For KCC Use:
Effective Date:
District #
SGA2 TVos TNo

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

Expected Spud Date:	Spot Description:
OPERATOR: License#	
lame:	In OFICE Described Internation
ddress 1:	
ddress 2: + State: Zip: +	,
ontact Person:	County.
hone:	Lease Name: Well #:
ONTRACTOR: License#	Field Name: Is this a Prorated / Spaced Field? Yes \[\text{Yes} \] N
ame:	is the division, Spassa Held.
	Nearest Lease or unit boundary line (in footage):
Well Drilled For: Well Class: Type Equipment:	Ground Surface Elevation:feet MS
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:
Outer.	Surface Pipe by Alternate: I II
If OWWO: old well information as follows:	Length of Surface Pipe Planned to be set:
Operator:	1 1 10 1 1 15: (11
Well Name:	Desir start Tatal Desiths
Original Completion Date: Original Total Depth:	
	Water Source for Drilling Operations:
irectional, Deviated or Horizontal wellbore?	Well Farm Pond Other:
Yes, true vertical depth:	DWR Permit #:
Sottom Hole Location:	
	(Note: Apply for Permit with DWR)
	— (Note: Apply for Permit with DWR ☐)— Will Cores be taken? ☐ Yes ☐ N
CCC DKT #:	Will Cores be taken?
CC DKT #:	Will Cores be taken? Yes If Yes, proposed zone:
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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

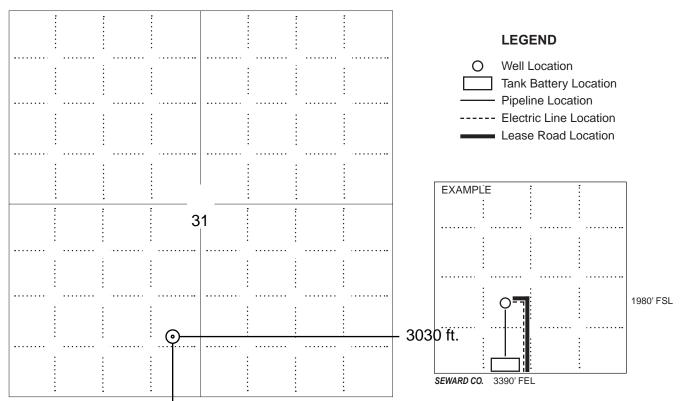
In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

Operator:	Location of Well: County:
Lease:	feet from N / S Line of Section feet from E / W Line of Section
Well Number:	feet from E / W Line of Section
Field:	SecTwpS. R 🔲 E 🔲 W
Number of Acres attributable to well:	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.

825 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.

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	SecTwpR 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:	(bbls)	Feet from East / West Line of Section 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?	Artificial Liner?		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	m ground level to dee	pest point:	(feet) No Pit	
material, thickness and installation procedure.		iner integrity, i	cluding any special monitoring.	
Distance to nearest water well within one-mile of	of pit:	Depth to shallo Source of inforr	west fresh water feet. nation:	
feet Depth of water well	feet	measured	well owner electric log KDWR	
Emergency, Settling and Burn Pits ONLY: Dril		Drilling, Work	ver and Haul-Off Pits ONLY:	
Producing Formation: Ty		Type of materia	l utilized in drilling/workover:	
Number of producing wells on lease: Nu		Number of working 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 Drill pit		Drill pits must be closed within 365 days of spud date.		
Submitted Electronically				
	KCC	OFFICE USE O	NLY Liner Steel Pit RFAC RFAS	
Date Received: Permit Numl	ber:	Permi	t Date: Lease Inspection: Yes No	

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	athodic 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:+	
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathod the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:	batteries, pipelines, and electrical lines. The locations shown on the plat
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 eing filed is a Form C-1 or Form CB-1, the plat(s) required by this id email address.
KCC will be required to send this information to the surface own	knowledge 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 CC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 handling to form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	iee with this form. If the fee is not received with this form, the KSONA-1 will be returned.
Submitted Electronically	

Froebe Project



Conservation Division 266 N. Main St., Ste. 220 Wichita, KS 67202-1513



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Laura Kelly, Governor

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Susan K. Duffy, Commissioner

NOTICE TO OPERATORS FILING INTENT TO DRILL FOR DISPOSAL OR ENHANCED RECOVERY INJECTION WELLS, (CLASS II INJECTION WELL)

The attached approved Notice of Intent to Drill indicates the proposed well is to be used for injection. An approved "Intent to Drill" does not approve injection authority as a Class II Injection Well in Kansas.

Before any well is used for injection purposes, the operator must file an application for injection authority in accordance with K.A.R. 82-3-401 and provide notice in accordance with K.A.R. 82-3-402. The Conservation Division must issue a written permit granting the application before commencement of injection.

