



For KCC Use:

Effective Date: _____

District # _____

SGA? ☐ Yes ☐ NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1283395

Form CB-1

March 2010

Form must be Typed

Form must be Signed

All blanks must be Filled

CATHODIC PROTECTION BOREHOLE INTENT

Must be approved by the KCC sixty (60) days prior to commencing well.

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

Expected Spud Date: _____
month day year

OPERATOR: License# _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: _____

CONTRACTOR: License# _____

Name: _____

Type Drilling Equipment: ☐ Mud Rotary ☐ Cable☐ Air Rotary ☐ Other

Construction Features

Length of Cathodic Surface (Non-Metallic) Casing

Planned to be set: _____ feet

Length of Conductor pipe (if any): _____ feet

Surface casing borehole size: _____ inches

Cathodic surface casing size: _____ inches

Cathodic surface casing centralizers set at depths of: _____; _____;

_____; _____; _____; _____; _____; _____; _____;

Cathodic surface casing will terminate at:

☐ Above surface ☐ Surface Vault ☐ Below Surface VaultPitless casing adaptor will be used: ☐ Yes ☐ No Depth _____ feet

Anode installation depths are: _____; _____; _____; _____; _____;

_____; _____; _____; _____; _____; _____; _____; _____;

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55-101 et. seq.

It is agreed that the following minimum requirements will be met:

1. Notify the appropriate District office prior to spudding and again before plugging the well. An agreement between the operator and the District Office on plugs and placement is necessary prior to plugging. In all cases, notify District Office prior to any grouting.
2. Notify appropriate District Office 48 hours prior to workover or re-entry.
3. A copy of the approved notice of intent to drill shall be posted on each drilling rig.
4. The minimum amount of cathodic surface casing as specified below shall be set by grouting to the top when the cathodic surface casing is set.
5. File all required forms: a. File Drill Pit Application (form CDP-1) with Intent to Drill (form CB-1). b. File Certification of Compliance with Kansas Surface Owner Notification Act (form KSONA-1) with Cathodic Protection Borehole Intent (CB-1) c. File Completion Form (ACO-1) within 30 days from spud date. d. Submit plugging report (CP-4) within 30 days after final plugging is completed.

Submitted Electronically

For KCC Use ONLY

API # 15 - _____

Conductor pipe required _____ feet

Minimum Cathodic Surface Casing Required: _____ feet

Approved by: _____

This authorization expires: _____

(This authorization void if drilling not started within 12 months of approval date.)

Spud date: _____ Agent: _____

Spot Description: _____

_____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ ☐ E ☐ W
(Q/Q/Q/Q) _____ feet from ☐ N / ☐ S Line of Section_____ feet from ☐ E / ☐ W Line of SectionIs SECTION: ☐ Regular ☐ Irregular?

(Check directions from nearest outside corner boundaries)

County: _____

Facility Name: _____

Borehole Number: _____

Ground Surface Elevation: _____ MSL

Cathodic Borehole Total Depth: _____ feet

Depth to Bedrock: _____ feet

Water Information

Aquifer Penetration: ☐ None ☐ Single ☐ Multiple

Depth to bottom of fresh water: _____

Depth to bottom of usable water: _____

Water well within one-quarter mile: ☐ Yes ☐ NoPublic water supply well within one mile: ☐ Yes ☐ No

Water Source for Drilling Operations:

☐ Well ☐ Farm Pond ☐ Stream ☐ Other

Water Well Location: _____

DWR Permit # _____

Standard Dimension Ratio (SDR) is = _____

(Cathodic surface csg. O.D. in inches / MWT in inches = SDR)

Annular space between borehole and casing will be grouted with:

☐ Concrete ☐ Neat Cement ☐ Bentonite Cement ☐ Bentonite Clay

Anode vent pipe will be set at: _____ feet above surface

Anode conductor (backfill) material TYPE: _____

Depth of BASE of Backfill installation material: _____

Depth of TOP of Backfill installation material: _____

Borehole will be Pre-Plugged? ☐ Yes ☐ No

If this permit has expired or will not be drilled, check a box below, sign, date and return to the address below.

