

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:	Spot Description:
monun day year	
PERATOR: License#	feet from N / S Line of Section
lame:	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)
State:	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):
	Ground Surface Elevation:feet MS
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
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:	
- · · g······ - · · · · · · · · · · · ·	Water Source for Drilling Operations:
Directional, Deviated or Horizontal wellbore? Yes No	Well Farm Pond Other:
f Yes, true vertical depth:	DWR Permit #:
Bottom Hole Location:	(Note: Apply for Permit with DWR)
CCC DKT #:	
CCC DKT #:	
	Will Cores be taken? If Yes, proposed zone:
AF	Will Cores be taken? If Yes, proposed zone: FIDAVIT
AF The undersigned hereby affirms that the drilling, completion and eventual pl	Will Cores be taken? If Yes, proposed zone: FIDAVIT
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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 Num	ber:			feet from E / W Line of Section
Field:			Sec T	wp S. R
Number	f A area attributable to wal	п.	_	_
		ll:	is occilori.	Regular or Irregular
QIK/QIK	/QTR/QTR of acreage: _	<u>-</u>		
				gular, locate well from nearest corner boundary.
			Section corner us	ed: NE NW SE SW
			PLAT	
			-	line. Show the predicted locations of
	lease roads, tank batter			Surface Owner Notice Act (House Bill 2032).
	990 ft.	You may atta	ach a separate plat if desired.	
	1			
				LEGEND
				O Well Location
660 ft.				Tank Battery Location
,00 11.	₩ ÷			Pipeline Location
		: :	:	Electric Line Location
				Lease Road Location
	: : : : : : : : : : : : : : : : : : : :	· · · · · · · · · · · · · · · · · · ·	: :	Lease Road Location
	: :	: :	: :	
				EVANADITE :
		<u></u>	<u> </u>	EXAMPLE
		33		
		· ·		
				1980' FSL
			: :	SEWARD CO. 3390' FEL

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

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 ☐ Ex			SecTwp R				
Settling Pit Drilling Pit	If Existing, date constructed:		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 Section				
		(bbls)	County				
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 1	No					
Pit dimensions (all but working pits):	Length (fe	et)	Width (feet) N/A: Steel Pits				
Depth fro	om ground level to de	epest point:	(feet) No Pit				
If the pit is lined give a brief description of the li material, thickness and installation procedure.	ner		dures for periodic maintenance and determining cluding any special monitoring.				
material, the kiloss and installation procedure.		inici integrity, ii	country any special monitoring.				
Distance to nearest water well within one-mile of	of pit:	Source of infor	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 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.					
0.1							
Submitted Electronically							
	KCC	OFFICE USE O	NLY				
			Liner Steel Pit RFAC RFAS				
Date Received: Permit Num	ber:	Permi	t Date: Lease Inspection: Yes No				



1309115

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: +	the large heless.					
Phone: () Fax: ()						
Email Address:	-					
Surface Owner Information:						
Name:						
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:						
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						



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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1304241

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

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

OPERATOR: License #:			AF	ગ No.	15													
Name:				Spot Description:														
Address 1:				Sec Twp S. R East West														
Address 2:				Feet from North / South Line of Section														
City: State: Zip: + Contact Person: Phone:				Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: NE NW SE SW														
									Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic					County:				
									Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:					
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:														
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1	The plugging proposal was approved on:(Date)														
Producing Formation(s): List A	All (If needed attach another	sheet)	by	:		(KCC District Agent's Name)												
Depth to	Top: Botto	m: T.D	_{Plu}	Plugging Commenced:														
Depth to	Top: Botto	m: T.D																
Depth to	Top: Botto	m:T.D	```	-993	y													
				—														
Show depth and thickness of a		ations.																
Oil, Gas or Water	Records			rd (Su	ırface, Conductor & Produc	tion)												
Formation	Content	Casing	Size		Setting Depth	Pulled Out												
Describe in detail the manner cement or other plugs were us	. 00		•			s used in introducing it into the hole. If												
Plugging Contractor License #	<i>‡</i> :		Name:															
Address 1:			Address 2: _															
City:			Sta	ate:		Zip:+												
Phone: ()																		
Name of Party Responsible fo	or Plugging Fees:																	
State of	County, _		, s	SS.														
(Print Nama)					imployee of Operator or	Operator on above-described well,												

Submitted Electronically

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and

QUALITY OILWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107

Phone 785-483-2025 Cell 785-324-1041	Н	ome Office F	P.O. Bo	ox 32 Ru	ıssell, KS (67665	No.	7806
Date 4-13-14 Sec. 33	Twp.	Range d∫	- 1444 (C	County	Stat	e	On Location	Finish
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Contractor FARRES W	2115	ordices	o i usa dala Maran baka	To Quality	Oilwell Cemer	nting, Inc.	menting equipmen	Lond furnish
Type Job Du	ر ک	yang atti	i Basiji i	cementer a	and helper to	assist owner	or contractor to de	o work as listed.
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Csg.	Depth	el Sala	era Teary	Street		J	- Committee	
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Conservation Division 266 N. Main St., Ste. 220 Wichita, KS 67202-1513



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Jay Scott Emler, Chairman Shari Feist Albrecht, Commissioner Pat Apple, Commissioner

June 13, 2016

Bill Robinson TexKan Exploration LLC 3100 W. SOUTHLAKE BLVD., STE 100 SOUTHLAKE, TX 76092

Re: Drilling Pit Application Berland 1 NW/4 Sec.33-07S-21W Graham County, Kansas

Dear Bill Robinson:

District staff has inspected the location and has determined that an unsealed condition will present a pollution threat to water resources.

District staff has recommended that the reserve pit be lined. If a plastic liner is to be used it must have a minimum thickness of 16 mil. Integrity of the liner must be maintained at all times.

If production casing is set all completion fluids shall be removed from the working pits daily. NO completion fluids or non-exempt wastes shall be placed in the reserve pit.

The free fluids in the reserve pit should be removed as soon as practical after drilling operations have ceased. The fluids should be taken to an authorized disposal well. Please call the District Office at (785) 625-0550 when the fluids have been removed. Please file form CDP-5 (August 2008), Exploration and Production Waste Transfer, through KOLAR within 30 days of fluid removal.

A copy of this letter should be posted in the doghouse along with the approved Intent to **Drill.** If you have any questions or concerns please feel free to contact the District Office at (785) 625-0550.