| For KCC | Use: | | |
|-----------------|--------|--|--|
| Effective Date: | | | |
| District # | | | |
| SGA? | Yes 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

| OPERATOR: License# Sec. Twp S. R Address 1: Sec. Twp S | Expected Spud Date: | month day yea | Spot Description: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Is SECTION: Regular Irregular? Interest Inte | DPERATOR: License# | , | Sec Twp S. R E E Sec Twp S. R E E Sec Se |
| County: State Zip: + County: County: Lease Name: Well #: Field Name: Lease Name: Well #: Field Name: Is this a Prorated / Spaced Field? Yes Target Formation(s): Name Target Formati | lame: | | |
| County: | Address 1: | | Is SECTION: Regular Irregular? |
| County Ontact Person: hone: County County County | | | (Note. Locate well on the Section Flat on reverse side) |
| Contractors: License# | • | · | County: |
| Section Sect | | | Lease Name: vveil #: vveil #: |
| ### Target Formation(s): ### Mearest Lease or unit boundary line (in footage): ### Ground Surface Elevation: ### Water Surface Plool Ext. Air Rotary Water well within one-quarter mile: Yes Yes Other Other: ### Surface Pipe Planned to be set: Depth to bottom of tresh water: Depth to bottom of usable water water. Depth to bottom of usable | none. | | Field Name: |
| Well Drilled For: Well Class: Type Equipment: Nearest Lease or unit boundary line (in footage): Seismic : Infield Mud Rotary Water well within one-quarter mile: Yet Yet Seismic : # of Holes Other | | | Is this a Prorated / Spaced Field? |
| Oil Enh Rec | ame: | | Target Formation(s): |
| Gals Storage Pool Ext. Air Yotary Water well within one-quarter mile: Yet Yet Gals Gals Storage Pool Ext. Air Yotary Public water supply well within one mile: Yet Yet Water well within one-quarter mile: Yet Yet Gals Wildcat Gable Pool Ext. Air Yotary Water well within one-quarter mile: Yet Yet Water Yet | Well Drilled For: | Well Class: Type Equipme | 71G |
| Gas Slorage Pool Ext. Air Rotary Public water supply well within one mile: Yes Depth to bottom of fresh water: Depth to bottom of susable water: Depth to bottom of usable water to bottom of the port of pulling ing: Depth to bottom of the port of the pulling ing: Depth to bottom of the port of usable water to surface pipe shall be set to conductor pipe in and placement is necessary prior to plugging; Depth to bottom of the pulling ing: Depth to bottom of th | Oil Enh Re | ec Infield Mud Rot | Ground Surface Elevation:feet M |
| Depth to bottom of fresh water: Depth to bottom of fresh water: Depth to bottom of usable water: Depth service of the property of the period | Gas Storage | | Water well within one-quarter mile: |
| Depth to bottom of usable water: Depth to bottom of usable water: Surface Pipe by Alternate: I I I Length of Surface Pipe by Alternate: I I I Length of Surface Pipe by Alternate: I I I 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 #: DWR Permit #: Will Cores be taken? Well Farm Pond Other: DWR Permit #: Will Cores be taken? Well Farm Pond Other: DWR Permit #: Surface Pipe Planned Pipe Pipe Pipe Pipe Pipe Pipe Pipe Pipe | Dispos | al Wildcat Cable | |
| Surface Pipe by Alternate: I I I Length of Surface Pipe Planned to be set: Length of Conductor Pipe (if any): Projected Total Depth: Promet to the surface Pipe Planned to be set: Length of Conductor Pipe (if any): Projected Total Depth: Prometion at Total Depth: Prometion at Total Depth: Prometion at Total Depth: Water Source for Drilling Operations: Water Source of Drilling Operations: Water Source of Drilling Operations: Water Source Source Water Source Promote Source Water Sou | Seismic ; # of | Holes Other | Depth to bottom of fresh water: |
| Length of Surface Pipe Planned to be set: Length of Conductor Pipe (if any): Projected Total Depth: Formation at Total Depth: Solution Hole Location: CC DKT #: No Wes, true vertical depth: Solution Hole Location: CC DKT #: No Will Cores be taken? If Yes, proposed zone: AFFIDAVIT In eundersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq. 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 cementir 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. **Remember to:* - File Certification of Compliance with the Kansas Surface Owner Notificat Act (KSONA-1) with Intent to Drill; - File Completion Formation at Total Depth: - File Completion Format | Other: | | Depth to bottom of usable water: |
| Operator: Well Name: Original Completion Date: Original Total Depth: Identitional, Deviated or Horizontal wellbore? Ves, true vertical depth: OCD EXT #: Water Source for Drilling Operations: Water Source for Drilling Ope | It OMMO, ald wall in | oformation on follows: | |
| Well Name: Original Completion Date: Original Total Depth: Incettional, Deviated or Horizontal wellbore? Yes No Yes, true vertical depth: Interestional Depth: Interestional Deviated or Horizontal wellbore? Yes No Yes, true vertical depth: Interestical depth: Interes | If OvvvvO: old well in | normation as follows: | Length of Surface Pipe Planned to be set: |
| Original Completion Date:Original Total Depth: | Operator: | | |
| Water Source for Drilling Operations: Water Source for Drill operations: Water Source for Drill operations: Water Source for Drilling Operations: Water Source for Drilling Operations: Water Source for Drilling Operations: Water Source for Date Form Accentually Operations: Water Source for Drilling Operations: (Note: Apply for Permit with DWR) Will Cares be taken? Water Source for Drilling Operations: (Note: Apply for Permit with DWR) Will Cares be taken? Water Source for Drilling Operations: (Note: Apply for Permit with DWR) Will Cares be taken? If Yes, proposed zone: Water Source for Drill With Lands Operations: (Note: Apply for Permit with DWR) Will Cares be taken? (Note: Apply for Permit with DWR) Will Cares be taken? (Note: Apply for Permit with DWR) Will Cares be taken? (Note: Ap | | | |
| rectional, Deviated or Horizontal wellbore? Yes, true vertical depth: DWR Permit #: Will Cores be taken? 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. Sagreed 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 cementir 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. **Remember to:* - File Certification of Compliance with the Kansas Surface Owner Notificat Act (KSONA-1) with Intent to Drill; - File Drill Pit Application (form CDP-1) with Intent to Drill; - File Drill Pit Application (form CDP-1) with Intent to Drill; - File Drill Pit Application (form CDP-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 Completion Form ACO-1 within 120 days of spud date: | Original Completion Date | e: Original Total Depth: _ | |
| DWR Permit #: DWR Permit #: DWR Permit #: (Note: Apply for Permit with DWR) Will Cores be taken? Yes If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: If Yes, proposed zone: | | | |
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| Inis authorization expires: | ıbmitted Electron | ically | Remember to: |
| (This authorization void if drilling not started within 12 months of approval date.) - Obtain written approval before disposing or injecting salt water. | API # 15 Conductor pipe required Minimum surface pipe requ Approved by: | feetfeet per ALT. | - 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); |
| | API # 15 Conductor pipe required Minimum surface pipe requ Approved by: This authorization expires: | feet uiredfeet per ALT. | 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); |
| Spud date: Agent: please check the box below and return to the address below. | API # 15 Conductor pipe required Minimum surface pipe requ Approved by: This authorization expires: | feet uiredfeet per ALT. | 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); |

