KOLAR Document ID: 1711887

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CB-1 Oct 2016 Form must be Typed Form must be Signed All blanks must be Filled

CATHODIC PROTECTION BOREHOLE INTENT

Must be approved by the KCC sixty (60) days prior to commencing well.

Contact Person: Facility Name: Fac	Form KSONA-1, Certification of Compliance with the Kansas S	Surface Owner Notification Act, MUST be submitted with this form.
Control Cont	Expected Spud Date:	Snot Description:
Consideration		
Name:		(0/0/0/0)
Address 1: Address 2: Address 2: Address 2: Address 2: Address 2: Address 3: Addres		
Address 2: Chick State: Zip:		
County: State: Zip: + +		
Country Coun		(Check directions from nearest outside corner boundries)
Contact vertaction Facility Name:		County:
Borenois Numer:		Facility Name:
Value Type Drilling Equipment: Mud Rotary Cable Construction Features Air Rotary Other	Phone:	Borehole Number:
Cathodic Surface (Non-Metallic) Casing Palaned to be set:	CONTRACTOR: License#	Ground Surface Elevation: MSL
Air Rotary Other		Cathodic Borehole Total Depth:feet
Construction Features Length of Cathodic Surface (Non-Metallic) Casing Panend to be set: Length of Conductor pipe (if army): feet length of Conductor pipe (if army): Surface casing borehole size: Cathodic surface casing swill terminate at: Cathodic surface sating will terminate at: Cathodic surface sating will terminate at: Cathodic surface sating swill terminate at: Cathodic surface sating sating swill terminate at: Concrate Nation of Stream Other Water Well Location Cathodic surface sating swill terminate at: Concrate Nation of Stream Other Water Well Location Cathodic surface sating swill be prouted with: DWR Permit # Cathodic surface sating swill be grouted with: Cathodic surface sating swill be grouted with: Analysis proprietie District of fixe form to spudding and again before plugging the well. An agreement between the operator and the District Office on plugs and placement is necessary prior to plugging. In all cases, notify District Office prior to any grouting. A copy of the appropriate District Office Ab hours prior to southween ore re-array. An Notify appropriate District Office Ab hours prior to southween ore re-array. An Notify appropriate District Office Ab hours prior to southween ore re-array. A copy of the appropriate District Office Ab hours prior to southween ore re-array. An High Stream Other Wa	Type Drilling Equipment:	Depth to Bedrock: feet
Aguifer Penetration: None Single Multiple		Water Information
Planned to be set:		Aquifer Penetration: None Single Multiple
Planned to be set:	Length of Cathodic Surface (Non-Metallic) Casing	Depth to bottom of fresh water:
Surface casing borehole size: inches Cathodic surface casing dentralizers set at depths of: ; ; ; ; ; ; ; ; ; ;		Depth to bottom of usable water:
Public water supply well within one mile:	Length of Conductor pipe (if any): feet	Water well within one-quarter mile: Yes No
Cathodic surface casing size:		Public water supply well within one mile: Yes No
Cathodic surface casing centralizers set at depths of: ; ; ; ; ; ; ; ; ; ; ;		Water Source for Drilling Operations:
Water Well Location:		
DWR Permit # Standard Casing will terminate at:		Water Well Location:
Pitless casing adaptor will be used: \ yes \ No Depth \ feet Anode installation depths are: \ ; ; ; ; ; ; \ ; ; \ ; \ ; \ ; \		DWR Permit #
Anode installation depths are:	☐ Above surface ☐ Surface Vault ☐ Below Surface Vault	Standard Dimension Ratio (SDR) is =
AFFIDAVIT The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55-101 et. seq. Is agreed that the following minimum requirements will be met: Notify the appropriate District office prior to spudding and again before plugging the well. An agreement between the operator and the District Office on plugs and placement is necessary prior to plugging. In all cases, notify District Office prior to any grouting. Notify appropriate District Office 48 hours prior to workover or re-entry. A copy of the approved notice of intent to drill shall be posted on each drilling rig. The minimum amount of cathodic surface casing as specified below shall be set by grouting to the top when the cathodic surface casing is set. File all required forms: a. File Drill Pit Application (form CDP-1) with intent to Drill (form CB-1). b. File Completion Form (ACO-1) within 60 days from spud date. Submitted Electronically For KCC Use ONLY API # 15 - Conductor pipe required feet Minimum Cathodic Surface Casing Required: feet feet pipe feet f	Pitless casing adaptor will be used: Yes No Depth feet	
