

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	

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1222170

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 Sectio				
Name:	feet from E / W Line of Section				
Address 1:	Is SECTION: Regular Irregular?				
Address 2:	(Note: Locate well on the Section Plat on reverse side)				
City:	,				
Contact Person:	County:				
Phone:					
CONTRACTOR: License#	Field Name:				
Name:					
	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 MSI				
Gas Storage Pool Ext. Air Rotary	Water well within one-quarter mile:				
Disposal Wildcat Cable	Public water supply well within one mile: Yes N				
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: III				
III OVVVO. Old Well IIIIOITTIAtion as follows.	Length of Surface Pipe Planned to be set:				
Operator:	Length of Conductor Pipe (if any):				
Well Name:	Projected Total Depth:				
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: KCC DKT #:	(Note: Apply for Permit with DWR)				
жоо ыкт ж. <u></u>	Will Cores be taken?				
	If Yes, proposed zone:				
AFF	IDAVIT				
The undersigned hereby affirms that the drilling, completion and eventual plu	gging of this well will comply with K.S.A. 55 et. seq.				
It is agreed that the following minimum requirements will be met:					
1 Notity the appropriate district office prior to shidding of well-					
 Notify the appropriate district office <i>prior</i> to spudding of well; A copy of the approved notice of intent to drill <i>shall be</i> posted on each 	drilling rig:				
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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: Lease: Well Number: Field:							_ Lo	Location of Well: County:				
								feet from N / S Line of Sectionfeet from E / W Line of Section				
							_ Se	Sec Twp S. R				
Number of QTR/QTR/							15 1	Section:	Regular or Irregular			
							If S	Section is I	rregular, locate well from nearest corner boundary. r used: NE NW SE SW			
					d electrica	l lines, as	required b		lary line. Show the predicted locations of as Surface Owner Notice Act (House Bill 2032). red.			
		<u>:</u>	: :	: :		: :	: :	:				
		:	:	•			:		LEGEND			
		:			•••••	:			O Well Location Tank Battery Location			
	•••••			· · · · · · · · · · · · · · · · · · ·	••••			•	Pipeline Location Electric Line Location			
		:	:	• • •		:	:		Lease Road Location			
			:	:	•••••	:	:	:				
		:	:	•		:	:					
		:	:	•	ı	:	:		EXAMPLE			
		:	:	1		:	:	:				
		:	:			:	:					
		:			*******	:	:	:				
		:	:			:	:	:				
			:		••••		:		1980' FSL			
		:	:		••••	:	:	:				
		:	:			:	:					

210 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: Emergency Pit Burn Pit Drilling Pit Workover Pit Haul-Off Pit (If WP Supply API No. or Year Drilled)	Pit is: Proposed Existing If Existing, date constructed: Pit capacity:		SecTwpR East WestFeet from Rast / West Line of SectionFeet from East / West Line of Section		
		(bbls)	County		
Is the pit located in a Sensitive Ground Water A	Area? Yes	No	Chloride concentration: mg/l (For Emergency 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 (fee	et)	Width (feet) N/A: Steel Pits		
Depth fro	om ground level to dee	epest point:	(feet) No Pit		
If the pit is lined give a brief description of the li material, thickness and installation procedure.	illei		dures for periodic maintenance and determining ncluding any special monitoring.		
Distance to nearest water well within one-mile	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:		Drilling, Work	over and Haul-Off Pits ONLY:		
Producing Formation:		Type of materia	al 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 O			
Date Received: Permit Num	ber:	Permi	Liner Steel Pit RFAC RFAS it Date: Lease Inspection: Yes No		



