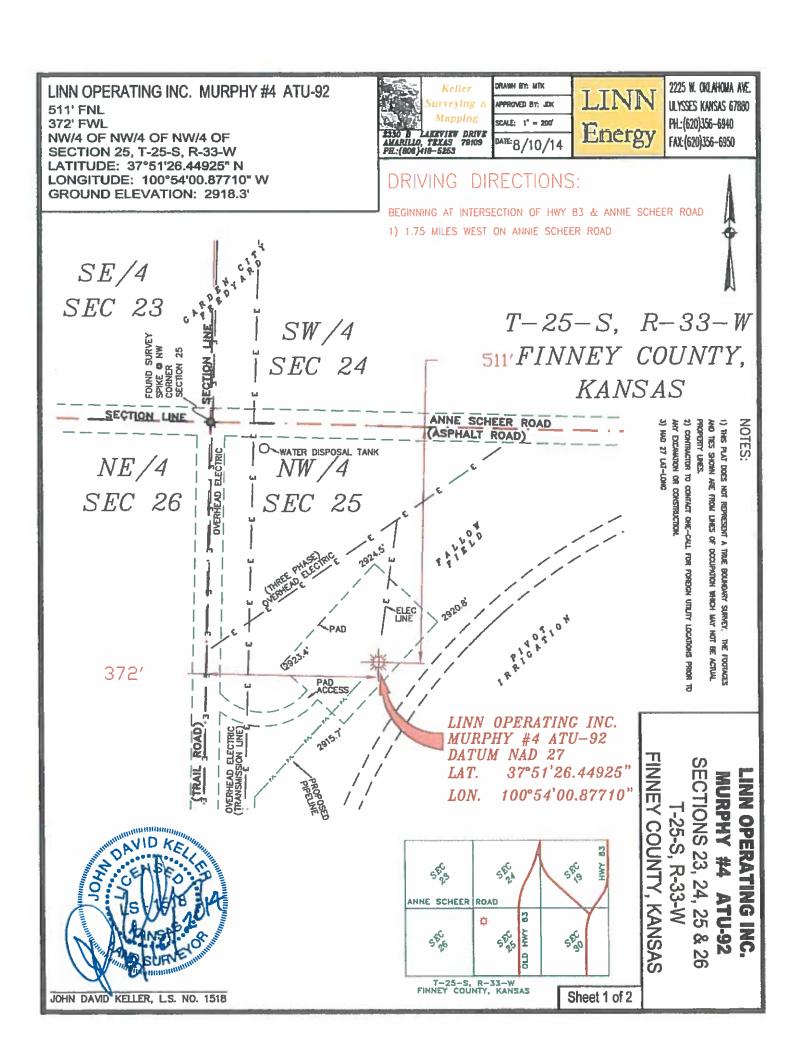
Form KSONA-1 January 2014 Form Must Be Typed Form must be Signed All blanks must be Filled

## **CERTIFICATION OF COMPLIANCE WITH THE** KANSAS SURFACE OWNER NOTIFICATION ACT

OIL & GAS CONSERVATION DIVISION

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.

