| 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

| Expected Spud Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Spot Description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sec Twp S. R E W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PERATOR: License#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | feet from N / S Line of Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ame:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | feet fromE / W Line of Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ddress 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Is SECTION: Regular Irregular?                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| olddress 2: State: Zip: +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Note: Locate well on the Section Plat on reverse side)                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| contact Person:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | County:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| hone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Lease Name: Well #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Field Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ONTRACTOR: License#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Is this a Prorated / Spaced Field?                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ame:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Target Formation(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Well Drilled For: Well Class: Type Equipment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Nearest Lease or unit boundary line (in footage):                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Oil Enh Rec Infield Mud Rotary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Ground Surface Elevation:feet MSL                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Gas Storage Pool Ext. Air Rotary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Water well within one-quarter mile:                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Disposal Wildcat Cable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Public water supply well within one mile: Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Seismic ; # of Holes Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Depth to bottom of fresh water:                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Depth to bottom of usable water:                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| If OWWO: old well information as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Surface Pipe by Alternate: II III                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| il owwo. Old well illiothation 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| irectional, Deviated or Horizontal wellbore?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Water Source for Drilling Operations:                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Yes, true vertical depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Well Farm Pond Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Bottom Hole Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DWR Permit #:(Note: Apply for Permit with DWR )                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| CC DKT #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Will Cores be taken?                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | If Yes, proposed zone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| AF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| AFI The undersigned hereby affirms that the drilling, completion and eventual plu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FIDAVIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | agging of this well will comply with K.S.A. 55 et. seq.                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| t is agreed that the following minimum requirements will be met:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1. Notify the appropriate district office <i>prior</i> to spudding of well;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | b dellica e el e.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <ul><li>2. A copy of the approved notice of intent to drill shall be posted on each</li><li>3. The minimum amount of surface pipe as specified below shall be set</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| through all unconsolidated materials plus a minimum of 20 feet into th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 4. If the well is dry hole, an agreement between the operator and the dis-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 5. The appropriate district office will be notified before well is either plugg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 6. If an ALTERNATE II COMPLETION, production pipe shall be cemente                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Or purguent to Appendix "P" Featern Kanaga surface assing order #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 133,091-C, which applies to the NCC District 3 area, alternate if cementing                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Or pursuant to Appendix "B" - Eastern Kansas surface casing order #" must be completed within 30 days of the spud date or the well shall be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e plugged. In all cases, NOTIFY district office prior to any cementing.                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e plugged. In all cases, NOTIFY district office prior to any cementing.                                                                                                                                                                                                                                                                                                                                                                                                                         |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e plugged. In all cases, NOTIFY district office prior to any cementing.                                                                                                                                                                                                                                                                                                                                                                                                                         |
| must be completed within 30 days of the spud date or the well shall be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e plugged. In all cases, NOTIFY district office prior to any cementing.                                                                                                                                                                                                                                                                                                                                                                                                                         |
| must be completed within 30 days of the spud date or the well shall be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| must be completed within 30 days of the spud date or the well shall be ubmitted Electronically                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Remember to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| must be completed within 30 days of the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or the well shall be upon the spud date or th |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| must be completed within 30 days of the spud date or the well shall be updated Electronically  For KCC Use ONLY  API # 15 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Remember to: - File Certification of Compliance with the Kansas Surface Owner Notification                                                                                                                                                                                                                                                                                                                                                                                                      |
| must be completed within 30 days of the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the spud date or the spud date or the spud date or the well shall be about the spud date or the well shall be about the spud date or the spud | 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;                                                                                                                                                                                                                                    |
| must be completed within 30 days of the spud date or the well shall be submitted Electronically  For KCC Use ONLY  API # 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 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;                                                                                                                                                              |
| must be completed within 30 days of the spud date or the well shall be spud date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 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;                                                                                |
| must be completed within 30 days of the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the well shall be about the spud date or the spud d | 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); |
| must be completed within 30 days of the spud date or the well shall be ubmitted Electronically  For KCC Use ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <ul> <li>Remember to:</li> <li>File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill;</li> <li>File Drill Pit Application (form CDP-1) with Intent to Drill;</li> <li>File Completion Form ACO-1 within 120 days of spud date;</li> <li>File acreage attribution plat according to field proration orders;</li> <li>Notify appropriate district office 48 hours prior to workover or re-entry;</li> </ul>                              |

