| For KCC Use: | | | | |
|-----------------|----------|--|--|--|
| Effective Date: | | | | |
| District # | <u> </u> | | | |
| 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: |
|---|---|
| month day year | Sec Twp S. R [E [] \ |
| DPERATOR: License# | feet from N / S Line of Section |
| Vame: | feet from E / W Line of Section |
| Address 1: | Is SECTION: Regular Irregular? |
| Address 2: | (Note: Locate well on the Section Plat on reverse side) |
| City: | County: |
| Contact Person: | Lease Name: Well #: |
| hone: | Field Name: |
| CONTRACTOR: License# | Is this a Prorated / Spaced Field? |
| lame: | Target Formation(s): |
| Mall Deillad Fore Mall Classes Time Foreignmont | Nearest Lease or unit boundary line (in footage): |
| Well Drilled For: Well Class: Type Equipment: | Ground Surface Elevation:feet MS |
| Oil Enh Rec Infield Mud Rotary | Water well within one-quarter mile: |
| Gas Storage Pool Ext. Air Rotary | Public water supply well within one mile: |
| Disposal Wildcat Cable | Depth to bottom of fresh water: |
| Seismic ; # of Holes Other | Depth to bottom of usable water: |
| Other: | Surface Pipe by Alternate: I III |
| If OWWO: old well information as follows: | Length of Surface Pipe Planned to be set: |
| | Length of Conductor Pipe (if any): |
| Operator: | , , , |
| Well Name: | Projected Total Depth: |
| Original Completion Date: Original Total Depth: | Formation at Total Depth: Water Source for Drilling Operations: |
| Directional, Deviated or Horizontal wellbore? | Well Farm Pond Other: |
| f Yes, true vertical depth: | |
| Bottom Hole Location: | DWR Permit #:(Note: Apply for Permit with DWR) |
| (CC DKT #: | Will Cores be taken? |
| | |
| | If Yes, proposed zone: |
| | |
| AFF | IDAVIT |
| AFF The undersigned hereby affirms that the drilling, completion and eventual plug | IDAVIT |
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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

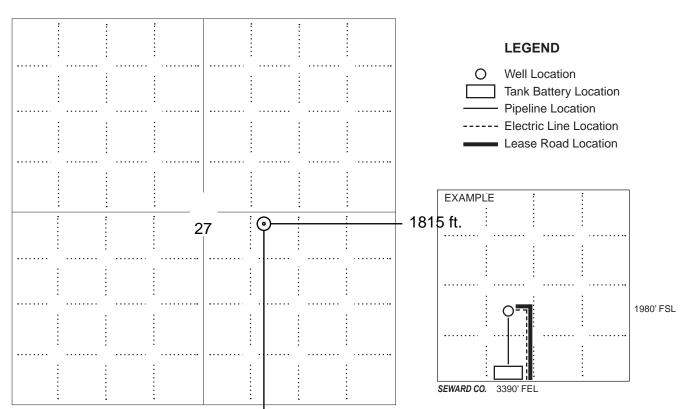
In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

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

PLAT

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

You may attach a separate plat if desired.



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

2475 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? Yes No Artificial Liner? Yes No | | 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 Source of inform | west fresh water feet. 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 spilled fluids to flow into the pit? Yes No | | 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 | 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: | 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: | | |
| the KCC with a plat showing the predicted locations of lease roads, tan are preliminary non-binding estimates. The locations may be entered of | edic Protection Borehole Intent), you must supply the surface owners and k batteries, pipelines, and electrical lines. The locations shown on the plat n 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 filling C-1 or Form CB-1, the plat(s) required by this form; and 3) my I have not provided this information to the surface owner(s). the KCC will be required to send this information to the surface. | Act (see Chapter 55 of the Kansas Statutes Annotated), I have pon which the subject well is or will be located: 1) a copy of the ng in connection with this form; 2) if the form being filed is a Form operator name, address, phone number, fax, and email address. I acknowledge that, because I have not provided this information, e owner(s). To mitigate the additional cost of the KCC performing dress 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 | | |
| | | |

