

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: | Spot Description: |
|---|--|
| month day | year Sec Twp S. R |
| OPERATOR: License# | feet from N / S Line of Section |
| Name: | fact from E / W Line of Continu |
| Address 1: | Is SECTION: Regular Irregular? |
| Address 2: | |
| City: State: Zip: | |
| Contact Person: | Lease Name: Well #: |
| Phone: | Field Name: |
| CONTRACTOR: License# | |
| Name: | |
| | Target Formation(s): |
| Well Drilled For: Well Class: Type Equip | |
| Oil Enh Rec Infield Mud F | Ground Surface Elevation:feet MSL Rotary |
| Gas Storage Pool Ext. Air Ro | Water well within one-quarter mile: Yes No |
| Disposal Wildcat Cable | |
| Seismic ;# of Holes Other | Depth to bottom of fresh water: |
| Other: | Depth to bottom of usable water: |
| If OMMANO and well information as follows: | Surface Pipe by Alternate: III |
| If OWWO: old well information as follows: | Length of Surface Pipe Planned to be set: |
| Operator: | Length of Conductor Pipe (if any): |
| Well Name: | D : (IT (ID) |
| Original Completion Date: Original Total Depth | : Formation at Total Depth: |
| _ | Water Source for Drilling Operations: |
| Directional, Deviated or Horizontal wellbore? | Yes No Well Farm Pond Other: |
| If Yes, true vertical depth: | DWR Permit #: |
| Bottom Hole Location: | (Note: Apply for Permit with DWR) |
| KCC DKT #: | Will Cores be taken? |
| | If Yes, proposed zone: |
| | AFFIDAVIT |
| The undersigned hereby affirms that the drilling completion a | |
| The undersigned hereby affirms that the drilling, completion a | 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 m | net: |
| Notify the appropriate district office <i>prior</i> to spudding of | of well; |
| Notify the appropriate district office <i>prior</i> to spudding o A copy of the approved notice of intent to drill <i>shall be</i> | of well; posted on each drilling rig; |
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



SEWARD CO. 3390' FEL

| 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.

| perator: | | | | | | _ LO | cation of vi | eii: Cou | nty: | | | | |
|---------------------|--------------|--------------|-------------|--------------------|-------------|---------------------------------------|--------------|------------|--------------|--------------|---|---------------------------------------|------------|
| ease: | | | | | | _ | | | fe | et from | N / | S Line | of Section |
| ell Number: | | | | | | | | | fee | et from | E / | W Line | of Section |
| eld: | | | | | | Se | c | Twp. | | S. R | | E | W |
| umber of Acres atti | ributable to | well: | | | | | • • | | | ٦ | | | |
| TR/QTR/QTR/QTR | | | | | | 15 ' | Section: | Regi | ular or | Irregular | | | |
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| | | | | | | | | | | | | | |
| | | | | | | PLAT | | | | | | | |
| S | how locatio | on of the w | ell. Show f | ootage to | the neare | st lease or | unit bound | dary line. | Show the p | oredicted Ic | ocations o | of | |
| lease roa | ads, tank b | atteries, pi | pelines and | | | | - | | ce Owner N | lotice Act (| House Bi | ill 2032). | |
| | | | | You m 71 | ay attach a | a separate | plat if desi | ired. | | | | | |
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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.



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 Workover 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) | | SecTwp R East WestFeet from North / South Line of SectionFeet from East / West Line of SectionCounty Chloride concentration: mg/l(For Emergency Pits and Settling Pits only) | | | | |
| Is the bottom below ground level? | Artificial Liner? Yes N | No | How is the pit lined if a plastic liner is not used? | | | | |
| Pit dimensions (all but working pits): | Length (fee | | Width (feet) N/A: Steel Pits No Pit | | | | |
| If the pit is lined give a brief description of the li material, thickness and installation procedure. | illel | | dures for periodic maintenance and determining any special monitoring. | | | | |
| Distance to nearest water well within one-mile of | of pit: | Depth to shallowest fresh water feet. Source of information: | | | | | |
| 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 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 ONLY Liner Steel Pit RFAC RFAS | | | | | | | |
| Date Received: Permit Num | ber: | Permi | it Date: Lease Inspection: Yes No | | | | |



1221914

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)