Well will not be drilled or Permit Expired Date: _

Signature of Operator or Agent:

Side Two

| For KCC Use ONLY | |
|------------------|---|
| API # 15 | _ |

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

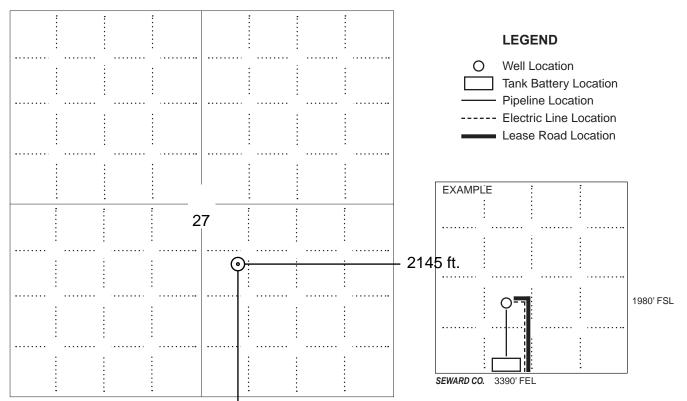
In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

| Operator: | Location of Well: County: |
|---------------------------------------|------------------------------------------------------------------------------------------------------|
| Lease: | feet from N / S Line of Section |
| Well Number: | feet from E / W Line of Section |
| Field: | Sec Twp S. 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.

