

Well will not be drilled or Permit Expired Date: \_

Signature of Operator or Agent:

For KCC	Use:	
Effective	Date:	
District #	<u> </u>	
SGA?	Yes No	

# Kansas Corporation Commission Oil & Gas Conservation Division

1320376

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:
monar day you	
PERATOR: License#	feet from N / S Line of Section
ame:	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)
ity:	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: Yes N
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:
<u> </u>	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:
f Yes, true vertical depth:	DWR Permit #:
Bottom Hole Location:	(Note: Apply for Permit with DWR )
(CC DKT #:	` '''
NOO DINT #	Will Cores be taken?
OO DINI #	Will Cores be taken? Yes No
AFF	If Yes, proposed zone:
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For KCC Use ONLY	
API # 15	

#### IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

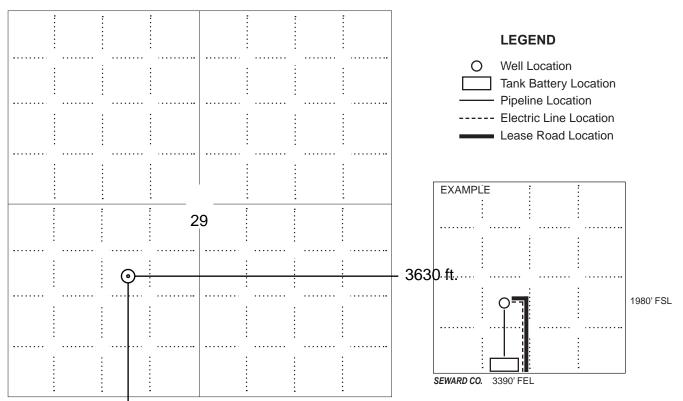
In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

Operator:	Location of Well: County:	
Lease:	feet from N / S Line of Section	
Well 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.

#### 1650 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

Form CDP-1
May 2010
Form must be Typed

# **APPLICATION FOR SURFACE PIT**

Submit in Duplicate

	Ou	billit ili Duplicat			
Operator Name:			License Number:		
Operator Address:					
Contact Person:			Phone Number:		
Lease Name & Well No.:			Pit Location (QQQQ):		
Type of Pit:	Pit is:		<u></u>		
Emergency Pit Burn Pit	Proposed Existing		SecTwp R		
Settling Pit Drilling Pit	If Existing, date cor	nstructed:	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		
(п ил Зарріу ягт но. от теат Біппец)		(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?  Yes No			How is the pit lined if a plastic liner is not used?		
Pit dimensions (all but working pits):	Length (fee	et)	Width (feet) N/A: Steel Pits		
Depth fro	m ground level to dee	epest point:	(feet) No Pit		
If the pit is lined give a brief description of the lin material, thickness and installation procedure.			edures for periodic maintenance and determining ncluding any special monitoring.		
Distance to nearest water well within one-mile of	of pit:	Depth to shallowest fresh water feet. Source of information:			
feet Depth of water wellfeet		measured well owner electric log KDWR			
Emergency, Settling and Burn Pits ONLY:		Drilling, Work	rilling, Workover 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 p	procedure:		
Does the slope from the tank battery allow all splow into the pit? Yes No	pilled fluids to	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 Numb	oer:	Pormi	it Date: Lease Inspection: Ves No		



1320376

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 (Ca	athodic 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:						
owner(s) of the land upon which the subject well is or will be loc CP-1 that I am filing in connection with this form; 2) if the form be	batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  et (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing 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, an	d email address.					
KCC will be required to send this information to the surface owr	knowledge that, because I have not provided this information, the ner(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 CC, 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-1						
Submitted Electronically						

STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Bichita, Kansas 67202

# WELL PLUGGING RECORD

K.A.R.-82-3-117 API NUMBER 009-24,110-00-00

200 Colorado Der	by Building						
TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			LEASE	LEASE NAME Axman "E"			
				WELL NUMBER 1			
			v. 1,65	1,650 Ft. from S Section Line			
			50 days.		O Ft. from E Section	on Line	
LEASE OPERATOR S	Shields Oil Pro	oducers, I	nc.		9 TWP. 17 RGE. 15 (X		
ADDRESS P.O. B	ox 709, Russe	Il, Kansas	67665		Barton		
PHONE#(913) 483-	3141 OPERATOR	RS LICENSE NO	5184	Date W	ell Completed 12-	19-85	
Character of Well Oil					ng Commonced 12-	Transport des grandstrops	
(OII, Gas, D&A, S	SWD, Input, Water	Supply Well	)		Plugging Completed 12-17-87		
Did you notify th	e KCC/KDHE Joint	District Of	fice prior	to plugging	this well? Yes		
Thich KCC/KDHE Jo						Marie Marie Marie Constitution of the Constitu	
s ACO-1 filed?	Yes If no	t, is well I	og attachedî	•		THE BEST OF THE STREET OF THE	
coducing Formati	on	Depth	to Top	Bott	omT.D3,56	8'	
	ickness of all wa						
il, GAS OR WATE	R RECORDS			CASING RECO	RD		
mation	Content	From	To Size	Put in	Pulled out		
			8 5/8"		Cmtd. w/225 sax		
	-		5 1/2"		Cmtd. w/125 sax		
			DV too	<u>  @1,105'</u>	Cmtd. w/300 sax		
Pump 25 sax cem	the character of ent, 5 sax hulls	same and dep and 125 sax	oth placed, cement down	from feet of 5 casino	I	uid was or plugs	
Maximum pressur	e-900#; Shut in	pressure 400	#. Complete	ed at 11:45	AM		
(If add	litional descript	ion is neces	sary, use B/	ACK of this	form.)		
ame of Plugging C	Contractor Shield	ds Oil Produc	cers, Inc.		icense No. 160		
ddress	Shield	ds Bldg., Rus	ssell, Kansa	s 67665			
TATE OF KANSAS		COUNTY OF	RUSSELL		,ss.ey/jecon/en/en/eco	i E ESIGN	
	Jack	P. Beeman	(Em	ploves of O	perator) or XXXXXXXX	90.00	
above-described we statements, and mathe same are true.	II, being first of there herein con-	duly sworn or	n oath cave	· That I ha	perator) or XXXXXXXX ve knowledge of the cribed well as file	- N 19 - 10	
					Beeman, Ser- Tre		
					dg., Russell, Kansas	67665	
S	UBSCRIBED AND SWO	ORN TO before	$\sim$	-10	January, 19	88	
94 a.v.			Quesar	ne	Aluxon ry Public		
	Commission Expi	res:	<del>- ()</del>				
A MOTABY DUBLIC .	State of Vanna 1						

MOTARY PUBLIC - State of Kansas SUZANNE S. JOHNSON My Appt. Exp. 8/26/88

Form CP-4 Revised CU-84

