

Well will not be drilled or Permit Expired Date: _

Signature of Operator or Agent:

For KCC Use:	
Effective Date:	
District #	

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1322121

Form C-1

March 2010

Form must be Typed

Form must be Signed

All blanks must be Filled

NOTICE OF INTENT TO DRILL

	month day	vear	Spot Description:
	топит чау	year	Sec Twp S. R E
PERATOR: License#			feet from N / S Line of Section
			feet from E / W Line of Secti
ddress 1:			Is SECTION: Regular Irregular?
			(Note: Locate well on the Section Plat on reverse side)
	State: Zip: _		County:
Contact Person:			Lease Name: Well #:
hone:			Field Name:
ONTRACTOR: License#			Is this a Prorated / Spaced Field?
ame:			Target Formation(s):
			Nearest Lease or unit boundary line (in footage):
Well Drilled For:	Well Class: Typ	pe Equipment:	Ground Surface Elevation:feet MS
Oil Enh R	Rec Infield	Mud Rotary	Water well within one-quarter mile:
Gas Storag	ge Pool Ext.	Air Rotary	
Dispo		Cable	
Seismic ;# c			Depth to bottom of fresh water:
Other:			Depth to bottom of usable water:
If OWWO: old well	information as follows:		Surface Pipe by Alternate: II III
			Length of Surface Pipe Planned to be set:
-			
			Projected Total Depth:
Original Completion Da	ate: Original Tota	al Depth:	
dan etteral Deciated and to		□ Vo a □ Na	Water Source for Drilling Operations:
Directional, Deviated or Ho	rizontai welibore?	Yes No	Well Farm Pond Other:
			DWR Permit #:
			(Note: Apply for Permit with DWR)
(00 B)(1 #.			VIII Gores be taken:
			IL YES DIODOSEO ZODE:
			If Yes, proposed zone:
		AF	FIDAVIT
he undersigned hereby a	affirms that the drilling, comp		
-	affirms that the drilling, comp	oletion and eventual pl	FIDAVIT
t is agreed that the follow	ving minimum requirements v	oletion and eventual plus will be met:	FIDAVIT
is agreed that the follow 1. Notify the appropria		pletion and eventual pl will be met: udding of well;	FIDAVIT lugging of this well will comply with K.S.A. 55 et. seq.
t is agreed that the follow 1. Notify the appropria 2. A copy of the appro 3. The minimum amou	ving minimum requirements value district office prior to spubyed notice of intent to drill s unt of surface pipe as specifi	oletion and eventual plantil be met: udding of well; chall be posted on each	FIDAVIT lugging of this well will comply with K.S.A. 55 et. seq. th drilling rig; thy circulating cement to the top; in all cases surface pipe shall be set
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1. Notify the appropria 2. A copy of the appropria 3. The minimum amon through all unconso 4. If the well is dry hol 5. The appropriate dis 6. If an ALTERNATE I Or pursuant to App must be completed Ibmitted Electror For KCC Use ONLY API # 15 - Conductor pipe required - Minimum surface pipe red Approved by:	ving minimum requirements value district office <i>prior</i> to spunyed notice of intent to drill <i>s</i> ount of surface pipe as specificallidated materials plus a mindle, an agreement between the strict office will be notified be the completion of the strict office will be notified be the completion of the specific of the specific of the spund of t	pletion and eventual playill be met: udding of well; chall be posted on each ied below shall be se imum of 20 feet into the operator and the district well is either plug pipe shall be cement surface casing order # date or the well shall be feet et per ALT. I II	Pridayit The drilling rig; It by circulating cement to the top; in all cases surface pipe shall be set the underlying formation. Strict office on plug length and placement is necessary prior to plugging; aged or production casing is cemented in; and from below any usable water to surface within 120 DAYS of spud date. 1333,891-C, which applies to the KCC District 3 area, alternate II cementing are plugged. In all cases, NOTIFY district office prior to any cementing. Remember to: File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill; File Drill Pit Application (form CDP-1) with Intent to Drill; File Completion Form ACO-1 within 120 days of spud date; File acreage attribution plat according to field proration orders;
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Side Two

1322121

For KCC Use ONLY	
API # 15	

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

	In all cases, plea	se fully complete this side of t	he 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			
ield:			Sec	SecTwpS. R 🔲 E 🔲 W			
	umber of Acres attributable to well: Is Section: TR/QTR/QTR/QTR of acreage:		s Section: Regular or Irregular				
QIR/QIR/QIR/QIR	or acreage:	_ ⁻					
				s Irregular, locate well from nearest corner boundary. ner used: NE NW SE SW			
Sh	ow location of the	well. Show footage to the ne	PLAT	ndary line. Show the predicted locations of			
		pipelines and electrical lines,		sas Surface Owner Notice Act (House Bill 2032).			
:	•	: :	: :	7			
				LEGEND			
:	:		:	LEGEND			
;	:	:	:	O Well Location			
	:			Tank Battery Location			
				Pipeline Location			
	:	: :	: :	Electric Line Location			
	:			Lease Road Location			
	•		· · · · · · · · · · · · · · · · · · ·				
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	•			EXAMPLE : :			
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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.
- $2. \ \, \text{The distance of the proposed drilling location from the south / north and east / west outside section lines}.$

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).

330 ft.

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	Existing	SecTwp R		
Settling Pit Drilling Pit	If Existing, date cons	structed:	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 N	lo	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 (feet	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 li material, thickness and installation procedure.			dures for periodic maintenance and determining cluding 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, Worko	ver and Haul-Off Pits ONLY:		
Producing Formation:		Type of materia	l 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 spilled fluids to 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 Numl	ber:	Permi	t Date: Lease Inspection: Yes No		



1322121

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) C	B-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #	Well Location:
Name:	SecTwpS. R 🗌 East 🗌 West
Address 1:	
Address 2:	
City:	the lease helpw
Contact Person:	_
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:	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	Cathodic Protection Borehole Intent), you must supply the surface owners and a tank batteries, pipelines, and electrical lines. The locations shown on the plat red on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
owner(s) of the land upon which the subject well is or will	ice Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form orm being filed is a Form C-1 or Form CB-1, the plat(s) required by this ax, 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 ce owner(s). To mitigate the additional cost of the KCC performing this dress of the surface owner by filling out the top section of this form and the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 hand form and the associated Form C-1, Form CB-1, Form T-1, or Form	dling fee with this form. If the fee is not received with this form, the KSONA-1 oCP-1 will be returned.
Submitted Electronically	

Township	95	_, Range	32W,	County_/	10mas	State_Kan	595
				2			
							330 ——330 330

Reorder No. 09-344

