KOLAR Document ID: 1410658

For	ксс	Use:
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Effective	Dat
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District	#	

	1	
SGA?	Yes	Nc

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

Must be approved by KCC five (5) days prior to commencing well

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be sub	bmitted with this form.

Expected Spud Date:	Spot Description:	
OPERATOR: License#	رم(م/م/م/م) Sec Twp S. R	
Name:	feet from E /	W Line of Section
	Is SECTION: Regular Irregular?	
Address 1:		
Address 2:	(Note: Locate well on the Section Plat on revers	e side)
Contact Person: Otale 2.p +	County:	
	Lease Name: \	Nell #:
Phone:	Field Name:	
CONTRACTOR: License#	Is this a Prorated / Spaced Field?	Yes No
Name:	Target Formation(s):	
Well Drilled For: Well Class: Type Equipment:	Nearest Lease or unit boundary line (in footage):	
	Ground Surface Elevation:	
Oil Enh Rec Infield Mud Rotary	Water well within one-quarter mile:	Yes No
Gas Storage Pool Ext. Air Rotary	Public water supply well within one mile:	
Disposal Wildcat Cable	Depth to bottom of fresh water:	
Seismic ; # of Holes Other	•	
Other:	Depth to bottom of usable water:	
If OWWO: old well information as follows:	Surface Pipe by Alternate:	
	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:	
If Yes, true vertical depth:	DWR Permit #:	
Bottom Hole Location:	(Note: Apply for Permit with DWR)	
KCC DKT #:	Will Cores be taken?	Yes No
	If Yes, proposed zone:	

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq.

It is agreed that the following minimum requirements will be met:

- 1. Notify the appropriate district office *prior* to spudding of well;
- 2. A copy of the approved notice of intent to drill shall be posted on each drilling rig;
- 3. The minimum amount of surface pipe as specified below **shall be set** by circulating cement to the top; in all cases surface pipe **shall be set** through all unconsolidated materials plus a minimum of 20 feet into the underlying formation.
- 4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary prior to plugging;
- 5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
- 6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within 120 DAYS of spud date. Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. In all cases, NOTIFY district office prior to any cementing.

Submitted Electronically

For KCC Use ONLY	
API # 15	
Conductor pipe required	feet
Minimum surface pipe required	feet per ALT.
Approved by:	
This authorization expires: (This authorization void if drilling no	ot started within 12 months of approval date.)
Spud date:	_ Agent:

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;
- Notify appropriate district office 48 hours prior to workover or re-entry;
- Submit plugging report (CP-4) after plugging is completed (within 60 days);
- Obtain written approval before disposing or injecting salt water.
- If well will not be drilled or permit has expired (See: authorized expiration date) please check the box below and return to the address below.

ш

Well will not be drilled or Permit Expired Date: _ Signature of Operator or Agent: For KCC Use ONLY

API # 15 - ____

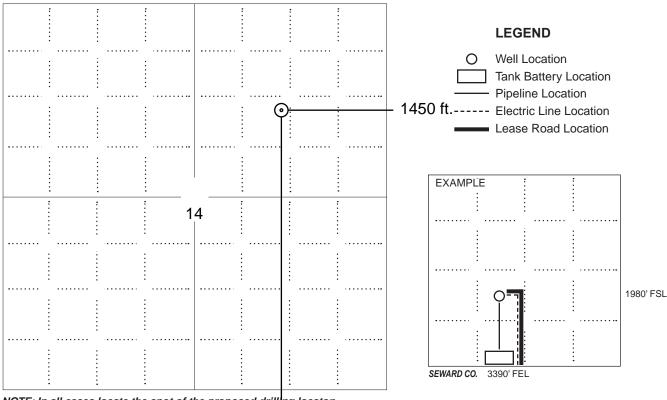
IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

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 E 🗌 W
Number of Acres attributable to well: QTR/QTR/QTR/QTR of acreage:	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.

3821 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.

