

Well will not be drilled or Permit Expired Date: \_

Signature of Operator or Agent:

| For KC     | C Use:  |
|------------|---------|
| Effective  | e Date: |
| District # | #       |
| SGA?       | Yes No  |

SGA?

#### 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| month day yea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sec. Twp. S. R    E     W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| OPERATOR: License#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Q/Q/Q/Q) feet from N / S Line of Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | fact from   E /   W Line of Caption                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 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):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Negreet Lease or unit houndary line (in factors):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Well Drilled For: Well Class: Type Equipme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Oil Enh Rec Infield Mud Rota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ground Surface Elevation:feet MSL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Gas Storage Pool Ext. Air Rotary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Water well within one-quarter mile:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Disposal Wildcat Cable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Public water supply well within one mile: Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| II OVVVO. old well information as follows.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Length of Surface Pipe Planned to be set:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Operator:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Well Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Original Completion Date: Original Total Depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Formation at Total Depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Water Source for Drilling Operations:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | es No Well Farm Pond Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| If Yes, true vertical depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DWK Fellill #.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Bottom Hole Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Note: Apply for 1 errink with DWK)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| KCC DKT #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Will Cores be taken?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 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. seg.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| It is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of we                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | əll;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| It is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of we  2. A copy of the approved notice of intent to drill <i>shall be</i> pos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ell;<br>eted on each drilling rig;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| It is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of words. A copy of the approved notice of intent to drill <i>shall be</i> posts. The minimum amount of surface pipe as specified below <i>s</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ell;<br>sted on each drilling rig;<br><b>hall be set</b> by circulating cement to the top; in all cases surface pipe <b>shall be set</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| It is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of words. A copy of the approved notice of intent to drill <i>shall be</i> posts. The minimum amount of surface pipe as specified below <i>s</i> through all unconsolidated materials plus a minimum of 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ell;<br>sted on each drilling rig;<br><b>hall be set</b> by circulating cement to the top; in all cases surface pipe <b>shall be set</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| It is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of words. A copy of the approved notice of intent to drill <i>shall be</i> posts. The minimum amount of surface pipe as specified below <i>s</i> through all unconsolidated materials plus a minimum of 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ell; sted on each drilling rig; hall be set by circulating cement to the top; in all cases surface pipe shall be set feet into the underlying formation. and the district office on plug length and placement is necessary prior to plugging;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| It is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of we 2. A copy of the approved notice of intent to drill <i>shall be</i> pos 3. The minimum amount of surface pipe as specified below <i>s</i> through all unconsolidated materials plus a minimum of 20 4. If the well is dry hole, an agreement between the operator 5. The appropriate district office will be notified before well is 6. If an ALTERNATE II COMPLETION, production pipe shall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | tell;  teld on each drilling rig;  hall be set by circulating cement to the top; in all cases surface pipe shall be set feet into the underlying formation.  and the district office on plug length and placement is necessary prior to plugging; either plugged or production casing is cemented in; be cemented from below any usable water to surface within 120 DAYS of spud date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| It is agreed that the following minimum requirements will be met:  1. Notify the appropriate district office <i>prior</i> to spudding of we 2. A copy of the approved notice of intent to drill <i>shall be</i> pos 3. The minimum amount of surface pipe as specified below <i>s</i> through all unconsolidated materials plus a minimum of 20 4. If the well is dry hole, an agreement between the operator 5. The appropriate district office will be notified before well is 6. If an ALTERNATE II COMPLETION, production pipe shall Or pursuant to Appendix "B" - Eastern Kansas surface cas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | tell;  teld on each drilling rig;  hall be set by circulating cement to the top; in all cases surface pipe shall be set feet into the underlying formation.  and the district office on plug length and placement is necessary prior to plugging; either plugged or production casing is cemented in; be cemented from below any usable water to surface within 120 DAYS of spud date. ing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <ol> <li>Notify the appropriate district office <i>prior</i> to spudding of wo</li> <li>A copy of the approved notice of intent to drill <i>shall be</i> pos</li> <li>The minimum amount of surface pipe as specified below <i>s</i> through all unconsolidated materials plus a minimum of 20</li> <li>If the well is dry hole, an agreement between the operator</li> <li>The appropriate district office will be notified before well is</li> <li>If an ALTERNATE II COMPLETION, production pipe shall Or pursuant to Appendix "B" - Eastern Kansas surface cas</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | tell;  teld on each drilling rig;  hall be set by circulating cement to the top; in all cases surface pipe shall be set feet into the underlying formation.  and the district office on plug length and placement is necessary prior to plugging; either plugged or production casing is cemented in; be cemented from below any usable water to surface within 120 DAYS of spud date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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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 Number:                          |                                                                                            | feet from E / W Line of Section                                                                                                                                        |  |
| Field:                                |                                                                                            | Sec Twp S. R                                                                                                                                                           |  |
| Number of Acres attributable to well: |                                                                                            | 13 Occilori.       Negalai oi       Inegalai                                                                                                                           |  |
|                                       |                                                                                            | If Section is Irregular, locate well from nearest corner boundary.  Section corner used: NE NW SE SW                                                                   |  |
|                                       | on of the well. Show footage to the neares<br>atteries, pipelines and electrical lines, as | PLAT  St lease or unit boundary line. Show the predicted locations of required by the Kansas Surface Owner Notice Act (House Bill 2032).  To separate plat if desired. |  |
|                                       |                                                                                            | LEGEND                                                                                                                                                                 |  |
| 1460 ft                               |                                                                                            | O Well Location  Tank Battery Location  Pipeline Location                                                                                                              |  |
|                                       |                                                                                            | Electric Line Location  Lease Road Location                                                                                                                            |  |
|                                       | 34                                                                                         | EXAMPLE                                                                                                                                                                |  |
|                                       |                                                                                            |                                                                                                                                                                        |  |
|                                       |                                                                                            | 1980' FSL                                                                                                                                                              |  |
|                                       |                                                                                            | SEWARD CO. 3390' FEL                                                                                                                                                   |  |