1815 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 | SecTwp R | | |
| Settling Pit Drilling Pit | If Existing, date constructed: | | 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 | | |
| 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? Yes No Artificial Liner? Yes Yes I | | lo | 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. liner integrity, including any special monitoring. | | | | | |
| | | Depth to shallo Source of inform | west fresh water feet. nation: | | |
| feet Depth of water wellfeet | | measured | well owner electric log KDWR | | |
| Emergency, Settling and Burn Pits ONLY: | | Drilling, Work | ver and Haul-Off Pits ONLY: | | |
| Producing Formation: | | Type of materia | l utilized in drilling/workover: | | |
| Number of producing wells on lease: | | Number of worl | king 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 | t Date: Lease Inspection: | | |

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

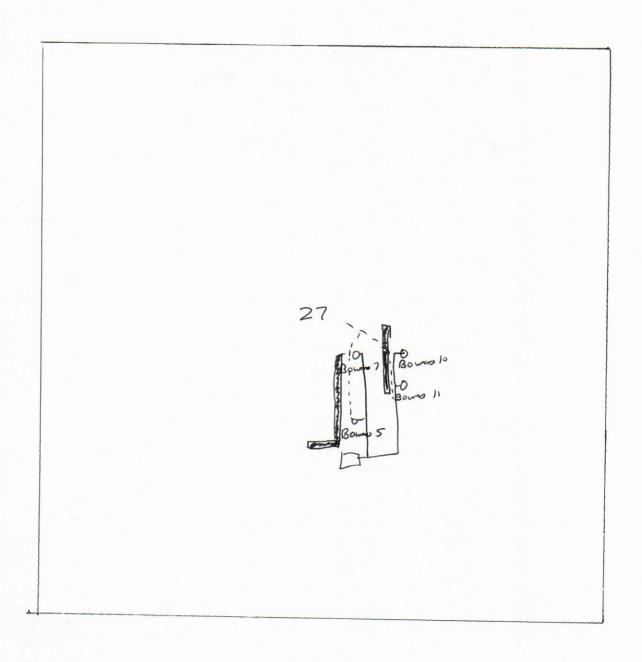
CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

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 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 of the lease below: | | |
| Contact Person: | | | |
| Phone: () Fax: () | | | |
| Email Address: | | | |
| Surface Owner Information: | | | |
| Name: | | | |
| 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 county, and in the real estate property tax records of the county treasurer. | | |
| Address 2: | | | |
| City: | | | |
| 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: I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be located CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface owner. | cknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this | | |
| that I am being charged a \$30.00 handling fee, payable to the Ko | fee with this form. If the fee is not received with this form, the KSONA-1 | | |
| Submitted Electronically | | | |

Bowers Leave Plat Map Sec 27 Twp 26 Rge 14 E Woodson County, KS



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

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

March 02, 2022

Bryson Owens RH Capital-Beets, LLC 2015 CLARA DR JEFFERSON CITY, MO 65101-5517

Re: Drilling Pit Application Bowers 11 SE/4 Sec.27-26S-14E Woodson County, Kansas

Dear Bryson Owens:

District staff has inspected the above referenced location and has determined that the reserve pit shall be constructed **without slots**, the bottom shall be flat and reasonably level, and the free fluids must be removed. The fluids are to be removed from the reserve pit as soon as practical after drilling operations have ceased.

If production casing is set all completion fluids shall be removed from the working pits daily. NO completion fluids or non-exempt wastes shall be placed in the reserve pit.

The fluids should be taken to an authorized disposal well. Please call the District Office at (620) 902-6450 when the fluids have been removed. Please file form CDP-5 (August 2008), Exploration and Production Waste Transfer, through KOLAR within 30 days of fluid removal.

A copy of this letter should be posted in the doghouse along with the approved Intent to **Drill**. If you have any questions or concerns please feel free to contact the District Office at (620) 902-6450.