☐ Permit Expired ☐ Well Not Drilled

Date

Signature of Operator or Agent

For KCC Use ONLY

API # 15 - _____

IN ALL CASES, PLEASE FULLY COMPLETE THIS SIDE OF THE FORM.

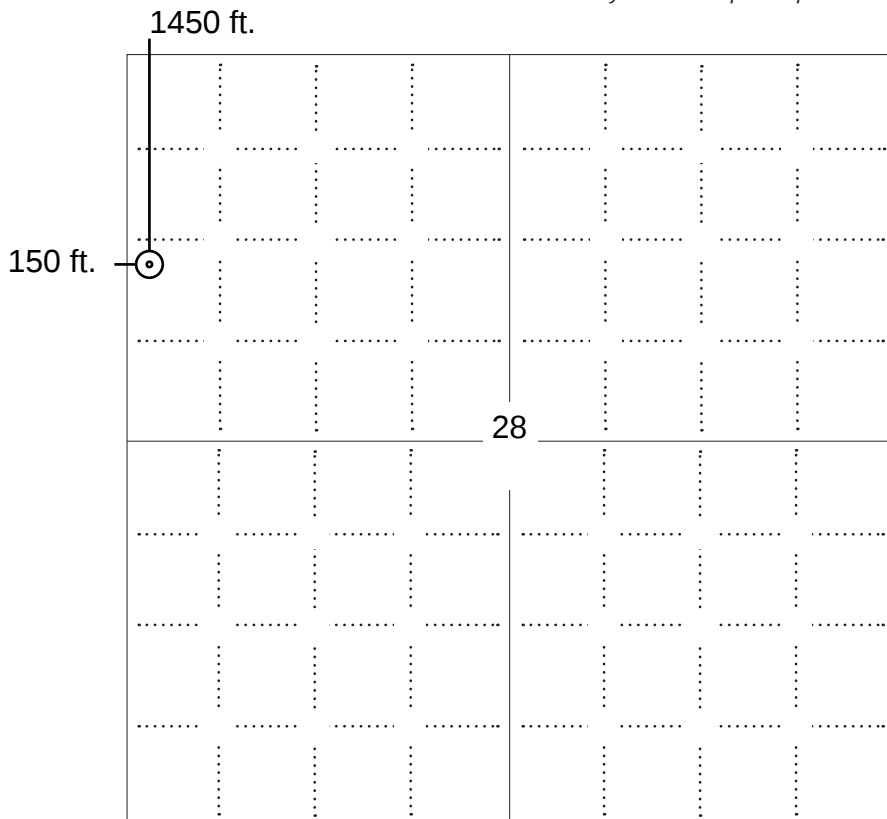
In all cases, please fully complete this side of the form. Include items 1 through 3 at the bottom of this page.

Operator: _____

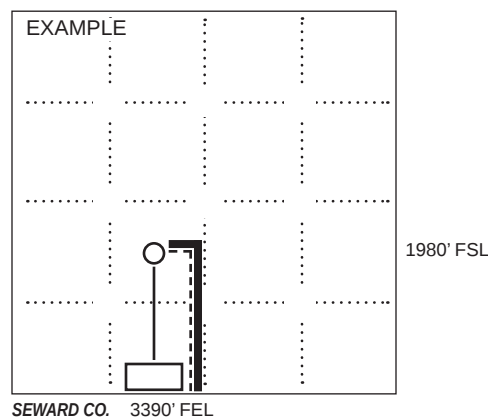
Facility Name: _____

Borehole Number: _____

Location of Well: County: _____

_____ feet from ☐ N / ☐ S Line of Section_____ feet from ☐ E / ☐ W Line of SectionSec. _____ Twp. _____ S. R. _____ ☐ E ☐ WIs 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 Cathodic Borehole. 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.***LEGEND**

