

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

1254023

Form C-1

March 2010

Form must be Typed

Form must be Signed

All blanks must be Filled

NOTICE OF INTENT TO DRILL

Expected Spud Date:	Spot Description:
month day year	Sec Twp S. R 🔲 E 🔲 V
DPERATOR: License#	(0/0/0/0) feet from N / S Line of Section
Name:	feet from E / W Line of Section
ddress 1:	Is SECTION: Regular Irregular?
ddress 2:	(Note: Locate well on the Section Plat on reverse side)
City: State: Zip: +	County:
Contact Person:	Lease Name: Well #:
hone:	Field Name:
CONTRACTOR: License#	Is this a Prorated / Spaced Field?
lame:	Target Formation(s):
Well Drilled For: Well Class: Type Equipment:	Nearest Lease or unit boundary line (in footage):
Oil Enh Rec Infield Mud Rotary	Ground Surface Elevation:feet MS
Gas Storage Pool Ext. Air Rotary	Water well within one-quarter mile:
Disposal Wildcat Cable	Public water supply well within one mile:
Seismic ; # of Holes Other	Depth to bottom of fresh water:
Other:	Depth to bottom of usable water:
If OWWO: old well information as follows:	Surface Pipe by Alternate: I II
	Length of Surface Pipe Planned to be set:
Operator:	Length of Conductor Pipe (if any):Projected Total Depth:
Well Name: Original Total Depth:	Frojected Total Depth:
Original Completion Bate Original Total Beptil	Water Source for Drilling Operations:
irectional, Deviated or Horizontal wellbore?	Well Farm Pond Other:
Yes, true vertical depth:	DWR Permit #:
Bottom Hole Location:	(Note: Apply for Permit with DWR)
(CC DKT #:	Will Cores be taken?
	If Yes, proposed zone:
	If Yes, proposed zone:
AFF	IDAVIT
AFF The undersigned hereby affirms that the drilling, completion and eventual plu	IDAVIT
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AFF The undersigned hereby affirms that the drilling, completion and eventual plu	IDAVIT gging of this well will comply with K.S.A. 55 et. seq.
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Side Two



For KCC Use ONLY	
API # 15	

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

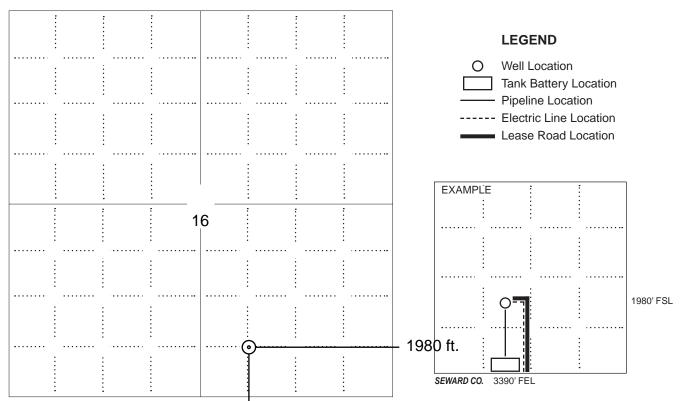
In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

Operator:	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:	Is Section: Regular or Irregular
	If Section is Irregular, locate well from nearest corner boundary. Section corner used: NE NW SE SW

PLAT

Show location of the well. Show footage to the nearest lease or unit boundary line. Show the predicted locations of lease roads, tank batteries, pipelines and electrical lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032).

You may attach a separate plat if desired.



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

680 ft.

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

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

254023

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 Haul-Off Pit (If WP Supply API No. or Year Drilled) Is the pit located in a Sensitive Ground Water A	Pit is: Proposed If Existing, date col Pit capacity: urea? Yes	Existing nstructed: (bbls)	SecTwp R East WestFeet from North / South Line of Section Feet from East / West Line of Section County Chloride concentration: mg/l mg/l mg/l reference from reference from mg/l mg/l mg/l reference from reference from mg/l reference from reference from mg/l reference from		
Is the bottom below ground level? Yes No	Artificial Liner?	No	How is the pit lined if a plastic liner is not used?		
Pit dimensions (all but working pits):	Length (fee				
If the pit is lined give a brief description of the li material, thickness and installation procedure.			dures for periodic maintenance and determining acluding any special monitoring.		
Distance to nearest water well within one-mile of	of pit:	Depth to shallo Source of infor	west fresh water feet. mation:		
feet Depth of water wellfeet		measured	well owner electric log KDWR		
Emergency, Settling and Burn Pits ONLY: Producing Formation: Number of producing wells on lease: Barrels of fluid produced daily: Does the slope from the tank battery allow all s		Type of materia	over and Haul-Off Pits ONLY: all utilized in drilling/workover: king pits to be utilized: procedure:		
flow into the pit? Yes No 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	ber:	Permi	t Date: Lease Inspection: Yes No		



Kansas Corporation Commission Oil & Gas Conservation Division

1254023

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).