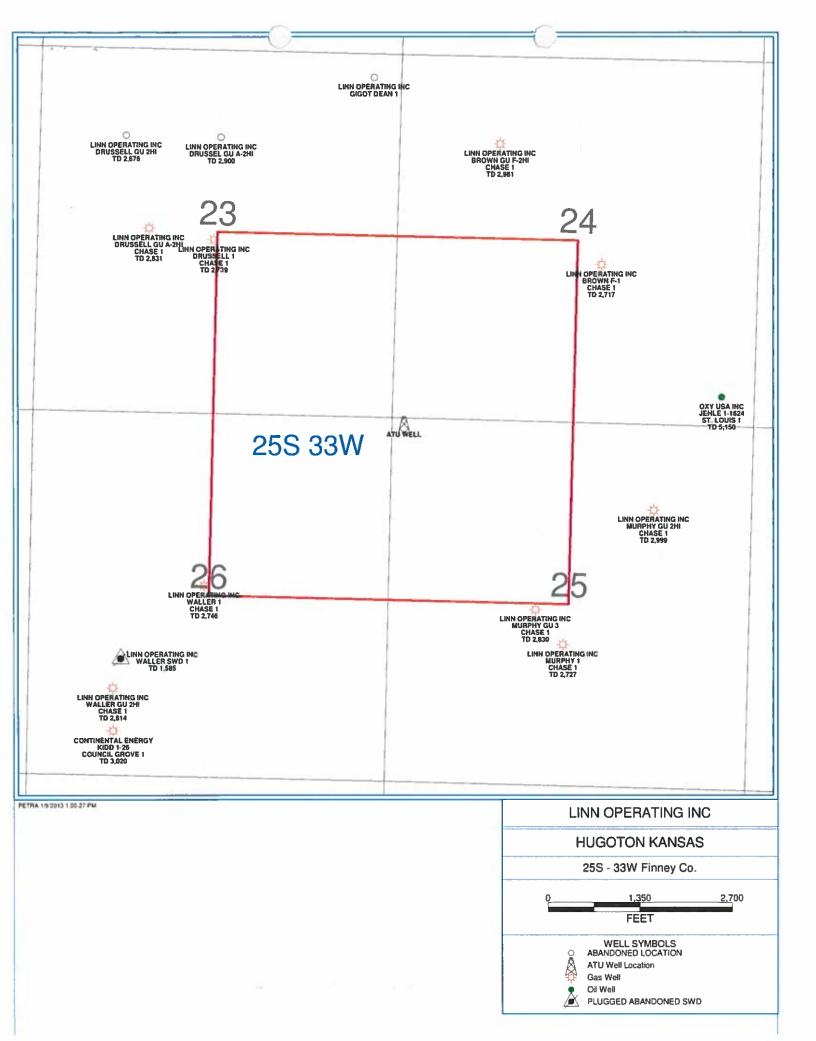
| Select the corresponding form being filed: C-1 (Intent) CB-   | 1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)  |  |  |
|---|---|--|--|
| OPERATOR: License #   |   |  |  |
| Name:   | ·   |  |  |
| Address 1:  |   |  |  |
| Address 2:  City: State: Zip:+  |   |  |  |
| Contact Person:   | If filing a Form T-1 for multiple wells on a lease, enter the legal description o<br>the lease below:   |  |  |
| Phone: ( ) Fax: ( )   |   |  |  |
| Email Address:  |   |  |  |
| Surface Owner Information:  |   |  |  |
| Name:   |   |  |  |
| 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 county, and in the real estate property tax records of the county treasurer.                |  |  |
| Address 2:  |   |  |  |
| City: State: Zip:+  | -   |  |  |
| the KCC with a plat showing the predicted locations of lease roads, ta  | hodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat I on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.                      |  |  |
| owner(s) of the land upon which the subject well is or will be  | e Act (House Bill 2032), I have provided the following to the surface e 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.                            |  |  |
| KCC will be required to send this information to the surface  | I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ss of the surface owner by filling out the top section of this form and e KCC, which is enclosed with this form. |  |  |
| If choosing the second option, submit payment of the \$30.00 handlir form and the associated Form C-1, Form CB-1, Form T-1, or Form C | ng fee with this form. If the fee is not received with this form, the KSONA-1<br>P-1 will be returned.  |  |  |
| Submitted Electronically  |   |  |  |
| 1   |   |  |  |