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

.44311 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  Is the bottom below ground level?  Yes No | Artificial Liner?      | Existing Instructed: (bbls) No | SecTwp R East West Feet from North / South Line of Section Feet from East / West Line of Section County County mg/l (For Emergency Pits and Settling Pits only) 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                                                                                                                                                                                                        |  |
| material, thickness and installation procedure.                                                                                                                                                                                 |                        | liner integrity, ir            | cluding any special monitoring.                                                                                                                                                                                      |  |
| Distance to nearest water well within one-mile of                                                                                                                                                                               | of pit:                | Depth to shallo                | west fresh water feet. mation:                                                                                                                                                                                       |  |
| feet Depth of water wellfeet                                                                                                                                                                                                    |                        | measured                       | well owner electric log KDWR                                                                                                                                                                                         |  |
| Emergency, Settling and Burn Pits ONLY:                                                                                                                                                                                         |                        | Drilling, Worko                | over and Haul-Off Pits ONLY:                                                                                                                                                                                         |  |
| Producing Formation:                                                                                                                                                                                                            |                        | Type of materia                | ıl utilized in drilling/workover:                                                                                                                                                                                    |  |
| Number of producing wells on lease:                                                                                                                                                                                             |                        | Number of worl                 | king 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                                                                                                                                                  | oilled fluids to       | ,                              | e closed within 365 days of spud date.                                                                                                                                                                               |  |
| Submitted Electronically                                                                                                                                                                                                        |                        |                                |                                                                                                                                                                                                                      |  |
| KCC OFFICE USE ONLY  Liner Steel Pit RFAC RFAS                                                                                                                                                                                  |                        |                                |                                                                                                                                                                                                                      |  |
| Date Received: Permit Numl                                                                                                                                                                                                      | ber:                   | Permi                          | t Date: Lease Inspection: Yes No                                                                                                                                                                                     |  |



#### Kansas Corporation Commission Oil & Gas Conservation Division

1244311

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).

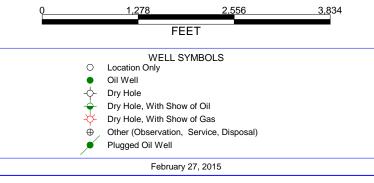
Any such form submitted without an accompanying Form KSONA-1 will be returned.

