

#### For KCC Use: KANSAS CORPORATION COMMISSION Effective Date: OIL & GAS CONSERVATION DIVISION District # \_

\_\_ Agent: \_

SGA? Yes No

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

Signature of Operator or Agent:

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 year  | Spot Description:  |
|---|--|
|   | (Q/Q/Q/Q) Sec Twp S. R E V   |
| OPERATOR: License#  | feet from N / S Line of Sectio   |
| Name:   | feet from E / W Line of Sectio   |
| Address 1:  | Is SECTION: Regular Irregular?   |
| Address 2:  |  |
|   | (Note: Locate well on the Section Plat on reverse side)  |
| Contact Person:   | County:  |
| Phone:  | Lease Name: Well #:  |
| OONTD A OTOD. Lisanes #   | Field Name:  |
| CONTRACTOR: License#  | Is this a Prorated / Spaced Field?   |
| Name:   | 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:  |
| Seismic; # of Holes Other   | Depth to bottom of fresh water:  |
| Other:  | Depth to bottom of usable water:   |
|   | Surface Pipe by Alternate: I III   |
| If OWWO: old well information as follows:   | Length of Surface Pipe Planned to be set:  |
| Onwesters   | Length of Conductor Pipe (if any):   |
| Operator:   | Projected Total Depth:   |
| Well Name: Original Total Depth:  |  |
| Original Completion Date Original Total Deptil  |  |
| Directional, Deviated or Horizontal wellbore?   | Water Source for Drilling Operations:  |
| If Yes, true vertical depth:  | Well Farm Pond Other:  |
| Bottom Hole Location:   | DWK Pelliit #.   |
| KCC DKT #:  | (Note: Apply for Permit with DWR )   |
|   | viiii Cores de taken?  |
|   | If Yes, proposed zone:   |
| ΔΕ  | FIDAVIT  |
|   |  |
|   | ugging of this well will comply with K.S.A. 55 et. seg   |
| The undersigned hereby affirms that the drilling, completion and eventual pl  | ugging of this well will comply with K.S.A. 55 et. seq.  |
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| For KCC Use ONLY |  |
|------------------|--|
| API # 15         |  |

Operator:

### 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.

Location of Well: County:

| pciatoi                              |     |                  |                                  |             |       |                                   |   | oation of v                               | von. County                           |          |           |           |         |            |
|--------------------------------------|-----|------------------|----------------------------------|-------------|-------|-----------------------------------|---|---|---------------------------------------|----------|-----------|-----------|---------|------------|
| ease:                                |     |                  |                                  |             |       |                                   |   |   |                                       | fee      | et from   | N /       | S Line  | of Section |
| Vell Numb                            | er: |                  |                                  |             |       |                                   |   |   |                                       | fee      | t from    | E /       | W Line  | of Section |
| ield:                                |     |                  |                                  |             |       |                                   | _ Se  | C   | Twp                                   |          | S. R      |           | E       | W          |
| wmber of Acres attributable to well: |     | – ls :           | Is Section: Regular or Irregular |             |       |                                   |   |   |                                       |          |           |           |         |            |
|                                      |     |                  |                                  |             |       |                                   |   |   | Irregular, le                         |          | NW        | earest co |         | dary.      |
|                                      |     |                  |                                  |             |       |                                   |   |   | dary line. Sl<br>sas Surface<br>ired. |          |           |           |         |            |
|                                      |     |                  | :<br>:<br>:                      |             |       | :<br>:<br>:                       | :   | :<br>:<br>:<br>:<br>:                     |                                       |          | LEGI      | END       |         |            |
| 301 ft.                              |     |                  |                                  |             | 0     | ] Tank l<br>– Pipelii<br>- Electr | ocation<br>Battery L<br>ne Locat<br>ic Line L | ion<br>ocation                            |                                       |          |           |           |         |            |
|                                      |     | :                |                                  |             | ••••• |                                   |   | :   | E                                     | EXAMPLE  |           | Road L    | ocation |            |
|                                      |     | ·<br>:<br>:<br>: | ·<br>:<br>:<br>:<br>:            | 1           |       | :<br>:<br>:<br>:                  | ·<br>:<br>:<br>:<br>:                         | •<br>•<br>•<br>•<br>•<br>•                | -                                     |          |           |           |         |            |
|                                      |     | :                | :                                | :           |       | :                                 | :   | :   |                                       |          |           |           |         |            |
|                                      |     |                  |                                  | :           | ••••  | :                                 |   |   |                                       |          |           |           |         | 1980' FSL  |
|                                      |     | ·                | :                                | ·<br>:<br>: | ••••• | ·                                 | :   | ·<br>···································· |                                       | :        |           |           |         |            |
|                                      |     | :                | :                                | :           |       | :                                 | :   | :   | SE                                    | WARD CO. | 3390' FEI | _         |         |            |

#### 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

1374553

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 con  | 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  |  |  |  |  |  |
| (If WP Supply API No. or Year Drilled)   |                        |  | County   |  |  |  |  |  |
| Is the pit located in a Sensitive Ground Water Area? Yes No  |                        |  | 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 (fee            | t)   | Width (feet) N/A: Steel Pits   |  |  |  |  |  |
| Depth fro  | om ground level to dee | pest point:  | (feet) No Pit  |  |  |  |  |  |
| If the pit is lined give a brief description of the line material, thickness and installation procedure. | ner                    |  | 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  | Date: Lease Inspection: Yes No   |  |  |  |  |  |



### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1374553

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 🔲 East 🗌 West   |  |  |  |  |  |  |
| 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 o  |  |  |  |  |  |  |
| 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 additiona  |  |  |  |  |  |  |
| 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 weel estate property toy records of the county traceurer  |  |  |  |  |  |  |
| 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 ov   | 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  |  |  |  |  |  |  |  |