Side Two

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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:	e of Pit: Pit is:		
Emergency Pit Burn Pit	Proposed Existing		SecTwpR East West
Settling Pit Drilling Pit	If Existing, date co	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	No	Chloride concentration: mg/l (For Emergency Pits and Settling Pits only)
Is the bottom below ground level?	Artificial Liner?		How is the pit lined if a plastic liner is not used?
Yes No	Yes N	No	
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
material, thickness and installation procedure.			
		Depth to shallo Source of infor	west fresh water feet. mation:
feet Depth of water wellfeet		measured	well owner electric log KDWR
Emergency, Settling and Burn Pits ONLY:		Drilling, Worko	over and Haul-Off Pits ONLY:
Producing Formation:		Type of materia	I utilized in drilling/workover:
Number of producing wells on lease:		Number of wor	king pits to be utilized:
Barrels of fluid produced daily:		Abandonment	procedure:
Does the slope from the tank battery allow all spilled fluids to flow into the pit? Yes No Does		Drill pits must b	be closed within 365 days of spud date.
Submitted Electronically			
KCC OFFICE USE ONLY			
Date Received: Permit Number: Permit Date: Lease Inspection: Yes No			

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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Form KSONA-1
January 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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:			
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:+			

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 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 being 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, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

Submitted Electronically

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within KANSAS CORPORATION O OIL & GAS CONSERVATION 60 days from plugging date. WELL PLUGGING F KA.R. 82-3-117	March 2009 Type or Print on this Form
OPERATOR: License #: 33017 Name: Davis Operating Co. Address 1: 2800 Mid Continent Tower Address 2: City: Tulsa State: OK Zlp: 74103 Contact Person: Autumn R. Minnick Phone: (918) 587 7782 or 479 285 9036 Type of Well: (Check one) Oti Well: (Check one) State: S	API No 18 $36075 - 20664 - 00 - 00$ Soft pescription: API No 18 $36075 - 20664 - 00 - 00$ Soft pescription: API No 18 $36075 - 20664 - 00 - 00$ Soft pescription: API No 18 $36075 - 20664 - 00 - 00$ Soft pescription: API No 18 $36075 - 20664 - 00 - 00$ Soft pescription: Soft pescription:

Show depth and thickness of all water, oil and gas formations.

Signature:

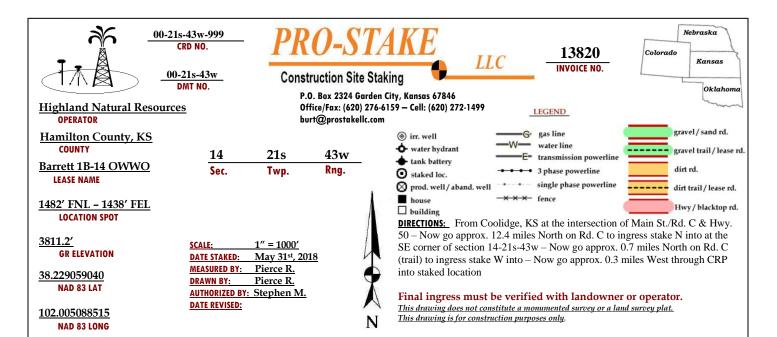
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
		SURFACE	13%	1401	-	RECEIVED	
		PRODUCTION	85/8	2400			
						SEP 3 0 20	
						KCC WICHI	

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Mixed 30 5x cmt. plug @perfs. from 2187 to 2087. Tagged plug @ 2118. 8% showed stuck below 200. Ran 2% to 1430. Circ. hole w/mud to mixed 40 5x plug 1430 to 1310 pull to 1000. Mixed 50 5x 1000 to 850 10 5x 40 to 0 Mixed 20 5x in anulus from 40 to 0. Cut off 13% to 8% to capped 13% 3ft. below G.L.

Plugging Contractor License #: 31151	Name: Sargent And H	lorton Plugging Inc.
Address 1: Rt I Box 49BA	Address 2:	
city: Tyrone O	State: <u>OK</u>	zip: 73951 + 9731
Phone: (580) 854 6515		
Name of Party Responsible for Plugging Fees: DAVIS OPERATIN	K COMPANY	
State of OKLAHOMA County, TULSA		
AUTUMN R. MINNICK (Print Name)	Employee of Operator	r or 🛄 Operator on above-described well,
being first duly sworn on oath, says: That Dave knowledge of the facts statements, the same are true and correct, so held one God.	, and matters herein contained, and the log	g of the above-described well is as filed, and

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichlia, Kansas 67202



LANDOWNER/CONTACT: N/A