AFFIDAVIT The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55-101 et. seq. Is agreed that the following minimum requirements will be met: Notify the appropriate District office prior to spudding and again before plugging the well. An agreement between the operator and the District Office on plugs and placement is necessary prior to plugging. In all cases, notify District Office prior to any grouting. Notify appropriate District Office 48 hours prior to workover or re-entry. A copy of the approved notice of intent to drill shall be posted on each drilling rig. The minimum amount of casing as specified below shall be set by grouting to the top when the cathodic surface casing as specified below shall be set by grouting to the top when the cathodic surface casing is set. File all required forms: a. File Drill Pit Application (form CDP-1) with Intent to Drill (form CB-1). b. File Certification of Compliance with Kansas Surface Owner Notification Act (form KSONA-1) with Cathodic Protection Borehole Intent (CB-1) c. File Completion Form (ACO-1) within 60 days from spud date. Submitted Electronically For KCC Use ONLY API # 15 - Conductor pipe required	Anada installation depths are:	Annular space between borehole and casing will be grouted with:
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AFFIDAVIT The undersigned hereby affirms that the drilling, completion and eventual plugging for this well will comply with K.S.A. 55-101 et. seq. It is agreed that the following minimum requirements will be met: Notify the appropriate District office prior to spudding and again before plugging the well. An agreement between the operator and the District Office on plugs and placement is necessary prior to plugging. In all cases, notify District Office prior to any grouting. Notify appropriate District Office 48 hours prior to workover or re-entry. A copy of the approved notice of intent to drill shall be posted on each drilling rig. The minimum amount of cathodic surface casing as specified below shall be set by grouting to the top when the cathodic surface casing is set. File all required forms: a. File Drill Pit Application (form CDP-1) with Intent to Drill (form CB-1). b. File Certification of Compliance with Kansas Surface Owner Notification Act (form KSONA-1) with Cathodic Protection Borehole Intent (CB-1) c. File Completion Form (ACO-1) within 60 days from spud date. Submitted Electronically For KCC Use ONLY API # 15 - Conductor pipe required	;;;;;;	Anode vent pipe will be set at: feet above surface
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Act (form KSONA-1) with Cathodic Protection Borehole Intent (CB-1) c. File Completion Form (ACO-1) within 60 days from spud date. d. Submit plugging report (CP-4) within 60 days after final plugging is completed. Submitted Electronically For KCC Use ONLY API # 15		
d. Submitted Electronically For KCC Use ONLY API # 15	, , , , , , , , , , , , , , , , , , , ,	,
Submitted Electronically For KCC Use ONLY API # 15		suon i onn (ACO-1) within oo days nom spud date.
For KCC Use ONLY API # 15	ar cashin plagging report (cr. 1) main to days after that plagging to complete a	
For KCC Use ONLY API # 15		
For KCC Use ONLY API # 15	Submitted Floctronically	
API # 15	Submitted Electronically	
API # 15		
Conductor pipe required	For KCC Use ONLY	
Conductor pipe required	ADI # 45	
Minimum Cathodic Surface Casing Required:feet Approved by:		
Approved by:	Conductor pipe requiredfeet	to the dediction polon.
Approved by:	Minimum Cathodic Surface Casing Required:feet	Permit Expired Well Not Drilled
This authorization expires: (This authorization void if drilling not started within 12 months of approval date.) Date Signature of Operator or Agent		
(This authorization void if drilling not started within 12 months of approval date.) Date Signature of Operator or Agent		
Date Signature of Operator or Agent		
	(11) authorization void it drilling not started within 12 months of approval date.)	
	Could date:	Date Signature of Operator or Agent
Spud date: Agent:	Spud date: Agent:	

Cido	Time

For KCC Use ONLY	
API # 15	

IN ALL CASES, PLEASE FULLY COMPLETE THIS SIDE OF THE FORM.

