CORRECTION #1

KOLAR Document ID: 1643967

For KCC Use:	KANSAS CORPORATION COMMISSION
Effective Date:	OIL & GAS CONSERVATION DIVISION
District #	Ole a One Concertwinon Division

SGA?

Yes No

Form C-1 March 2010 Form must be Typed Form must be Signed All blanks must be Filled

NOTICE OF INTENT TO DRILL

ad by KCC five (E) days prior to commonaing well

Sec. Twp. S. R. E Get from N / S. Line of Sec. Sec. Twp. S. R. E Get from N / S. Line of Sec. Sec. Sec. Twp. S. R. E Get from Discovery S. Line of Section Plat on reverse side	Expected Spud Date:	month	day	year	Spot Description:	
SECTION: Regular Inregular?		monur	uay	year	Sec Twp S. R	E v
Is SECTION: Regular Irregular?	OPERATOR: License#				feet from N /	S Line of Sectio
Address 2:	lame:					W Line of Sectio
County: County: Count	ddress 1:				Is SECTION: Regular Irregular?	
County: County: Count	ddress 2:				(Note: Locate well on the Section Plat on reverse	e side)
Contractor Licenses Lease Name: Well #:	City:	State:	Zip:		County:	
Field Name:	· · · · · · · · · · · · · · · · · · ·					/ell #:
Target Formation(s): Nearest Lease or unit boundary line (in footage): Nearest lease or unit boundary line (in foota	hone:					
Well Dnilled For: Well Class: Type Equipment: Season Sea	ONTRACTOR: License#	:			Is this a Prorated / Spaced Field?	Yes No
Ground Surface Elevation:	lame:				Target Formation(s):	
Ground Surface Elevation:	Well Drilled For:	Wall Class	Type	Fauinment:	Nearest Lease or unit boundary line (in footage):	
Gas Storage Pool Ext. Air Rotary Wildcat Cable Disposal Wildcat Cable Wildcat Cable Wildcat Cable Disposal Wildcat Cable Wildcat Cable Disposal Wildcat Cable Disposal Wildcat Cable						
Selsimic # of Holes Other Cable Cabl			=	•		
Seismic # of Holes Other		• =		•	·	Yes N
Other: O				Cable		
Surface Pipe by Alternate:					•	
Length of Surface Pipe Planned to be set: Length of Conductor Pipe (if any): Projected Total Depth: Original Completion Date: Original Completion Date: Original Total Depth: Original Completion Date: Original Date: Original Completion Date: Original Date: Original Completion Date: Original Date: Original Date: Original Date: Orig	Outer.					
Length of Conductor Pipe (if any):	If OWWO: old well	information as follow	ws:			
Well Name: Original Completion Date: Original Total Depth: Formation at Total Depth:	Oneveter				•	
Original Completion Date: Original Total Depth: Water Source for Drilling Operations: Water Source for Water Interest Mitter Interest Methods on the Surface on Act (Source Interest All Drilling Operations) Water Source for Drilling Operations Source Interest Policy in Surface All Drilling	•					
Water Source for Drilling Operations: Water Source for Drilling Operations: Water Source for Drilling Drill State Surface Place Surface Surface Surface Place Surface Surface Surface Place Surface Surface Surface Place Surface Surface Surface Surface Place Surface S			riginal Total	Denth:	•	
Ves true vertical depth: DVIR Permit #: DVIR Permit	Original Completion Bi		rigiliai iotai	Борин.		
AFFIDAVIT The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq. It is agreed that the following minimum requirements will be met: 1. Notify the appropriate district office prior to spudding of well; 2. A copy of the approved notice of intent to drill shall be posted on each drilling rig; 3. The minimum amount of surface pipe as specified below shall be set by circulating cement to the top; in all cases surface pipe shall be set through all unconsolidated materials plus a minimum of 20 feet into the underlying formation. 4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary prior to plugging; 5. The appropriate district office will be notified before well is either plugged or production casing is cemented in: 6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within 120 DAYS of spud date. Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. In all cases, NOTIFY district office prior to any cementing. DWR Permit #: Will Cores be taken? If Yes, proposed zone: AFFIDAVIT The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq. 1	Directional, Deviated or Ho	orizontal wellbore?		Yes No		
Will Cores be taken? Yes Yes Trees, proposed zone: Will Cores be taken? Yes Yes Trees, proposed zone: Will Cores be taken? Yes Yes Trees, proposed zone: Will Cores be taken? Yes Trees, proposed zone: Will Cores be taken? Yes Trees, proposed zone: Will Cores be taken? Yes Trees, proposed zone:	f Yes, true vertical depth:_					
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Approved by: This authorization expires: (This authorization void if drilling not started within 12 months of approval date.) This authorization void if drilling not started within 12 months of approval date.) - Notify appropriate district office 48 hours prior to workover or re-entry; - Submit plugging report (CP-4) after plugging is completed (within 60 days); - Obtain written approval before disposing or injecting salt water. - If well will not be drilled or permit has expired (See: authorized expiration date) please check the box below and return to the address below	2. A copy of the approach of the minimum amouthrough all uncons 4. If the well is dry hose of the appropriate disense of the approach of the appropriate disense of the appropriate di	ount of surface pipe olidated materials pole, an agreement be strict office will be result to COMPLETION, poendix "B" - Eastern dis within 30 days of the mically	olus a minimetween the notified befoorduction particular in the spud dar	num of 20 feet into the operator and the distrement well is either plugipe shall be cementer face casing order # te or the well shall be	Remember to: File Certification of Compliance with the Kansas Surface Own Act (KSONA-1) with Intent to Drill; File Drill Pit Application (form CDP-1) with Intent to Drill;	plugging; spud date. I cementing menting.
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Well will not be drilled or Permit Expired Date: _