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

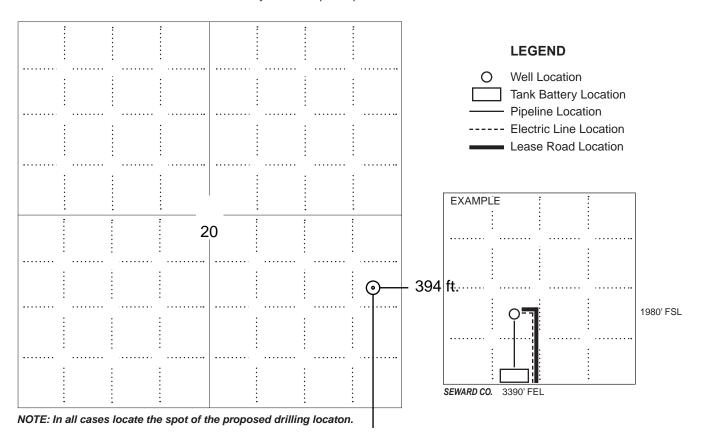
In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

| 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                                                                                         |
| 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.



#### 1642 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 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                                     |  |  |
| 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?     | 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                                                             |  |  |
|                                                                            |                       | • ,                                | cluding any special monitoring.                                           |  |  |
| Distance to nearest water well within one-mile of pit:                     |                       | Depth to shallo<br>Source of infor | west fresh water feet.<br>nation:                                         |  |  |
| feet Depth of water well                                                   | feet                  | 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
July 2021
Form Must Be Typed
Form must be Signed
All blanks must be Filled

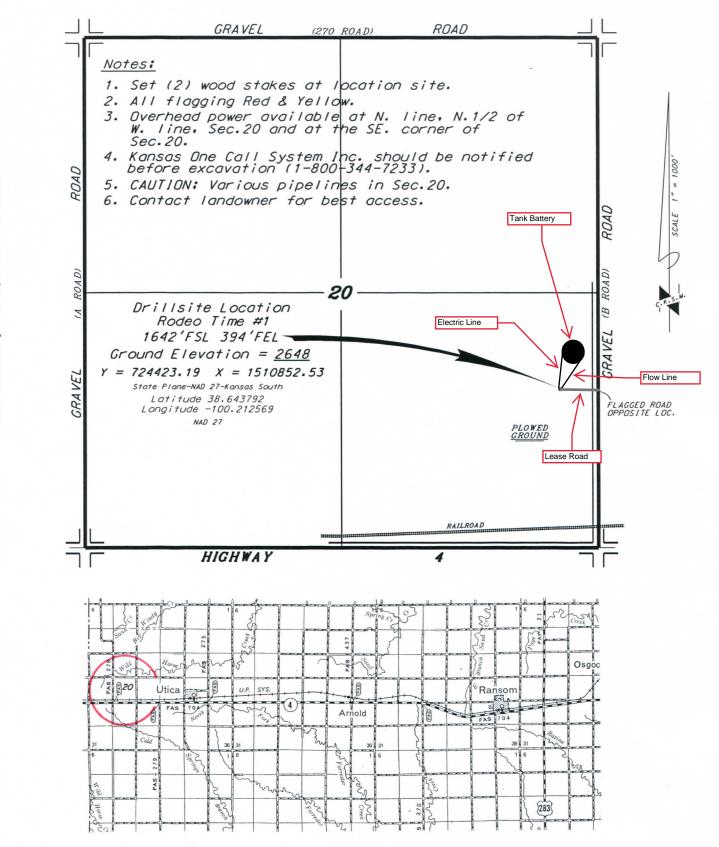
# CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

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 the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.                                        |  |
| provided the following to the surface owner(s) of the land up<br>Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing             | Act (see Chapter 55 of the Kansas Statutes Annotated), I have on which the subject well is or will be located: 1) a copy of the g in connection with this form; 2) if the form being filed is a Form operator name, address, phone number, fax, and email address. |  |
| the KCC will be required to send this information to the surface                                                                          | acknowledge that, because I have not provided this information, owner(s). To mitigate the additional cost of the KCC performing ress of the surface owner by filling out the top section of this form the KCC, 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                                                                                                                  |                                                                                                                                                                                                                                                                    |  |

PALOMINO PETROLEUM, INC. RODEO TIME LEASE SE. 1/4. SECTION 20. T16S. R26W NESS COUNTY. KANSAS



<sup>\*</sup> Controlling data is based upon the best maps and photographs available to us and upon a regular section of land containing 640 acres.

\* Elevations derived from National Geodetic Vertical Datum.

August 1, 2022

section of the Conformal evolutions, when determined using the normal standard of care of oilfield surveyors practicing in the state of Kansas. The section corners, which establish the precise section lines, were not necessarily located, and the exact location of the drillsite location in the section is not puranteed. Therefore, the operator securing this service and accepting this plot and all other parties relying thereon agree to hold Central Kansas Diffield Services. Inc. its officers and employees hormless from all losses, costs and expenses and said entities released from any liability from incidental or consequential damages.