The Conservation Division requirements and restrictions associated with Class II Injection are identified in K.A.R. 82-3-400 et seq of our regulations. Associated regulations governing drilling, completion and injection applications may be found in K.A.R. 82-3-135, Table I, Table II, in the Cedar Hills Sandstone Moratorium, (Docket #156,397-C), and the Eastern Kansas Surface Casing Order, (Docket #133,891-C).

If you have questions regarding the approval of injection authority, an injection application may be filed as a "Design Approval" before actual drilling and completion of the well occurs. If you have any questions or concerns regarding Class II injection wells or regulations, call the Underground Injection Control Department at 316-337-6200.

Failure to obtain commission approval before beginning injection is punishable by a penalty, shut-in of the well or both.

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

Kansas Corporation Commission Oil & Gas Conservation Division

WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #			API No	15 -	
				·	
Address 1:			l '	•	Twp S. R East West
				Feet from	
City:	State:	Zip: +		Feet from	East / West Line of Section
Contact Person:			Footages	s Calculated from Near	rest Outside Section Corner:
Phone: ()				□ NE □ NW	SE SW
Water Supply Well ENHR Permit #: Is ACO-1 filed? Yes Producing Formation(s):	Other: Gas No If not, i	II OG D&A Cathe SWD Permit #: as Storage Permit #: s well log attached? Yes nother sheet) Bottom: T.D.	Lease N. Date We The plug	ame: Il Completed: Iging proposal was app	oroved on: (Date) (KCC District Agent's Name)
Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.		""			
		——— Plugging	Plugging Completed:		
Show depth and thickness	ss of all water, oil and gas	formations.			
Oil, Gas or Water Records Ca		Casing Record (Su	rface, Conductor & Prod	luction)	
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		plugged, indicating where the m ter of same depth placed from (b			ods used in introducing it into the hole. If
Plugging Contractor Lice	ense #:		Name:		
Address 1:			Address 2:	ss 2:	
City:			State:		
Phone: ()					
Name of Party Responsi	ble for Plugging Fees:				
State of	Cou	unty,	, SS.		
	(Print Na	ma)	E	mployee of Operator or	Operator on above-described well,

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Form	CP4 - Well Plugging Record
Operator	H & M Petroleum Corporation
Well Name	DOYLE'S DOME 5
Doc ID	1569849

Producing Formations

Formation	Тор	Bottom	Total Depth
LKC-K	4208	4210	
LKC-L	4258	4262	
Marmaton-B	4393	4396	
Johnson	4529	4531	

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7			5							
			ADDI	ADDRESS						
Service	Services, Inc.		CITY	CITY, STATE, ZIP CODE	With Name and American and Amer		T		PAGE	PO_
SERVICE LOCATIONS		WELL/PROJECT NO.		LEASE	COUNTY/PARISH	STATE CITY	OITY		DATE OW	OWNER
2	A STATE OF THE STA	TICKET TYPE CONTRACTOR ☐ SERVICE ()	ACTOR		RIG NAME/NO.	SHIPPED	SHIPPED DELIVERED TO		ORDER NO.	
4.	MEI	WELL TYPE		WELL CATEGORY	JOB PURPOSE		WELL PERMIT NO.		WELL LOCATION	
REFERRAL LOCATION		INVOICE INSTRUCTIONS	SNS		W		***************************************			Jan Tark Can
PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER		ACCOUNTING	NG DF	DESCRIPTION		QTY. U/M Q	QTY. U/M	UNIT	AMOUNT
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LEGAL TERMS: Customer hereby acknowledges and agrees to	the terms and conditions on the reverse side hereof which include,	but are not limited to, PAYMENT, RELEASE, INDEMNITY, and	LIMITED WARRANTY provisions.
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PAGE TOTAL

UNDECIDED DISAGREE

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?

REMIT PAYMENT TO:

SURVEY

W.

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WE UNDERSTOOD AND
MET YOUR NEEDS?
OUR SERVICE WAS
PERFORMED WITHOUT DELAY?
WE OPERATED THE COUPMENT
AND PERFORMED JOB
CALCULATIONS
SATISFACTORILY?

SWIFT SERVICES, INC.

NESS CITY, KS 67560 P.O. BOX 466

785-798-2300

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

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Thank You!

CUSTOMER ACCEPTANCE C

SWIFT Services. Inc. **JOB LOG** WELL NO. CUSTOMER HIM PRÉSSURE (PSI) RATE (BPM) VOLUME (BBL) (GAL) PUMPS CHART DESCRIPTION OF OPERATION AND MATERIALS TIME TUBING CASING NO. 1200 1240 100 106 41) ((4) His 1116

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