- ☐ Well Location
- ☐ Tank Battery Location
- ☐ Pipeline Location
- ☐ Electric Line Location
- ☐ Lease Road Location

**NOTE: In all cases locate the spot of the proposed drilling location.****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 section's south / north and east / west; line.
3. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

APPLICATION FOR SURFACE PIT

Submit in Duplicate

Operator Name:		License Number:	
Operator Address:			
Contact Person:		Phone Number:	
Lease Name & Well No.:		Pit Location (QQQQ): ____ - ____ - ____ - ____ Sec. ____ Twp. ____ R. ____ ☐ East ☐ West ____ Feet from ☐ North / ☐ South Line of Section ____ Feet from ☐ East / ☐ West Line of Section ____ County	
Type of Pit: ☐ Emergency Pit ☐ Burn Pit ☐ Settling Pit ☐ Drilling Pit ☐ Workover Pit ☐ Haul-Off Pit <i>(If WP Supply API No. or Year Drilled)</i>	Pit is: ☐ Proposed ☐ Existing If Existing, date constructed: _____ Pit capacity: _____ (bbls)		
Is the pit located in a Sensitive Ground Water Area? ☐ Yes ☐ No		Chloride concentration: _____ mg/l <i>(For Emergency Pits and Settling Pits only)</i>	
Is the bottom below ground level? ☐ Yes ☐ No	Artificial Liner? ☐ Yes ☐ No	How is the pit lined if a plastic liner is not used?	
Pit dimensions (all but working pits): _____ Length (feet) _____ Width (feet) ☐ N/A: Steel Pits Depth from ground level to deepest point: _____ (feet) ☐ No Pit			
If the pit is lined give a brief description of the liner material, thickness and installation procedure.		Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring.	
Distance to nearest water well within one-mile of pit: _____ feet Depth of water well _____ feet		Depth to shallowest fresh water _____ feet. Source of information: ☐ 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 spilled fluids to flow into the pit? ☐ Yes ☐ No		Drilling, Workover and Haul-Off Pits ONLY: Type of material utilized in drilling/workover: _____ Number of working pits to be utilized: _____ Abandonment procedure: _____ 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 Number: _____ Permit Date: _____ Lease Inspection: ☐ Yes ☐ No

**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: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

Well Location:

____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ ☐ East ☐ West

County: _____

Lease Name: _____ Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

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 county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

