

Well will not be drilled or Permit Expired Date: _

Signature of Operator or Agent:

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

NOTICE OF INTENT TO DRILL

Expected Spud Date:	month	day	vear	Spot Description:	
	monur	uay	year	(0.0.0.0)	E 🔲 ۱
PERATOR: License#				feet from N / S Line of	f Section
ame:				feet from E / W Line o	f Section
ddress 1:				Is SECTION: Regular Irregular?	
ddress 2:					
City:				County:	
Contact Person:				Lease Name: Well #:	
hone:				Field Name:	
CONTRACTOR: License#				Is this a Prorated / Spaced Field?	N
lame:				Target Formation(s):	
Well Drilled For:	Well Class	. Type	Equipment:	Nearest Lease or unit boundary line (in footage):	
				Ground Surface Elevation:	eet MS
Oil Enh F		=	Mud Rotary Air Rotary	Water well within one-quarter mile:	
Dispo	• =		Cable	Public water supply well within one mile:	- <u> </u>
Seismic ;# o				Depth to bottom of fresh water:	
Other:				Depth to bottom of usable water:	
				Surface Pipe by Alternate: II II	
If OWWO: old well	information as foll	ows:		Length of Surface Pipe Planned to be set:	
Operator:				Length of Conductor Pipe (if any):	
Well Name:				Projected Total Depth:	
Original Completion Da	ate:	Original Total D	Depth:	Formation at Total Depth:	
				Water Source for Drilling Operations:	
Directional, Deviated or Ho			Yes No	Well Farm Pond Other:	
f Yes, true vertical depth: _				DWR Permit #:	
Bottom Hole Location:				(Note: Apply for Permit with DWR)	
(CC DKT #:				VIII COTCS DC LAKETT:	N
				It yes brodosed zone.	
				If Yes, proposed zone:	
			AF	FIDAVIT	
	affirms that the d	rilling, complet			
The undersigned hereby			tion and eventual p	FIDAVIT	
The undersigned hereby t is agreed that the follow	ving minimum req	uirements will	tion and eventual p	FIDAVIT	
The undersigned hereby	ving minimum req	uirements will prior to spudd	tion and eventual p be met: ling of well;	FIDAVIT lugging of this well will comply with K.S.A. 55 et. seq.	
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The undersigned hereby to a sagreed that the follows 1. Notify the appropriate 2. A copy of the appropriate 3. The minimum amosthrough all unconses 4. If the well is dry how 5. The appropriate dis 6. If an ALTERNATE IN Or pursuant to Appropriate be completed a submitted Electron For KCC Use ONLY API # 15	ving minimum requate district office poved notice of interpretation of surface pipolidated materials le, an agreement strict office will be II COMPLETION, bendix "B" - Easte II within 30 days of the completion	prior to spudd ent to drill sha. e as specified s plus a minimu between the ce entified before production pig rn Kansas sur f the spud date	tion and eventual p be met: ling of well; II be posted on each below shall be se um of 20 feet into the perator and the disperator and the disperator and the disperator and the se um of 20 feet into the perator and the disperator and the disperator and the se perator and the disperator and the self or the well shall be et per ALT. I I II	In the drilling rig; It by circulating cement to the top; in all cases surface pipe shall be set the underlying formation. In this increase is a surface pipe shall be set the underlying formation. In this increase is a surface pipe shall be set the underlying formation. In this increase is a surface pipe shall be set the underlying formation. In this increase is a surface pipe shall be set the underlying formation. In this increase is a surface pipe shall be set the underlying form below any usable water to surface within 120 DAYS of spud date. In this increase is a surface prior to any cementing. In this increase is a surface prior to any cementing. In this increase is a surface prior to any cementing. Remember to: In this increase is a surface pipe shall be set the set of surface prior to any cementing. Remember to: In this increase is a surface pipe shall be set of surface pipe shall be	on ;



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:

Operator.								oation of th	on. County:
Lease:									feet from N / S Line of Section
Well Numb	oer:								feet from E / W Line of Section
Field:							Se	c	Twp S. R
Number of	Acres attr	ibutable to	well:				la i	C4: [Demiles es Umanules
QTR/QTR							- IS	Section:	Regular or Irregular
		_							r used: NE NW SE SW
				ipelines an	d electrica	l lines, as	required b		lary line. Show the predicted locations of as Surface Owner Notice Act (House Bill 2032). red.
		:	:	:		:	:	:	LEGEND
				•					O W III
1400 ft.		:	<u>:</u>	:		:	:	:	O Well Location
		:	Ë	:		:	:		Tank Battery Location
	•••••				•••••				Pipeline Location
		:	<u>:</u>	:		:	:	:	Electric Line Location Lease Road Location
		:	:	:		:	:	:	Lease Road Location
		:	:	:		:	:	:	
		:	:	:		:			EXAMPLE : :
		· :	:	<u>·</u>		<u>. </u>	:	:	
				1	7		:		
		:	:	:		:	:	:	
		:	:	:		:	:	:	
			:	:					
		·	· :	·			: :	:	1980' FSL
		: :	:	: :		: 	: :	: :	
		:		:		:	:		SEWARD CO. 3390' FEL
	1	•	•	•	1	•		•	

In plotting the proposed location of the well, you must show:

- 1. The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.
- 2. The distance of the proposed drilling location from the south / north and east / west outside section lines.

