

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:

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

Spud date: _

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1369220

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:	month	da. r	1/00"	Spot Description:
	month	day	year	, Sec Twp S. R
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:				
City:				(Note: Educate Well of the decision Flat of February
Contact Person:				County
Phone:				Lease Name: Well #:
CONTRACTOR II				Field Name:
CONTRACTOR: License#				is the difference of Spaces Field.
Name:				Target Formation(s):
Well Drilled For:	Well Class	s: Typ	e Equipment:	Nearest Lease or unit boundary line (in footage):
Oil Enh F	Rec Infield	d	Mud Rotary	Ground Surface Elevation:feet MSL
Gas Stora		_	Air Rotary	Water well within one-quarter mile:
Dispo	g		Cable	Public water supply well within one mile:
Seismic : # o]	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 fol	llows:		Length of Surface Pipe Planned to be set:
Operator:				
Well Name:				Projected Total Depth:
Original Completion Da				
Original Completion De		. Original lota	г Берин.	Water Source for Drilling Operations:
Directional, Deviated or Ho	rizontal wellbore?	•	Yes No	Well Farm Pond Other:
If Yes, true vertical depth: _				
Bottom Hole Location:				DWK Feithit #
KCC DKT #:				(Note: Apply for Fernill Will DWT
				If Yes, proposed zone:
				ii les, proposed zone.
			AF	FIDAVIT
The undersigned hereby	affirms that the c	drilling, comp	etion and eventual p	lugging of this well will comply with K.S.A. 55 et. seq.
It is agreed that the follow	ing minimum red	quirements w	ill be met:	
Notify the appropris	ate district office	nrior to sour	ding of well:	
2. A copy of the appropri				sh drilling rig:
17 11			•	t by circulating cement to the top; in all cases surface pipe shall be set
				ne underlying formation.
4. If the well is dry ho	le, an agreemen	t between the	e operator and the di	strict office on plug length and placement is necessary prior to plugging;
The appropriate dis	strict office will be	e notified bef	ore well is either plug	ged or production casing is cemented in;
				ed from below any usable water to surface within 120 DAYS of spud date.
				133,891-C, which applies to the KCC District 3 area, alternate II cementing
must be completed	within 30 days o	of the spud d	ate or the well shall b	e plugged. In all cases, NOTIFY district office prior to any cementing.
ubmitted Electron	nically			
				Remember to:
For KCC Use ONLY				- File Certification of Compliance with the Kansas Surface Owner Notification
API # 15 -				Act (KSONA-1) with Intent to Drill;
				- File Drill Pit Application (form CDP-1) with Intent to Drill;
Conductor pipe required				- File Completion Form ACO-1 within 120 days of spud date;
Minimum surface pipe red	quired	fee	t per ALT. UI	- 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);
This authorization expires	s:			



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: _							_ Lo	cation of Well: (County:				
Lease:							_		fe	eet from	N /	S Line	of Section
Well Numb	er:								fe	eet from	E /	W Line	of Section
Well Number:Field:			- Se	c Tv			_ =	Ī _E [W				
1 1010.							_	·					
Number of	Acres attr	ibutable to	well:				– ls :	Section: F	Regular or	Irregular			
QTR/QTR/	QTR/QTR	of acreag	e:				_		togular or _	_ mogalar			
							If G	Section is Irreg	ular locate w	all from no	arest co	rner houn	darv
													uai y.
							Se	ction corner use	90: NE	INVV	SE S	SW	
							PLAT						
	St	now location	n of the w	vell. Show	footage to	the neare	st lease or	unit boundary l	line. Show the	predicted lo	ocations o	of	
	lease roa	ds, tank b	atteries, p	ipelines an	d electrica	al lines, as	required b	y the Kansas Si	urface Owner I	Notice Act (House B	ill 2032).	
				10011	You m	ay attach a	a separate	plat if desired.					
				1621 ft.									
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	1				1		:	:	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

1369220

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 well	feet	measured	well owner electric log KDWR				
Emergency, Settling and Burn Pits ONLY:		Drilling, 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 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.					
Submitted Electronically							
KCC OFFICE USE ONLY Liner Steel Pit RFAC RFAS							
Date Received: Permit Numl	ber:	Permi	t Date: Lease Inspection: Yes No				



KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

369220

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 #	Well Location:						
Name:	SecTwpS. R						
Address 1:	County:						
Address 2:	Lease Name: Well #:						
City: State: Zip:+	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:							
City: State: Zip:+							
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered of Select one of the following: □ I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be lead.	dic Protection Borehole Intent), you must supply the surface owners and a batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Act (House Bill 2032), I have provided the following to the surface pocated: 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 I form; and 3) my operator name, address, phone number, fax, a	peing filed is a Form C-1 or Form CB-1, the plat(s) required by this nd email address.						
KCC will be required to send this information to the surface ow	cknowledge that, because I have not provided this information, the vner(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 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-	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.						
Submitted Electronically							