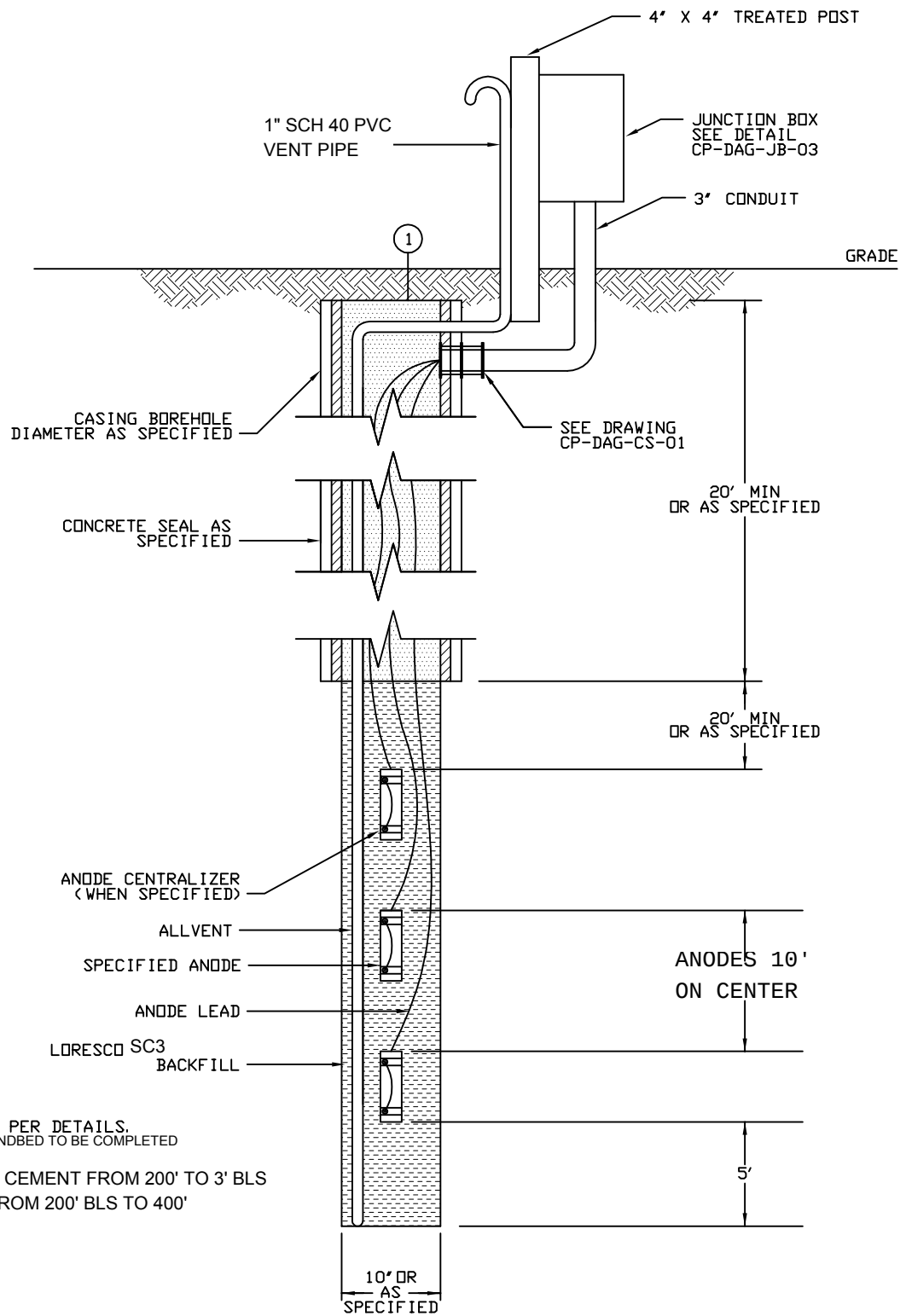
Select one of the following:

- ☐ I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- ☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee 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 CP-1 will be returned.

I Submitted Electronically

I



NOTES:

1. CASING TOP AS PER DETAILS.
DEEP ANODE GROUND BED TO BE COMPLETED
BELOW GRADE
2. NEAT PORTLAND CEMENT FROM 200' TO 3' BLS
3. LORESCO SC3 FROM 200' BLS TO 400'
BLS

REVISIONS			NOTES:	 Pipeline Controls & Services
NO.	DATE			
			LORESCO SC3 GROUND BED DEEP ANODE BED	
			DRAWING NO. PCS-CP-DAG-04	DATE: 07/31/2015

Summary of Changes

API/Permit #: 15-181-20603-00-00

Doc ID: 1283395

Correction Number: 1

Approved By: Rick Hestermann 02/04/2016

Field Name	Previous Value	New Value
Anode Conductor Type	LORESCO ENVIROCOKE	LORESCO SC3
AnodeDepth_10	260	295
AnodeDepth_11	245	285
AnodeDepth_12	230	275
AnodeDepth_2	380	385
AnodeDepth_3	365	375
AnodeDepth_4	350	365
AnodeDepth_5	335	345
AnodeDepth_6	320	335
AnodeDepth_7	305	325
AnodeDepth_8	290	315

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
AnodeDepth_9	275	305
Depth Of Top Backfill	160	200
KCC Only - Approved By	Rick Hestermann 01/19/2016	Rick Hestermann 02/04/2016
KCC Only - Permit Date	01/19/2016	02/04/2016
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1277809	../kcc/detail/operatorEditDetail.cfm?docID=1283395

Summary of Attachments

Doc ID: 1283395

Correction Number: 1

Attachment Name