# 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 Fi    | nney   |
|-------------------------------|---------------|--|------------------------------------|-------------------|--------------------|--|
| OPERATOR Linn Operating, Inc. |               |  |                                    |                   |                    |  |
| LEASE Murphy                  |               | -97                                    |                                    | 479 N fee         | t from south/nor   | th line of section                           |
| WELL NUMBER 4 ATU-92          |               |  | 330 W fee                          | t from east / we  | st line of section |  |
| FIELD Hugoton                 | -Panoma       | ······································ |                                    |                   | 25                 | 22W  |
| ETROD                         |               |  |                                    | SECTION 25        | 5 TWP 25           | _(S) RG33WE/W                                |
| NUMBER OF ACRES               | ATTRIBUTA     | BLE TO WELL                            | 640                                | IS SECTION        | X REGULAR OF       | IRREGULAR                                    |
| QTR/QTR/QTR OF                | ACREAGE       | NM _ NW :                              | - NW                               | IF SECTION        | IS IRREGULAR, LO   | CATE WELL FROM                               |
| Zari Zari Zari                |               |  |                                    |                   |                    | check line below)                            |
|                               |               |  |                                    | Section con       | rner used:NE_      | nw se sw                                     |
| (Show the locat               | ion of the    | well and sha                           | ade attri                          | butable acre      | eage for prorated  | or spaced wells).                            |
| (Show the foota               | ge to the n   | earest lease                           | or unit                            | boundary li       | ne; and show foot  | age to the nearest                           |
| common source                 | supply wel    | 1).                                    |                                    |                   |                    |  |
| r                             |               |  |                                    |                   |                    |  |
|                               |               |  | • •                                | •                 |                    |  |
| •                             |               | . [                                    | • •                                | •                 |                    |  |
|                               | • • • • • • • | ••••                                   | • • • • • •                        | • • • • • • •     |                    | 10   |
|                               |               | •                                      | • •                                | •                 | su ut              | arnia  |
| •                             | •             | •                                      | • •                                | •                 |                    | runc   |
|                               | • • • • •     |  | • • • •                            | • • • • • • • • • | su at              |  |
|                               | • •           | •                                      | • •                                | •                 | Truly              | _  |
|                               | •             | ·                                      | • •                                | • 1               |                    |  |
| • • • •                       | • • • • • • • | ••••                                   |                                    | ••••              |                    |  |
|                               | •             | • 1                                    | •                                  | •                 |                    |  |
| <b>-</b>                      | • •           | ·                                      |                                    |                   | EXAMPLE            |  |
|                               |               | _                                      |                                    |                   |                    |  |
|                               | •             | . 1                                    |                                    |                   | -                  | <del></del>                                  |
|                               |               |  |                                    |                   |                    | <b>#</b> o1980                               |
|                               |               |  |                                    |                   |                    | <b>                                     </b> |
|                               | •             |  |                                    |                   | 10-                | <del></del>                                  |
|                               |               |  |                                    |                   |                    | 1 • 1  |
|                               | •             |  |                                    | •                 | 1 • 1              | 33901  |
|                               |               |  |                                    | •                 | .                  | ]  |
|                               |               |  |                                    | • • • • • • •     | •                  | 1 • 1  |
|                               | •             | . \                                    |                                    | •                 | •                  | 1 • [  |
| .                             | •             | •                                      |                                    |                   |                    |  |
|                               |               |  | <del></del>                        |                   | SEWARD CO.         | )  |
|                               |               |  | _                                  | 7 - 4             | a13                | description for                              |
| The under                     | signed here   | by certifies                           | ke <u>ke</u>                       | quiatory          | Compliance Adv     | isor (title) for                             |
| Trinn Op                      | erating,      | Inc.                                   |                                    | 10                | o \ aduly author   | ized agent, that all                         |
|                               |               |  | sorrest (                          | to the best       | of my knowledge a  | and belief, that all                         |
| information Bn                | own nereon    | thic to the                            | mell nam                           | ed herein i       | s held by product  | tion from that well                          |
| acreage cranne                | e arclibac    | ion for an                             | llowable                           | to be assi        | gned to the well   | upon the filing of                           |
| this form and                 | the State     | test. which                            | ever is l                          | ater.             |                    |  |
| CHIP TOIM and                 |               |  |                                    | 2.00              | 11.                |  |
|                               |               |  | Signa                              | ture              | hungtien           | reth   |
|                               |               |  |                                    |                   |                    | 2014   |
| Subscribed and                | sworn to b    | efore me on                            | this                               | 23rd day of       | July/)             | , 192014                                     |
|                               |               |  |                                    | 1                 | du Who             |  |
|                               |               | Hilitra                                | <i>222222</i>                      | ESSE // [JU       | MY TUILL           | 2.2.   |
|                               | S STATE       |  | DY POTOR                           | 8                 | ( Notary Pu        |  |
| My Commission                 | expir         | Notary Pul                             | olic, State of Te<br>Expires 02-19 | -2017 (V          |                    | FORM CG-8 (12/94)                            |
|                               | V3 4000.      | # 44/2                                 |                                    | ·· N1             |                    |  |



