

April 9, 2014

**FRANKLIN R GREENBAUM
HOLL, F.G., COMPANY L.L.C.
9431 E CENTRAL, SUITE 100
WICHITA, KS 67206**

**NOTICE TO OPERATOR TO PROVIDE FORMATION SAMPLES OR DRILL CUTTINGS
FOR THE
PETERSEN 1-36 S2 NW NE 36 19 16 W, RUSH COUNTY, KANSAS**

On April 8, 2014, HOLL, F.G., COMPANY L.L.C. Notice of Intent to Drill was approved by the Kansas Corporation Commission to drill the referenced well. The Kansas Geological Survey has determined the formation samples or drill cuttings retained by HOLL, F.G., COMPANY L.L.C. during drilling of the well are geologically significant. In accordance with Kansas Administrative Regulation 82-3-107, the Survey requests formation samples from the well are provided to the Survey at the above address within 120 days of either the spud or well recompletion date.

The Request to Preserve Formation Samples or Drill Cuttings form, on the reverse side of this notice, must be completed and submitted with the requested well samples or cuttings.

Unless the operator requests the Survey to process the well samples for preservation, regulations require the operator to wash, dry, cut and place the well samples in properly labeled envelopes, as shown in Fig. 1.

Well information required on each sample envelope includes:

- | | | |
|------------------|---|---|
| 1) Company name | 2) Well name and number | 3) API Number - Vertical well 000-000-00000
Horizontal well 000-000-00000-0000 |
| 4) Spot location | 5) Section, Township and Range | 6) County |
| 7) State | 8) Sample interval, start and end depths feet | 9) Circulation depth and minutes |

When the operator requests processing services or the well samples are not properly prepared or labeled as shown in Fig. 1, the Survey will process the well samples and invoice the operator for the processing service.

Well samples must be delivered to the Survey at the prepaid expense of the operator. Shipments sent COD or collect cannot be accepted.

Sample confidentiality requests must be made in writing to the Conservation Division, Kansas Corporation Commission, 130 S Market Rm 2078, Wichita, Kansas 67202. The Survey will hold the well samples for 120 days pending Conservation Division final action on the confidentiality request.

The Survey appreciates your cooperation to preserve the well samples. Please contact me should you have any questions or visit www.kgs.ku.edu/General/wichitaMap.html for additional information.

Sincerely,
KANSAS GEOLOGICAL SURVEY

Michael T. Dealy

Michael T. Dealy, L.G.
Manager Wichita Operations

Enclosure – Notice of Intent to Drill (Copy)
Request to Preserve Formation Samples Or Drill Cuttings Form



Figure 1.--Three by five inch labeled manila envelope with metal fold top.

Kansas Geological Survey – Wichita Well Sample Library
4150 W Monroe Street
Wichita Kansas 67209

REQUEST TO PRESERVE FORMATION SAMPLES OR DRILL CUTTINGS FORM

Kansas Administrative Regulation 82-3-107(c)

(To process your request, the form must be complete and submitted with the well samples)

OPERATOR

Name Franklin R Greenbaum Operator HOLL, F.G., COMPANY L.L.C.

Address 9431 E CENTRAL, SUITE 100 Telephone _____

City WICHITA State KS Zip Code 67206

SAMPLES

I am submitting the following well samples to the Sample Library because **(check only one)**:

- (a) KGS requested the samples for the Sample Library
(b) The operator wants the samples preserved and placed in the Sample Library
(c) I authorize KGS to determine the geologic significance and disposition of the samples

Well Name and Number PETERSEN 1-36

Spot Location S2 NW NE Section-Township-Range 36 19 16 W

County RUSH State KANSAS API No. 1516522064

Sample Condition: *check all that apply* Washed Bagged Labeled Wet Dry

CONFIDENTIALITY

(Samples can not be held in confidential custody, if this section is either blank, illegible, or not completed)

I want the samples placed in confidential custody: YES NO *(if YES, complete the following)*

A written confidentiality request WAS WILL BE filed with the Kansas Corporation Commission

DUPLICATE SAMPLES

I want a duplicate set of samples preserved. YES NO *(if YES, complete the following)*

Make _____ set of samples. Duplicate sample interval: All samples From _____ to _____

Send invoice and duplicate samples to: Operator Other, *(complete the following)*

Name _____ Company _____

Address _____ Telephone _____

City _____ State _____ Zip Code _____

REQUEST SUBMITTED BY

Name *(please print)* _____ Date ____/____/____

Telephone _____ Email _____



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

KANSAS CORPORATION COMMISSION 1197510
 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 submitted with this form.

Expected Spud Date: _____
 month day year

OPERATOR: License# _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: _____

CONTRACTOR: License# _____
 Name: _____

Well Drilled For:	Well Class:	Type Equipment:
<input type="checkbox"/> Oil	<input type="checkbox"/> Enh Rec	<input type="checkbox"/> Infield
<input type="checkbox"/> Gas	<input type="checkbox"/> Storage	<input type="checkbox"/> Pool Ext.
	<input type="checkbox"/> Disposal	<input type="checkbox"/> Wildcat
<input type="checkbox"/> Seismic ; _____ # of Holes	<input type="checkbox"/> Other	<input type="checkbox"/> Mud Rotary
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Air Rotary
		<input type="checkbox"/> Cable
<input type="checkbox"/> If OWWO: old well information as follows:		

Operator: _____
 Well Name: _____
 Original Completion Date: _____ Original Total Depth: _____

Directional, Deviated or Horizontal wellbore? Yes No
 If Yes, true vertical depth: _____
 Bottom Hole Location: _____
 KCC DKT #: _____

Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ E W
 (Q/Q/Q/Q) _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section

Is SECTION: Regular Irregular?
 (Note: Locate well on the Section Plat on reverse side)

County: _____
 Lease Name: _____ Well #: _____

Field Name: _____
 Is this a Prorated / Spaced Field? Yes No

Target Formation(s): _____
 Nearest Lease or unit boundary line (in footage): _____

Ground Surface Elevation: _____ feet MSL
 Water well within one-quarter mile: Yes No

Public water supply well within one mile: Yes No
 Depth to bottom of fresh water: _____

Depth to bottom of usable water: _____
 Surface Pipe by Alternate: I II

Length of Surface Pipe Planned to be set: _____
 Length of Conductor Pipe (if any): _____

Projected Total Depth: _____
 Formation at Total Depth: _____

Water Source for Drilling Operations:
 Well Farm Pond Other: _____

DWR Permit #: _____
 (Note: Apply for Permit with DWR)

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

<p>For KCC Use ONLY</p> <p>API # 15 - _____</p> <p>Conductor pipe required _____ feet</p> <p>Minimum surface pipe required _____ feet per ALT. <input type="checkbox"/> I <input type="checkbox"/> II</p> <p>Approved by: _____</p> <p>This authorization expires: _____ (This authorization void if drilling not started within 12 months of approval date.)</p> <p>Spud date: _____ Agent: _____</p>

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.

Well will not be drilled or Permit Expired Date: _____
 Signature of Operator or Agent: _____

E
 W