Signature of Operator or Agent:

KOLAR Document ID: 1643967

1980' FSL



For KCC Use ONLY	
API # 15	

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

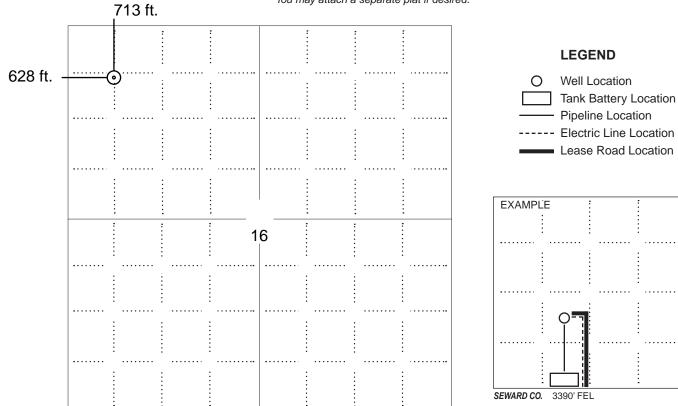
In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

Operator:	Location of Well: County:	
Lease:	feet from N / S Line of Section	
Well Number:	feet from E / W Line of Section	
Field:	Sec Twp S. R 🗌 E 🔲 W	
Number of Acres attributable to well:	Is Section: Regular or Irregular	
	If Section is Irregular, locate well from nearest corner boundary. Section corner used: NE NW SE SW	

PLAT

Show location of the well. Show footage to the nearest lease or unit boundary line. Show the predicted locations of lease roads, tank batteries, pipelines and electrical lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032).

You may attach a separate plat if desired.



NOTE: In all cases locate the spot of the proposed drilling locaton.

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.

CORRECTION #1

KOLAR Document ID: 1643967

Kansas Corporation Commission
OIL & Gas Conservation Division

Form CDP-1 May 2010 Form must be Typed

APPLICATION FOR SURFACE PIT

Submit in Duplicate

Operator Name:		License Number:		
Operator Address:				
Contact Person:		Phone Number:		
Lease Name & Well No.:		Pit Location (QQQQ):		
Type of Pit:	Pit is:			
Emergency Pit Burn Pit	Proposed Existing		SecTwp R	
Settling Pit Drilling Pit	If Existing, date constructed: ———————————————————————————————————		Feet from North / South Line of Section	
Workover Pit Haul-Off Pit (If WP Supply API No. or Year Drilled)			Feet from East / West Line of Section	
		. ,	,	
Is the pit located in a Sensitive Ground Water A	rea? Yes	No	Chloride concentration: mg/l (For Emergency Pits and Settling Pits only)	
Is the bottom below ground level?	Artificial Liner?	No	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	om ground level to dee	epest point:	(feet) No Pit	
Distance to nearest water well within one-mile of pit:		Depth to shallo Source of infor	west fresh water feet. mation:	
feet Depth of water well	feet	measured	well owner electric log KDWR	
Emergency, Settling and Burn Pits ONLY:		Drilling, Work	over and Haul-Off Pits ONLY:	
Producing Formation:		Type of material utilized in drilling/workover:		
Number of producing wells on lease:		Number of working pits to be utilized:		
Barrels of fluid produced daily:		Abandonment procedure:		
Does the slope from the tank battery allow all spilled fluids to flow into the pit? Yes No		Drill pits must be closed within 365 days of spud date.		
Submitted Electronically				
KCC OFFICE USE ONLY Liner Steel Pit RFAC RFAS				
Date Received: Permit Num	ber:	Perm	t Date: Lease Inspection:	

CORRECTION #1

KOLAR Document ID: 1643967

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 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #	Well Location:
Name:	SecTwpS. R
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 sheet listing all of the information to the left for each surface owner. Surface
Address 1:	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:	
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and a batteries, pipelines, and electrical lines. The locations shown on the plat in 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 Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filin	Act (see Chapter 55 of the Kansas Statutes Annotated), I have son 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	I acknowledge that, because I have not provided this information, e owner(s). To mitigate the additional cost of the KCC performing lress 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-	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.
Submitted Electronically	
r	

Summary of Changes

Lease Name and Number: Sharp Dressed Man 1

API/Permit #: 15-063-22411-00-00

Doc ID: 1643967

Correction Number: 1

Approved By: CeLena Peterson 05/17/2022

Field Name	Previous Value	New Value
Fresh Water Information Source: KDWR	Yes	No
KCC Only - Approved By	CeLena Peterson 05/16/2022	CeLena Peterson 05/17/2022
KCC Only - Approved Date	05/16/2022	05/17/2022
KCC Only - Date Received	05/13/2022	05/17/2022
Surface Owner City	Evergreen	Grinnell
Surface Owner Name	Leslie Hess	TL Swart Trust & Karol Swart Trust
Surface Owner State Name	СО	KS
Surface Owner Address Line 1	PO Box 3368	2633 County Road
Surface Owner Zip	80437	67738