1222170

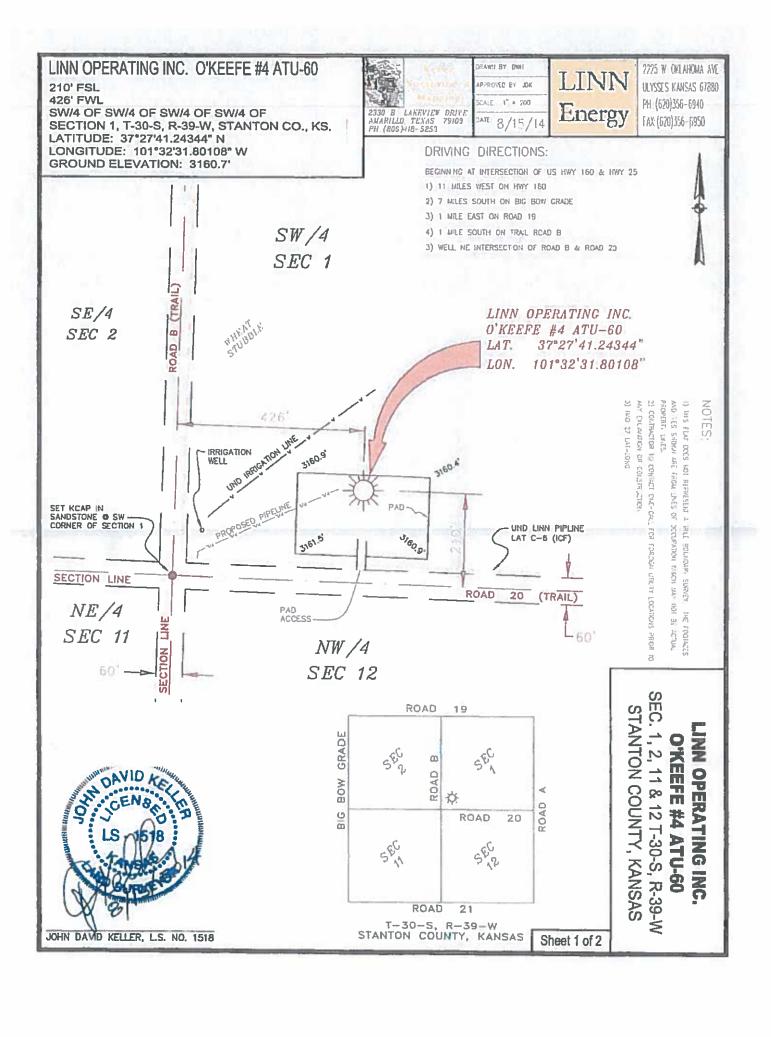
Form KSONA-1
January 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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:				
Address 1:				
Address 2:	Lease Name: Well #:			
City: State: Zip:+	_ If filing a Form T-1 for multiple wells on a lease, enter the legal description or			
Contact Person:	the lease helow:			
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:				
City:	_			
	thodic Protection Borehole Intent), you must supply the surface owners and			
	ank batteries, pipelines, and electrical lines. The locations shown on the plat d 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 b	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 x, 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 the KCC, which is enclosed with this form.			
If choosing the second option, submit payment of the \$30.00 handli form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ing fee with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.			
Submitted Electronically				
I				



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 Stanton			
OPERATOR Linn Operating, Inc.	210 S feet from south/north line of section			
LEASE O'Keefe				
LEASE O'Keefe WELL NUMBER 4 ATU-60	426 W feet from east / west line of section			
FIELD Hugoton-Panoma	SECTION 1 TWP $30S$ (S) RG $39W$ E/W			
NUMBER OF ACRES ATTRIBUTABLE TO WELL 640	IS SECTION X REGULAR OF IRREGULAR			
QTR/QTR/QTR OF ACREAGE SW _ SW _ SW	IF SECTION IS IRREGULAR, LOCATE WELL FROM			
	NEAREST CORNER BOUNDARY. (check line below) Section corner used: NE NW SE SW			
and shade show	Section corner used: NE NW SE SW ibutable acreage for prorated or spaced wells).			
(Show the location of the well and shade attr	boundary line; and show footage to the nearest			
common source supply well).				
				
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	EXAMPLE .			
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	. 3390'			
• • • • • •				
	SEWARD CO.			
¥				
The undersigned hereby certifies asR	equiatory 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			
screage claimed attributable to the well na	med herein is held by production from that well			
and hereby make application for an allowabl	e to be assigned to the well upon the filing of			
this form and the State test, whichever is	1 1			
Sign	nature Mann Staners			
	0.014			
Subscribed and sworn to before me on this	8th day of September , 19 2014			
(SAMELEN SAMELEN SAMEL	Salde de totor			
MINDY POTOR	Notary Public			
My Commission explores Notary Public, State of Tex	many ma-8 (12/94)			
Commission Expires 02-19-2				
AND THE PROPERTY OF THE PROPER	සිස්ට්රික් කිරීම සිට			