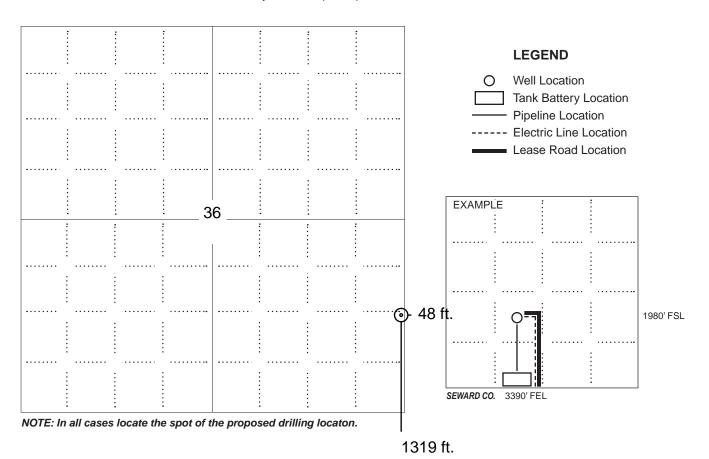
In all cases, please fully complete this side of the form. Include items 1 through 3 at the bottom of this page.

Operator:	Location of Well: County:			
Facility Name:	feet from N / S Line of Sectionfeet from E / W Line of Section			
Borehole Number:	feet from L E / W Line of Section			
	Sec Twp S. R			
	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 Cathodic Borehole. 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.



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 section's south / north and east / west; line.
- 3. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

KOLAR Document ID: 1711887

Kansas Corporation Commission Oil & Gas Conservation Division

Form CDP-1 July 2014 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: Emergency Pit Burn Pit Settling Pit Drilling Pit Workover Pit Haul-Off Pit (If WP Supply API No. or Year Drilled)	Pit is: Proposed If Existing, date cor Pit capacity:	Existing nstructed: (bbls)	SecTwp R East West Feet from North / South Line of Section Feet from East / West Line of Section County				
Is the pit located in a Sensitive Ground Water A	rea? Yes	No	Chloride concentration: mg/l (For Emergency Pits and Settling Pits only)				
Is the bottom below ground level? Yes No	Artificial Liner?	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	om ground level to dee	epest point:	(feet) No Pit				
material, thickness and installation procedure.		illei littegrity, il	acluding any special monitoring.				
Distance to nearest water well within one-mile of	of pit:	Depth to shallowest fresh water feet. Source of information:					
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 s flow into the pit? Yes No	pilled fluids to	Drill pits must be closed within 365 days of spud date.					
Submitted Electronically							
	KCC (OFFICE USE O	NLY Steel Pit RFAC RFAS				
Date Received: Permit Num	ber:	Perm	it Date: Lease Inspection:				

KOLAR Document ID: 1711887

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).

