

please check the box below and return to the address below.

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

Signature of Operator or Agent:

For KCC	Use:			
Effective	Date:			
District #	-			
SGA?	Yes	☐ No		

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form C-1 March 2010 Form must be Typed Form must be Signed All blanks must be Filled

# **NOTICE OF INTENT TO DRILL**

	e (5) days prior to commencing well Surface Owner Notification Act, MUST be submitted with this form.			
Expected Spud Date:	Spot Description:			
month day year	Sec Twp S. R E W			
	(a/a/a/a) sec. iwp. s. R. i i i i w			
OPERATOR: License#	feet from E / W Line of Section			
Name:	Is SECTION: Regular Irregular?			
Address 1:	is SECTION Regular irregular?			
Address 2: State: Zip: +	(Note: Locate well on the Section Plat on reverse side)			
Contact Person:	County:			
Phone:	Lease Name: Well #:			
	Field Name:			
CONTRACTOR: License#	Is this a Prorated / Spaced Field?			
Name:	Target Formation(s):			
Well Drilled For: Well Class: Type Equipment:	Nearest Lease or unit boundary line (in footage):			
Oil Enh Rec Infield Mud Rotary	Ground Surface Elevation:feet MSL			
Gas Storage Pool Ext. Air Rotary	Water well within one-quarter mile: Yes No			
Disposal Wildcat Cable	Public water supply well within one mile:			
Seismic ;# of Holes Other	Depth to bottom of fresh water:			
Other:	Depth to bottom of usable water:			
	Surface Pipe by Alternate: I III			
If OWWO: old well information as follows:	Length of Surface Pipe Planned to be set:			
Operator:	Length of Conductor Pipe (if any):			
Well Name:	Projected Total Depth:			
Original Completion Date: Original Total Depth:	Formation at Total Depth:			
	Water Source for Drilling Operations:			
Directional, Deviated or Horizontal wellbore?  Yes No	Well Farm Pond Other:			
If Yes, true vertical depth:	DWR Permit #:			
Bottom Hole Location:	(Note: Apply for Permit with DWR )			
KCC DKT #:	Will Cores be taken? Yes No			
	If Yes, proposed zone:			
٨٥	FIDAVIT			
The undersigned hereby affirms that the drilling, completion and eventual plu				
	agging of this well will comply with N.S.A. 33 et. seq.			
It is agreed that the following minimum requirements will be met:				
<ol> <li>Notify the appropriate district office <i>prior</i> to spudding of well;</li> </ol>				
2. A copy of the approved notice of intent to drill <b>shall be</b> posted on each	<b>5 5</b> .			
<ol><li>The minimum amount of surface pipe as specified below shall be set through all unconsolidated materials plus a minimum of 20 feet into the</li></ol>				
4. If the well is dry hole, an agreement between the operator and the dist				
5. The appropriate district office will be notified before well is either plugg	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
6. If an ALTERNATE II COMPLETION, production pipe shall be cemente	d from below any usable water to surface within 120 DAYS of spud date.			
	133,891-C, which applies to the KCC District 3 area, alternate II cementing			
must be completed within 30 days of the spud date or the well shall be	e plugged. In all cases, NOTIFY district office prior to any cementing.			
Submitted Electronically				
- 222	Remember to:			
For KCC Use ONLY	- File Certification of Compliance with the Kansas Surface Owner Notification			
API # 15	Act (KSONA-1) with Intent to Drill;			
Conductor pipe requiredfeet	- File Drill Pit Application (form CDP-1) with Intent to Drill;			
Minimum surface pipe requiredfeet per ALT. I II	- File Completion Form ACO-1 within 120 days of spud date;			
	- File acreage attribution plat according to field proration orders;			
Approved by:	<ul> <li>Notify appropriate district office 48 hours prior to workover or re-entry;</li> <li>Submit plugging report (CP-4) after plugging is completed (within 60 days);</li> </ul>			
This authorization expires:	- Obtain written approval before disposing or injecting salt water.			
(This authorization void if drilling not started within 12 months of approval date.)	If well will not be drilled or permit has expired (See: authorized expiration date)			