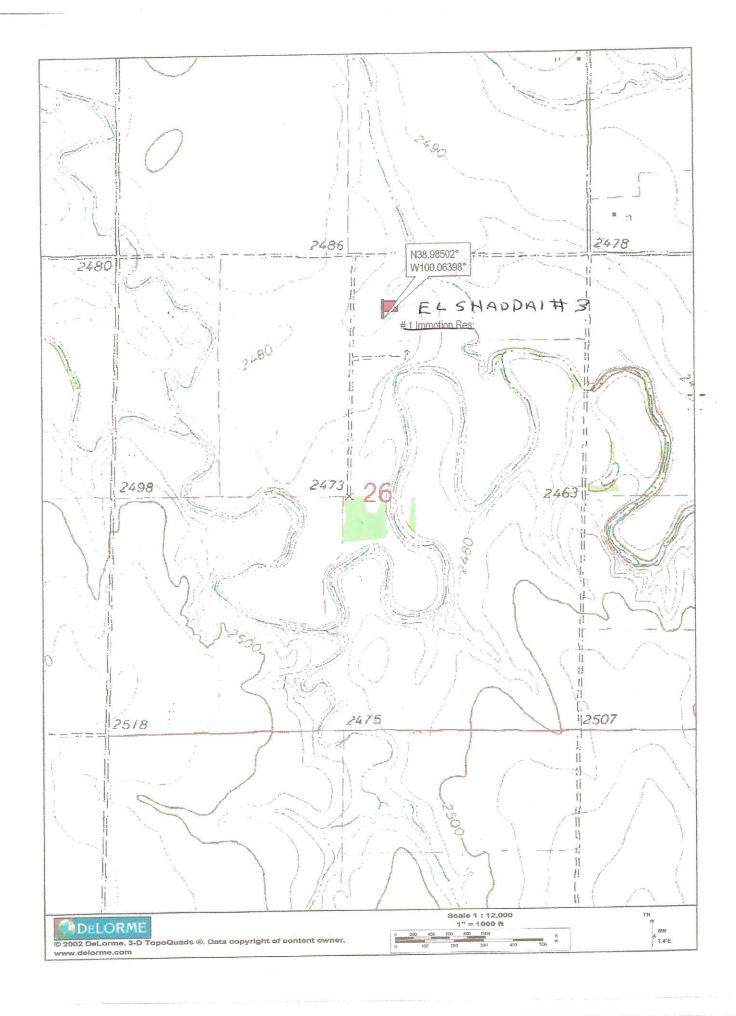
| OPERATOR: License # | | | | | | | |
|--|--|--|--|--|--|--|--|
| Name: | | | | | | | |
| Address 1: | - | | | | | | |
| Address 2: | Lease Name: Well #: | | | | | | |
| City: State: | If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: | | | | | | |
| Phone: () Fax: () | | | | | | | |
| Email Address: | - | | | | | | |
| Surface Owner Information: | | | | | | | |
| Name: | | | | | | | |
| Address 1: | owner information can be found in the records of the register of deeds for the | | | | | | |
| Address 2: | | | | | | | |
| City: State: Zip:+ | _ | | | | | | |
| are preliminary non-binding estimates. The locations may be entered | ank batteries, pipelines, and electrical lines. The locations shown on the plat If on 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 | 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 m 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 ess 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 handling 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 P-1 will be returned. | | | | | | |
| Submitted Electronically | | | | | | | |
| I | | | | | | | |



Fall & Associates

Stake and Elevation Service 719 W. 5" Street P.O. Box 404 Concordia, KS. 66901 1.200.536-7271

1-800-536-2821 9-3-14 Invoice Number __0828141 EL SHADDAE # 3 Immotion Res. JEFF CHEK EXPLORATION Farm Name Number Operator 715'FNL 2310'FEL 125 25W Trego-KS Location County-State 2475 Gr. Elevation Jeff Chek Exploration % David Soucek Ordered By:___ David Box 548 Pond Creek, OK 73766 Scale 1"=1000" Stake Set 6' wood stake in standing milo.



0828141



Fall & Associates

Stake and Elevation Service 719 W. 5th Street P.O. Box 404 Concordia, KS. 66901 1-800-536-2821

FEIN 48-1094985

Date Description Charges

9-3-14 ELSHADDAT # 3
-#1 Immotion Res.
715'FNL 2310'FEL
26-12s-25w 450.00



Balance Due

450.00

Please Pay From Invoice. No Statement Will Be Sent.



Fall & Associates

Stake and Elevation Service 719 W. 5" Street P.O. Box 404 Sencerdia, KS. 66901

1-800-536-2821 9-3-14 Invoice Number _ 0828141 ELSHADDAI# 3 Immotion Res. JEFF CHEK EXPLORATION Farm Name Number Operator 715'FNL 2310'FEL 125 25W Trego-KS Location-R County-State 2475 Gr. Elevation Jeff Chek Exploration % David Soucek David Ordered By:___ Box 548 Pond Creek, OK 73766 Scale 1"=1000" 2310 Stake -# 1- TANKS # Z Flow LINES # 3 Lease Road Set 6' wood stake in standing milo. # 4 Electriclines

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

September 08, 2014

DAVID L. SOUCEK Jeff-Chek Exploration LLC 517 W 23rd PO BOX 1290 HAYS, KS 67601

Re: Drilling Pit Application EL SHADDAI 3 NE/4 Sec.26-12S-25W Trego County, Kansas

Dear DAVID L. SOUCEK:

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 72 hours after drilling operations have ceased. KEEP PITS away from draw/drainage.

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 (785) 625-0550 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 (785) 625-0550.