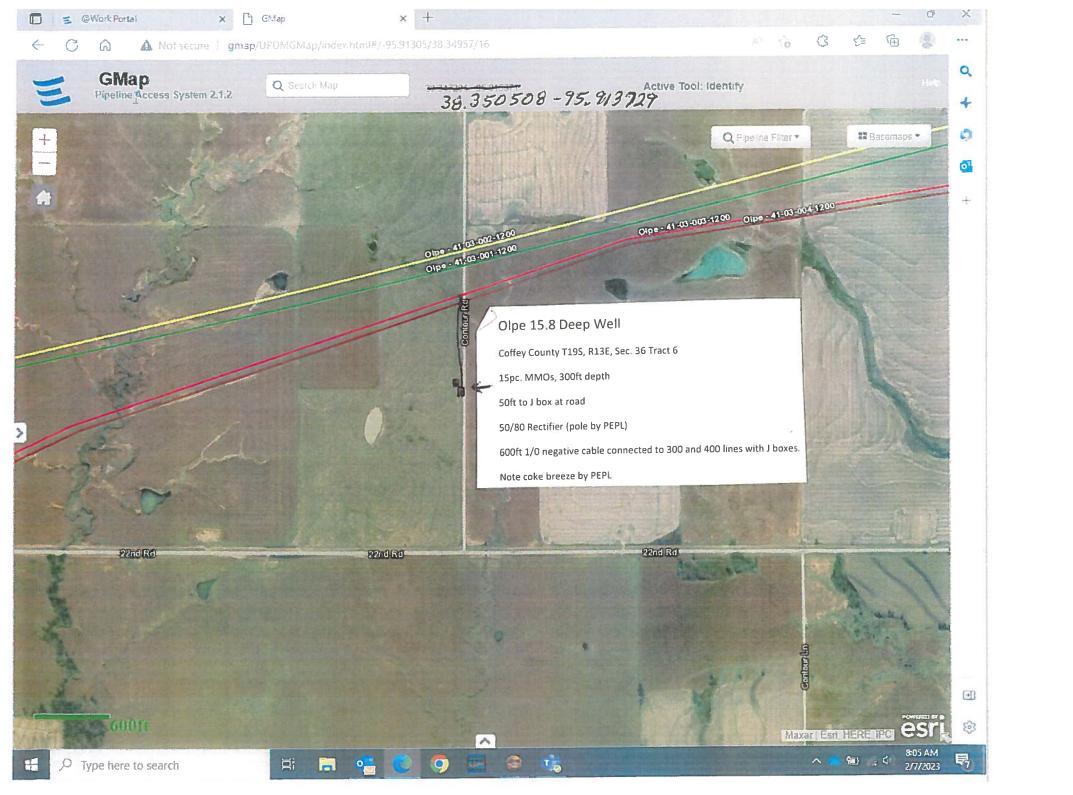
Any such form submitted without an accompanying Form KSONA-1 will be returned.