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

Spud date: \_

Side Two



For KCC Use ONLY	
API # 15	

Operator: \_

#### 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: \_\_

_ease:								feet from N / S Line of Section
Vell Number:						_		feet from E / W Line of Section
Field:			Se	c	Twp S. R			
Number of Acres attr QTR/QTR/QTR/QTR						10 1	Section:	Regular or Irregular
							Section is corne	Irregular, locate well from nearest corner boundary. er used: NE NW SE SW
						PLAT		
				-1 -14-:	11:			dary line. Show the predicted locations of as Surface Owner Notice Act (House Bill 2032).
10000100		a, p.,	2:	305 ft.	ay attach a	a separate	y the Kans plat if desi	ired.
	:	:	:		:	:	:	LEGEND
					:			Well Location     Tank Battery Location     Pipeline Location     Electric Line Location
								Lease Road Location
			<u></u>		:		· · ·	2805 ft.
	:	:	3		:	:	: : : :	
	:	:		••••	:	:		
	:	:	:  :	••••	:  :	:	:	1980' FSL
	: :	: :			: : :	: :	: 	
	:	:			:	:	:	SEWARD CO. 3390' FEI

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

246070 Form CDP-1

May 2010

Form must be Typed

# **APPLICATION FOR SURFACE PIT**

Submit in Duplicate

Operator Name:		License Number:			
Operator Address:					
Contact Person:		Phone Number:			
Lease Name & Well No.:			Pit Location (QQQQ):		
Type of Pit:	Pit is:				
Emergency Pit Burn Pit Proposed		Existing	SecTwp R		
Settling Pit Drilling Pit If Existing, date co		nstructed:	Feet from North / South Line of Section		
Workover Pit   Haul-Off Pit   (If WP Supply API No. or Year Drilled)	Pit capacity:		Feet from East / West Line of SectionCounty		
	(bbls)				
Is the pit located in a Sensitive Ground Water A	rea? Yes	No	Chloride concentration: mg/l (For Emergency Pits and Settling Pits only)		
Is the bottom below ground level?	Artificial Liner?		How is the pit lined if a plastic liner is not used?		
Yes No	Yes N	No			
Pit dimensions (all but working pits):	Length (fe	et)	Width (feet) N/A: Steel Pits		
	om ground level to dee				
If the pit is lined give a brief description of the li material, thickness and installation procedure.	ner	Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring.			
Distance to nearest water well within one-mile of	of pit:	Depth to shallowest fresh water feet. Source of information:			
feet Depth of water well	feet	measured	well owner electric log KDWR		
Emergency, Settling and Burn Pits ONLY:		Drilling, Workover and Haul-Off Pits ONLY:			
Producing Formation:		Type of material utilized in drilling/workover:			
Number of producing wells on lease:		Number of working pits to be utilized:			
Barrels of fluid produced daily:		Abandonment	procedure:		
Does the slope from the tank battery allow all s flow into the pit? Yes No	pilled fluids to	Drill pits must be closed within 365 days of spud date.			
Submitted Electronically					
KCC OFFICE USE ONLY  Liner Steel Pit RFAC RFAS					
Date Received: Permit Num	her:	Darmi	t Date: Lease Inspection: Yes No		



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

1246070

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

# CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

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

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License #				
Name:	· — —			
Address 1:	•			
Address 2:	Lease Name: Well #:			
City:         State:	If filing a Form T-1 for multiple wells on a lease, enter the legal description o the lease below:			
Phone: ( ) Fax: ( )				
Email Address:	-			
Surface Owner Information:				
Name:	sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the			
Address 1:				
Address 2:				
City: State: Zip:+	_			
are preliminary non-binding estimates. The locations may be entered	ank batteries, pipelines, and electrical lines. The locations shown on the plat If on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
Select one of the following:				
owner(s) of the land upon which the subject well is or will be	e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.			
KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ess of the surface owner by filling out the top section of this form and e KCC, which is enclosed with this form.			
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.			
Submitted Electronically				
I				

Detar Lease sec. 3-16-21E