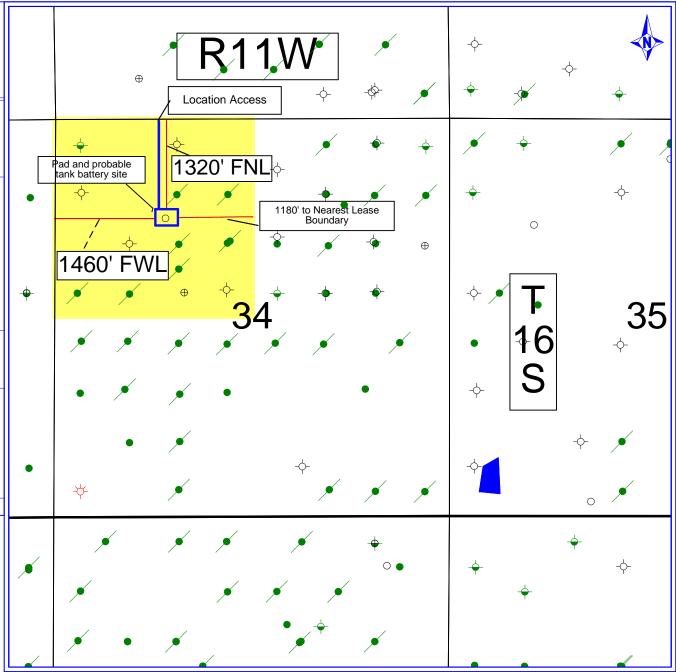
| Select the corresponding form being filed: C-1 (Intent) CB-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)                                                                                                                                                                        |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| OPERATOR: License #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Well Location:                                                                                                                                                                                                                                          |  |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SecTwpS. R East West                                                                                                                                                                                                                                    |  |  |
| 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 additiona                                                                                                                                                                           |  |  |
| Address 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | owner information can be found in the records of the register of deeds for the                                                                                                                                                                          |  |  |
| Address 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                         |  |  |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |  |  |
| the KCC with a plat showing the predicted locations of lease roads, tar are preliminary non-binding estimates. The locations may be entered a Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax,  I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the | acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this as of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form. |  |  |
| form and the associated Form C-1, Form CB-1, Form T-1, or Form CF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | g fee with this form. If the fee is not received with this form, the KSONA-1<br>P-1 will be returned.                                                                                                                                                   |  |  |
| Submitted Electronically                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                         |  |  |



# Claflin 1-34

Sec 34-16S-11W 1320' FNL & 1460' FWL Barton County, KS





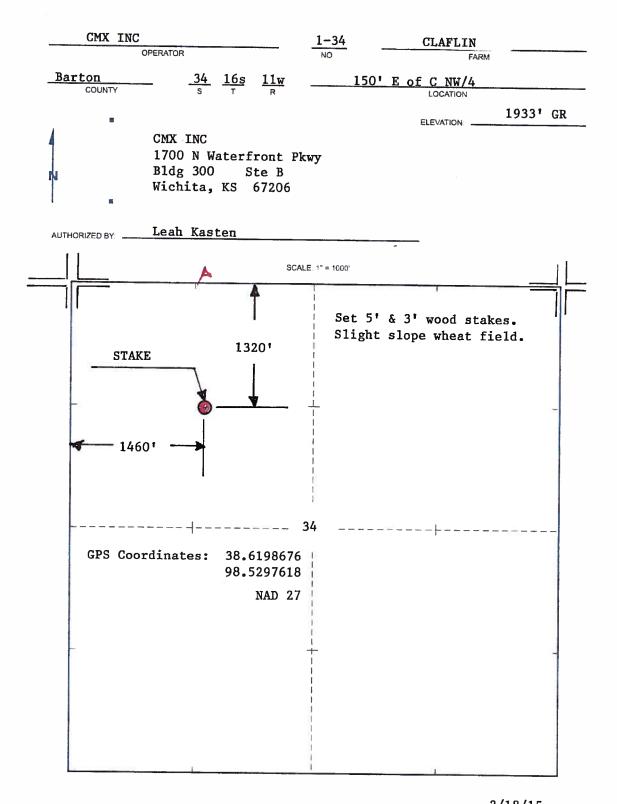
PETRA 2/27/2015 1:33:27 PM



## BOX 8604 - PRATT, KS 67124 (620) 672-6491

OIL FIELD SURVEYORS

218152 INVOICE NO.



DATE STAKED: 2/18/15