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

August 12, 2014

Shawn Hildreth Linn Operating, Inc. 600 TRAVIS STE 5100 HOUSTON, TX 77002-3018

Re: Drilling Pit Application API 15-055-22333-00-00 MURPHY 4 ATU-92 NW/4 Sec.25-25S-33W Finney County, Kansas

### Dear Shawn Hildreth:

District staff has inspected the above referenced location and has determined that the reserve pit shall be constructed <u>without slots</u>, 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 the Hutchinson Salt section has been drilled through and displacement of the fluids into the reserve pit has occurred. The fluids should be removed again within 96 hours 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) 225-8888 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) 225-8888.

# **Summary of Changes**

Lease Name and Number: MURPHY 4 ATU-92

API/Permit #: 15-055-22333-00-00

Doc ID: 1218250

Correction Number: 1

Approved By: Rick Hestermann 08/12/2014

| Field Name  | Previous Value   | New Value  |
|---|--|--|
| ElevationPDF  | 2920 Surveyed  | 2918 Surveyed  |
| Feet to Nearest Water<br>Well Within One-Mile of<br>Pit | 1530   | 1568   |
| Ground Surface<br>Elevation                             | 2920   | 2918   |
| KCC Only - Approved<br>By                               | Rick Hestermann<br>07/23/2014  | Rick Hestermann<br>08/12/2014  |
| KCC Only - Approved Date                                | 07/23/2014   | 08/12/2014   |
| KCC Only - Date<br>Received                             | 07/23/2014   | 08/12/2014   |
| KCC Only - Regular<br>Section Quarter Calls             | S2 NW NW NW  | SE NW NW NW  |
| LocationInfoLink  | https://kolar.kgs.ku.edu/<br>kcc/detail/locationInform<br>ation.cfm?section=25&t | https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=25&t |
| Nearest Lease Or Unit<br>Boundary                       | 330  | 372  |
| Number of Feet East or West From Section Line           | 330  | 372  |

# Summary of changes for correction 1 continued

| Field Name  | Previous Value  | New Value   |
|---|---|---|
| Number of Feet East or<br>West From Section Line      | 330   | 372   |
| Number of Feet North or South From Section Line       | 479   | 511   |
| Number of Feet North<br>or South From Section<br>Line | 479   | 511   |
| Quarter Call 4 -<br>Smallest                          | S2  | SE  |
| Quarter Call 4 -<br>Smallest                          | S2  | SE  |
| Save Link   | //kcc/detail/operatorE<br>ditDetail.cfm?docID=12<br>15620 | //kcc/detail/operatorE<br>ditDetail.cfm?docID=12<br>18250 |

# **Summary of Attachments**

Lease Name and Number: MURPHY 4 ATU-92

API: 15-055-22333-00-00

Doc ID: 1218250

Correction Number: 1

Approved By: Rick Hestermann 08/12/2014

**Attachment Name** 

Fluids 72hrs