NOTE: In all cases locate the spot of the proposed drilling locaton.

- 3. The distance to the nearest lease or unit boundary line (in footage).
- 4. If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat must be attached: (C0-7 for oil wells; CG-8 for gas wells).
- 5. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.



KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

253368

Form CDP-1 May 2010 Form must be Typed

APPLICATION FOR SURFACE PIT

Submit in Duplicate

Operator Name:		License Number:				
Operator Address:						
Contact Person:		Phone Number:				
Lease Name & Well No.:		Pit Location (QQQQ):				
Type of Pit:	Pit is:					
Emergency Pit Burn Pit	Proposed	Existing	SecTwp R			
Settling Pit Drilling Pit	If Existing, date co	nstructed:	Feet from North / South Line of Section			
Workover Pit Haul-Off Pit	Pit capacity:		Feet from East / West Line of Section			
(If WP Supply API No. or Year Drilled)		(bbls)	County			
Is the pit located in a Sensitive Ground Water A	rea? Yes	No	Chloride concentration: mg/l			
To the processing in a content of country training			(For Emergency Pits and Settling Pits only)			
Is the bottom below ground level? Yes No	Artificial Liner? Yes N	No	How is the pit lined if a plastic liner is not used?			
			NAC data (force)			
Pit dimensions (all but working pits):		,	Width (feet) N/A: Steel Pits No Pit			
If the pit is lined give a brief description of the li	om ground level to dee ner		dures for periodic maintenance and determining			
material, thickness and installation procedure.			cluding any special monitoring.			
Distance to nearest water well within one-mile	of pit:	Depth to shallo Source of inforr	west fresh water feet. nation:			
feet Depth of water well	feet	measured	well owner electric log KDWR			
Emergency, Settling and Burn Pits ONLY:		Drilling, Work	ver and Haul-Off Pits ONLY:			
Producing Formation:		Type of materia	l utilized in drilling/workover:			
Number of producing wells on lease:		Number of 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	pilled fluids to	Drill nite must h	e closed within 365 days of spud date.			
Submitted Electronically						
KCC OFFICE USE ONLY						
Liner Steel Pit RFAC RFA						
Date Received: Permit Num	ber:	Permi	t Date: Lease Inspection: Yes No			



Kansas Corporation Commission Oil & Gas Conservation Division

1253368

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

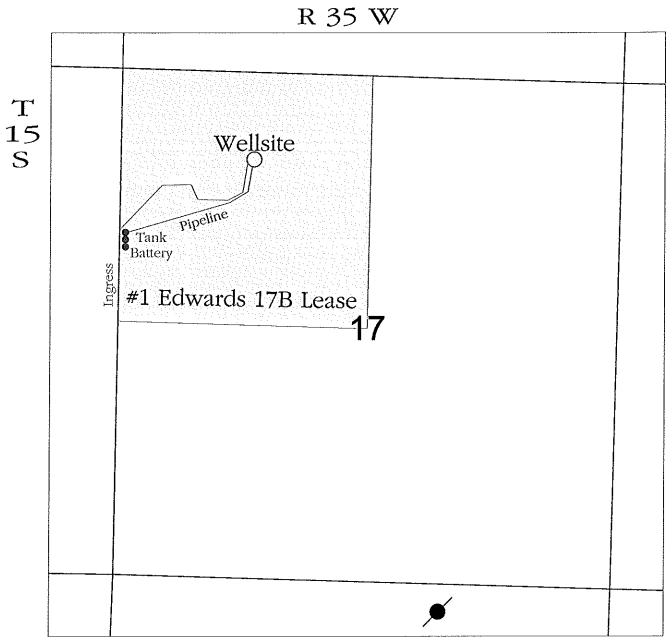
CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

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					
Address 1:	•					
Address 2:	Lease Name: Well #:					
City: + Contact Person: +	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:	When filing a Form T-1 involving multiple surface owners, attach an additional					
Address 1:	sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.					
Address 2:						
City: State: Zip:+						
	k batteries, pipelines, and electrical lines. The locations shown on the plat n the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.					
owner(s) of the land upon which the subject well is or will be lo	act (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this nd email address.					
KCC will be required to send this information to the surface ow	cknowledge that, because I have not provided this information, the vner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and 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 CP-	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.					
Submitted Electronically						



SCALE = 1 : 12,000 LOGAN COUNTY, KANSAS