

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

1243794

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 🔲 E 🔲 V | | | | |
| DPERATOR: License# | (0/0/0/0) feet from N / S Line of Section | | | | |
| Name: | feet from E / W Line of Section | | | | |
| ddress 1: | Is SECTION: Regular Irregular? | | | | |
| ddress 2: | (Note: Locate well on the Section Plat on reverse side) | | | | |
| City: State: Zip: + | County: | | | | |
| Contact Person: | Lease Name: Well #: | | | | |
| hone: | Field Name: | | | | |
| CONTRACTOR: License# | Is this a Prorated / Spaced Field? | | | | |
| lame: | 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 MS | | | | |
| Gas Storage Pool Ext. Air Rotary | Water well within one-quarter mile: | | | | |
| Disposal Wildcat Cable | Public water supply well within one mile: | | | | |
| 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 | | | | |
| | Length of Surface Pipe Planned to be set: | | | | |
| Operator: | Length of Conductor Pipe (if any): | | | | |
| Well Name: Original Total Depth: | Projected Total Depth: | | | | |
| Original Completion Bate Original Total Beptil | Water Source for Drilling Operations: | | | | |
| irectional, Deviated or Horizontal wellbore? | Well Farm Pond Other: | | | | |
| Yes, true vertical depth: | DWR Permit #: | | | | |
| Bottom Hole Location: | (Note: Apply for Permit with DWR) | | | | |
| (CC DKT #: | Will Cores be taken? | | | | |
| | | | | | |
| | If Yes, proposed zone: | | | | |
| | If Yes, proposed zone: | | | | |
| AFF | IDAVIT | | | | |
| AFF The undersigned hereby affirms that the drilling, completion and eventual plu | IDAVIT | | | | |
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| AFF The undersigned hereby affirms that the drilling, completion and eventual plu | IDAVIT gging of this well will comply with K.S.A. 55 et. seq. | | | | |
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| 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.

Location of Well: County: ___

| Lease: | | | | | | | | | feet from N / S Line of Section |
|----------|----------|--------------|-------------|------------|-------------|--------------|----------|---------------------------------------|---|
| Well Num | ber: | | | | | | | | feet from E / W Line of Section |
| Field: | | | | | | | _ s | Sec | Twp S. R |
| | | tributable t | | | | | — Is | s Section: | Regular or Irregular |
| QTR/QTF | R/QTR/QT | R of acrea | ge: | | | | _ | | |
| | | | | | | | | Section is Section corne | Irregular, locate well from nearest corner boundary. er used: NE NW SE SW |
| | 9 | Show locati | on of the w | vell Show: | footage to | the near | PLAT | or unit houn | dary line. Show the predicted locations of |
| | lease ro | | | | d electrica | al lines, as | required | | sas Surface Owner Notice Act (House Bill 2032). |
| | | | _ | | | | | | 1 |
| | | | | : | | | | | LEGEND |
| | | | : | | ••••• | | : | | O Well Location |
| | | : | | : | | | : | : | Tank Battery Location |
| | | • | | • | ••••• | | | | Pipeline Location |
| | | | | : | | | : | | Electric Line Location |
| 330 ft. | +-6 | : | : | : | ••••• | : | : | : | Lease Road Location |
| | | : | : | : | ******* | : | : | : | |
| | | | | | | | : | | EXAMPLE : : |
| | | : | : | : | | : | : | : | |
| | | | | 1 | 8 | : | : | : | |
| | | : | | : | | : | : | : | |
| | | : | : | : | | : | : | : | |
| | | Ė | : | : | | : | : | : | |
| | | : | : | : | ******* | : | : | · · · · · · · · · · · · · · · · · · · | 0-3 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.



KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

243794

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 | 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 | 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 (force) | | |
| 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. | | liner integrity, including 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 well | feet | measured | well owner electric log KDWR | | |
| Emergency, Settling and Burn Pits ONLY: | | Drilling, Work | ver and Haul-Off Pits ONLY: | | |
| Producing Formation: | | Type of materia | l 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 | | |



Kansas Corporation Commission Oil & Gas Conservation Division

1243794

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: | Cathodic Protection Borehole Intent) | | | | |
|---|--|--|--|--|--|
| OPERATOR: License # | Well Location: | | | | |
| Name: | SecTwpS. 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 of | | | | |
| 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 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, tank | dic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. | | | | |
| ☐ I certify that, pursuant to the Kansas Surface Owner Notice Adowner(s) of the land upon which the subject well is or will be lo | ct (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. | | | | |
| KCC will be required to send this information to the surface ow | cknowledge that, because I have not provided this information, the ener(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and CCC, 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 CP-1 | fee with this form. If the fee is not received with this form, the KSONA-1 1 will be returned. | | | | |
| Submitted Electronically | | | | | |
| ſ | | | | | |

OPERATOR: Samuel Gary Jr. & Associates, Inc. 1515 Wynkoop Street, Suite 700

Denver, Colorado 80202 office: 303-831-4673; fax: 303-863-7285

WELL NAME: CALDWELL 1-18

LOCATION: 1800 FNL / 330 FWL Sec. 18-10S-29W SHERIDAN COUNTY

SURFACE OWNERS:

Marilyn K. Caldwell P.O. Box 291 Grinnell, KS 67738