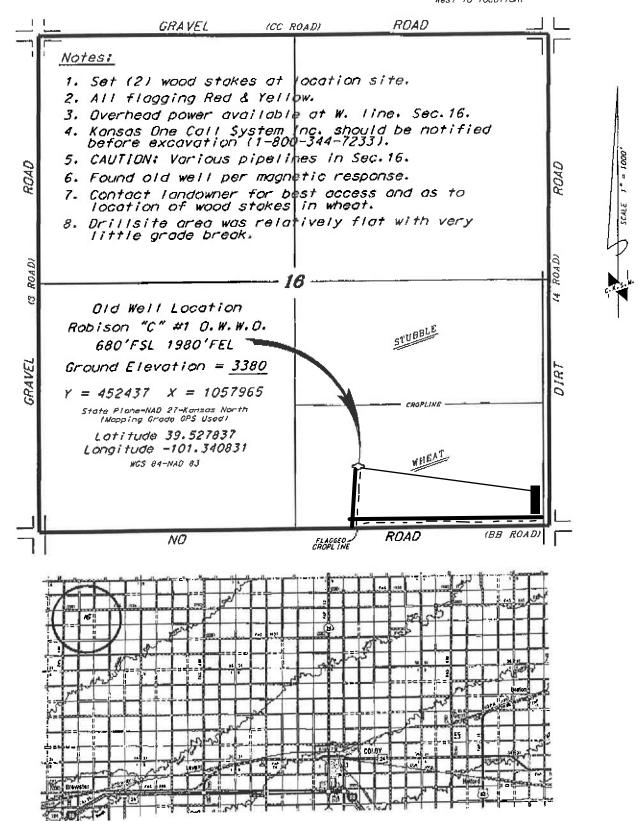
Any such form submitted without an accompanying Form KSONA-1 will be returned.

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 additional			
Address 1:	sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the			
Address 2:	county, and in the real estate property tax records of the county treasurer.			
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 is of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1			
form and the associated Form C-1, Form CB-1, Form T-1, or Form CF Submitted Electronically	- I wiii be returnea.			
T.				

L.D. DRILLING, INC. ROBISON LEASE SE. 1/4. SECTION 16. T6S. R36W THOMAS COUNTY, KANSAS

Directions

from the Intersection of a N-3 poved road and Interstate 70 (1.3 miles south of Brewster. Kansas) go 13.7 miles North. Then go 2.0 miles East to the NE. corner of Saction 16, than go 0.37 miles South. Then go 0.37 miles West to location.



Controlling data is based boon the best mans and photographs available to us and upon a regular section of land containing 640 agres.

June 3. 2015 Dote -

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RECEIVED

NOV 2 8 2005

Form CP-4 December 2003

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

Kansas Corporation Commission Oil & Gas Conservation Division

WELL PLUGGING RECORD K.A.R. 82-3-117

KCC WICHITA or Print on this Form Form must be Signed All blanks must be Filled

Lease Operator: L. D. DRILLING, INC.			API Number:15 - 193-20702 00 00										
Address: 7 SW 26 AVE., GREAT BEND, KANSAS 67530				Lease Name: ROBISON "C"									
Phone: (620) 793 - 3051 Operator License #: 6039				Well Number:									
Type of Well: D & A (Oil, Cas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)			Spot Location (QQQQ): SW - SE										
The plugging proposal was approved on:			Feet from North / South Section Line 2000 Feet from East / West Section Line Sec. 16 Twp. 6 S. R. 36 East / West County: THOMAS Date Well Completed: 11-20-05 Plugging Commenced: 11-20-05										
							Depth to Top:	Botto	om: T.	D	11-20-05		
							Depth to Top:	Botto	Bottom: T.D		Plugging Completed: 11-20-05		
						Show depth and thickness	of all water, oil and ga	s formations.					
						Oil, Gas or W	ater Records		C	asing Record (S	Surface Conductor & Produ	ction)	
Formation	Content	From	То	Size	Put In	Pulled Out							
SURFACE		0'	411'	8 5/8"	411'	0'							
Describe in detail the mann hole. If cement or other place of the second	ugs were used, state th	ne character of	f same depth pla	aced from (botte	om), to (top) for each plu	ıg set.	ing it into the						
4th Plug @ 40	<mark>)' w/ 10 sx., 5</mark>	th Plug	@ Ratho	ole w/ 15	sx., Total Ce	ment 190 sx.	,						
of 60/40 Pozmix 6													
Plug Down @ 1:4													
Name of Plugging Contract	or: L. D. DRILLI	ING, INC.			License #: 603	9							
Address: 7 SW 26													
Name of Party Responsible	for Plugging Fees:	D. DR	ILLING, II	NC.									
State of KANSAS	County, _	BART	NC	_ , SS.									
Susan Sch	neweis			_(Employee of	Operator) or (Operator)	on above-described well, b	eing first duly						
sworn on oath, says: That I		e facts stateme	ents, and matter										
same are true and correct,	so help me God.	(Signature)_		- <i>S</i> c	hi								
	COLUMN TO THE STATE OF THE STAT	(Address)	7 SW 26 A\	/E, GREA	TBEND, KS 67	526							
NOTARY PLACE STATE OF KAN Rashell Patte	SUBSCRIBED and	SWORN-TO b	efore me this	22day of_	November	1	20 05						
My Appt. Exp. 2.20	2 Kashe	Notary Pu	iblic Rashe		Commission Expires:	02-02-07	-						