

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1274475

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 TwpS. R 🔲 E 🔲 W |
| OPERATOR: License# | (Q/Q/Q/Q) feet from N / S Line of Section |
| Name: | feet from E / W Line of Section |
| Address 1: | Is SECTION: Regular Irregular? |
| Address 2: | (Note: Locate well on the Section Plat on reverse side) |
| City: | County: |
| Contact Person: | Lease Name: Well #: |
| Phone: | 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): |
| | Ground Surface Elevation:feet MSL |
| Oil Enh Rec Infield Mud Rotary | Water well within one-quarter mile: |
| Gas Storage Pool Ext. Air Rotary | Public water supply well within one mile: |
| Disposal Wildcat Cable Seismic ;# of Holes Other | Depth to bottom of fresh water: |
| Other: | Depth to bottom of usable water: |
| | Surface Pipe by Alternate: I II |
| 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? | 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? |
| | If Yes, proposed zone: |
| AF | FIDAVIT |
| The undersigned hereby affirms that the drilling, completion and eventual pl | ugging of this well will comply with K.S.A. 55 et. seq. |
| It is agreed that the following minimum requirements will be met: | |
| The appropriate district office will be notified before well is either plug If an ALTERNATE II COMPLETION, production pipe shall be cemented or pursuant to Appendix "B" - Eastern Kansas surface casing order # | by circulating cement to the top; in all cases surface pipe shall be set be underlying formation. trict office on plug length and placement is necessary prior to plugging ; ged or production casing is cemented in; |
| ubmitted Electronically | |
| For KCC Use ONLY | Remember to: |
| API # 15 | - File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill; |
| Conductor pipe requiredfeet | - File Drill Pit Application (form CDP-1) with Intent to Drill; |
| | - File Completion Form ACO-1 within 120 days of spud date; |
| Minimum surface pipe requiredfeet per ALT. UI II | - File acreage attribution plat according to field proration orders; |
| | |
| Approved by: | Notify appropriate district office 48 hours prior to workover or re-entry; Submit plugging report (CP-4) after plugging is completed (within 60 days): |
| Approved by: This authorization expires: (This authorization void if drilling not started within 12 months of approval date.) | Notify appropriate district office 48 hours prior to workover or re-entry; Submit plugging report (CP-4) after plugging is completed (within 60 days); Obtain written approval before disposing or injecting salt water. |

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

Spud date: _

 If well will not be drilled or permit has expired (See: authorized expiration date) 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: | | |
| | | |

Side Two



SEWARD CO. 3390' FEL

1980' FSL

| For KCC Use ONLY | |
|------------------|--|
| API # 15 | |

Operator:_

1740 ft.

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 E / W Line of Section |
|---|---|
| Number of Acres attributable to well: | is Section. Negular of Integular |
| | If Section is Irregular, locate well from nearest corner boundary. Section corner used: NE NW SE SW |
| lease roads, tank batteries, pipelines and electrical l | PLAT The nearest lease or unit boundary line. Show the predicted locations of lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032). The attach a separate plat if desired. LEGEND |
| | O Well Location Tank Battery Location |
| | EXAMPLE |

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

2165 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.

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- 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 1274475

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: Burn Pit Burn Pit | Pit is: | | SecTwp R |
| Settling Pit Workover Pit Haul-Off Pit (If WP Supply API No. or Year Drilled) | If Existing, date constructed: ——————————————————————————————————— | | Feet from North / South Line of Section Feet from East / West Line of Section County |
| Is the pit located in a Sensitive Ground Water A | rea? Yes N | (bbls) | Chloride concentration: mg/l (For Emergency Pits and Settling Pits only) |
| Is the bottom below ground level? Yes No | Artificial Liner? | 0 | How is the pit lined if a plastic liner is not used? |
| Pit dimensions (all but working pits): | Length (fee | t) | Width (feet) N/A: Steel Pits |
| Depth fro | om ground level to deep | pest point: | (feet) No Pit |
| If the pit is lined give a brief description of the line material, thickness and installation procedure. | ilei | | dures for periodic maintenance and determining cluding any special monitoring. |
| Distance to nearest water well within one-mile of pit: | | Depth to shallo | west fresh water feet. nation: |
| 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 | l utilized in drilling/workover: |
| Number of producing wells on lease: | | Number of work | king pits to be utilized: |
| Barrels of fluid produced daily: | | Abandonment p | procedure: |
| Does the slope from the tank battery allow all spilled fluids to flow into the pit? | | Drill pits must b | e closed within 365 days of spud date. |
| Submitted Electronically | | | |
| KCC OFFICE USE ONLY Liner Steel Pit RFAC RFAS | | | |
| Date Received: Permit Numb | ber: | Permi | t Date: Lease Inspection: Yes No |



Kansas Corporation Commission Oil & Gas Conservation Division

1274475

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) | | |
|---|---|--|--|
| OPERATOR: License # | Well Location: | | |
| Name: | | | |
| 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 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: | | | |
| the KCC with a plat showing the predicted locations of lease roads, tan | odic Protection Borehole Intent), you must supply the surface owners and the batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. | | |
| I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be | Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. | | |
| KCC will be required to send this information to the surface of | acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this s 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 | g fee with this form. If the fee is not received with this form, the KSONA-1 -1 will be returned. | | |
| Submitted Electronically | | | |
| I | _ | | |