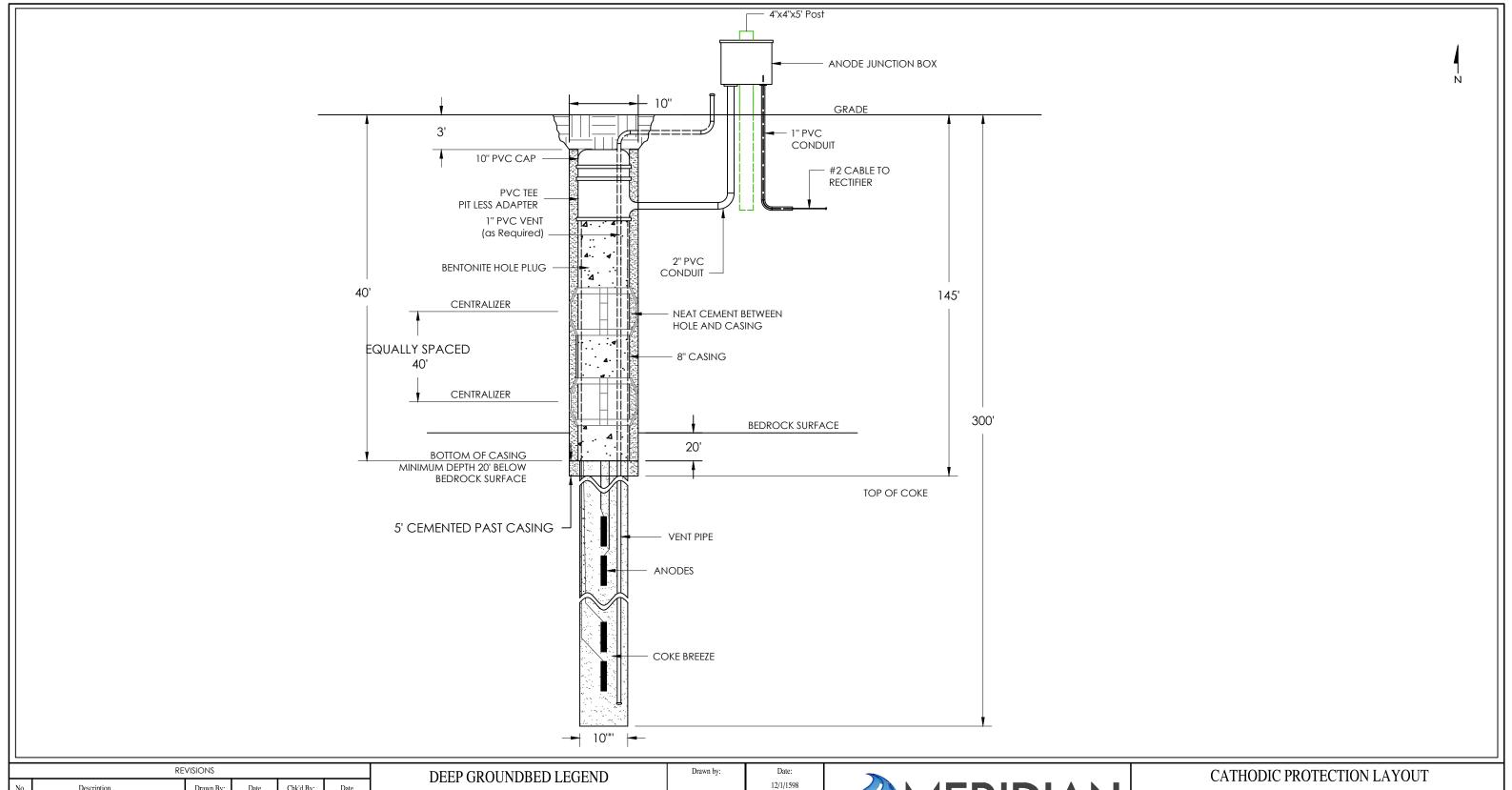
Select the corresponding form being filed: C-1 (Intent) CB-1 (Ca	athodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #	Well Location:
Name:	SecTwpS. R 🔲 East 🗌 West
Address 1:	County:
Address 2:	Lease Name: Well #:
City: State: Zip:+	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
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:	
provided the following to the surface owner(s) of the land upon	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. 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 in connection with this form; 2) if the form being filed is a Form
the KCC will be required to send this information to the surface this task, I acknowledge that I must provide the name and addread that I am being charged a \$30.00 handling fee, payable to the surface of the surface	
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	
Submitted Electronically	

Form	CB1CDP1 - Cathodic Protection Borehole Intent							
Operator	La Grange Acquisition, LP dba Energy Transfer Company							
Well Name	OLPE 15.8 1							
Doc ID	1711887							

Anode Installation Depths

epth	
95	
35	
75	
55	
55	
15	
35	
25	
5	
05	
95	
35	
75	
55	
55	





	RE	VISIONS				DEEP GROUNDBE) I EGEND	Drawn by:	Date:
No.	Description	Drawn By:	Date	Chk'd By:	Date						12/1/1598
						•	DEEP GROUNDBED		POSITIVE CABLE	Checked by:	Date:
						AJB	ANODE JBOX		NEGATIVE CABLE		1/55/13
						i 🛕	NEG. CONNECTION		PIPELINE ASSETS		1/55/15
							INLO. CONNECTION		I II LLINE ASSETS		
						R	RECTIFIER				



Project No: Sheet No: Revision:

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



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

Laura Kelly, Governor

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

According to the drilling pit application, no earthen pits will be used at this location. Steel pits will be used. Please inform the Commission in writing as to which disposal well you utilized to dispose of the contents in the steel pits and the amount of fluid that was disposed. Please file form CDP-5, Exploration and Production Waste Transfer, within 30 days of fluid removal.

Should a haul-off pit be necessary please file form CDP-1, Application for Surface Pit, This location will have to be inspected prior to approval of the haul-off pit application.

A copy of this letter should be posted in the doghouse along with the approved Intent to Drill.