For KCC Use:
Effective Date:
District #
SGA? Ves 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

	On at Deposit time
Expected Spud Date:	Spot Description:         Sec.         Twp S. R \textstyle E \tag{\textstyle W}
	Sec Twp S. R E W
DPERATOR: License#	feet from E / W Line of Section
ddraes 1:	Is SECTION: Regular Irregular?
ddress 1:ddress 2:	
State: State: Zip: +	(Note: Locate well on the Section Plat on reverse side)
Contact Person:	County:
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 MSL
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 III
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:	Formation at Total Depth:
	Water Source for Drilling Operations:
irectional, Deviated or Horizontal wellbore?	Well Farm Pond Other:
Yes, true vertical depth:	DWR Permit #:
ottom Hole Location:	(Note: Apply for Permit with DWR )
CC DKT #:	Will Cores be taken?
	If Yes, proposed zone:
AFF	IDAVIT
he undersigned hereby affirms that the drilling, completion and eventual plu	
ne unuersiuneu nereuv animis marme unimiu. Combletion anu eventual blu	gaing of this well will comply with K.S.A. 55 et. seg.
	gging of this well will comply with K.S.A. 55 et. seq.
is agreed that the following minimum requirements will be met:	gging of this well will comply with K.S.A. 55 et. seq.
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Signature of Operator or Agent:

Side Two

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 V	Well: County:
Lease:						feet from N / S Line of Section
Well Num	nber:					feet from E / W Line of Section
Field:					Sec	TwpS. R
					is Section:	Regular or Irregular
QIR/QIF	K/QTK/QTK 0Fac	reage:				
					Section is	s Irregular, locate well from nearest corner boundary.  ner used: NE NW SE SW
					PLAT	
	Show lo	cation of th	ne well. Show foota	age to the neares	at lease or unit bour	ndary line. Show the predicted locations of
	lease roads, ta	nk batteries				nsas Surface Owner Notice Act (House Bill 2032).
			· ·	You may attach a	separate plat if des 920 ft.	esired.
	:	:	:	: :	:	
						LEGEND
		••••		• • • • • • • • • • • • • • • • • • • •		O Well Location
					<b>6</b>	990 ft. Tank Battery Location
	:		:		:	Pipeline Location
	:	:	:	: :	:	Electric Line Location
						Lease Road Location
						<del></del>
	:	<u>:</u>	<u>:</u>	<u> </u>	<u> </u>	EXAMPLE : :
		:	35		:	
		:			:	
	:	:	:	: : :	:	
					:	
	<b></b>					1980' FSL
	1 :		:		:	

NOTE: In all cases locate the spot of the proposed drilling locaton.

#### 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).

SEWARD CO. 3390' FEL

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 East West
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
	-	(bbls)	County
Is the pit located in a Sensitive Ground Water A	rea? Yes I	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	om ground level to dee	pest point:	(feet) No Pit
If the pit is lined give a brief description of the li material, thickness and installation procedure.	ilei		dures for periodic maintenance and determining cluding any special monitoring.
Distance to nearest water well within one-mile of pit:		Depth to shallor Source of inforr	west fresh water feet.
feet Depth of water well	feet	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 work	ring pits to be utilized:
Barrels of fluid produced daily:		Abandonment p	procedure:
Does the slope from the tank battery allow all s flow into the pit? Yes No	pilled fluids to	Drill pits must b	e closed within 365 days of spud date.
	-		
Submitted Electronically			
KCC OFFICE USE ONLY  Liner Steel Pit RFAC RFAS			
Date Received: Permit Numl	ber:	Permi	

#### Kansas Corporation Commission Oil & Gas Conservation Division

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).

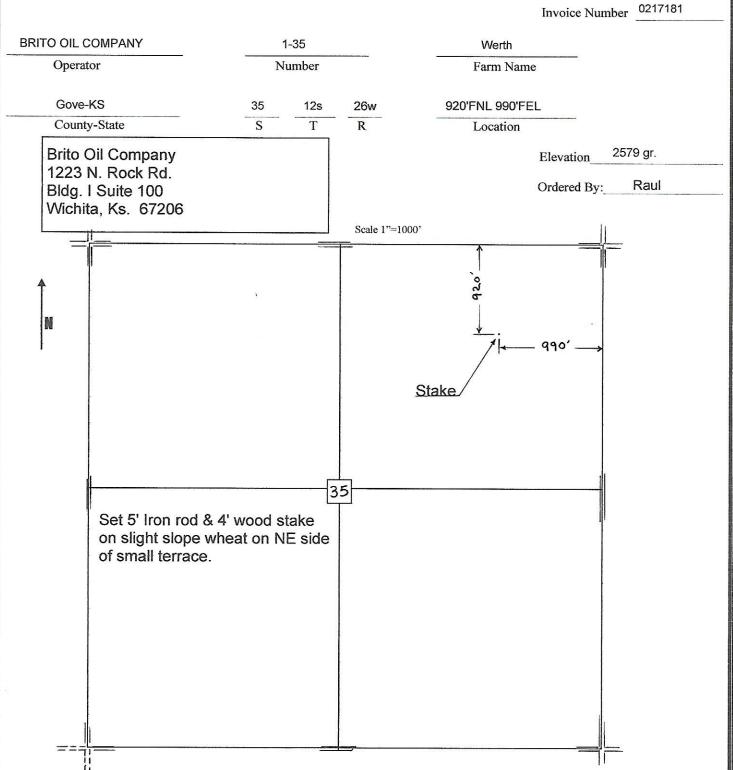
Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (C	Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License #	Well Location:			
Name:	SecTwpS. R East			
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:	county, and in the real estate property tax records of the county treasurer.			
City: State: Zip:+				
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat at 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 be lo	ct (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 ceing 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 ow	cknowledge 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 CCC, 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	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.			
Submitted Electronically				

### **Fall & Associates**

#### **Stake and Elevation Service** P.O. Box 222 **Pretty Prairie, KS. 67570** 785-243-7506

Date 2-21-18





# Fall & Associates

Stake and Elevation Service P.O. Box 222 Pretty Prairie, KS. 67570 785-243-7506

Date 2-21-18

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