For	ксс	Use:
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Effective	Dat
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District	#	
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	1	
SGA?	Yes	No

Form

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

Must be approved by KCC five (5) days prior to commencing well

KSONA-1, Certification of Com	pliance with	the Kansas	Surface	Owner Notification Act,	MUST be submitted with this form.

Expected Spud Date:	Spot Description:	
month day year	(a/a/a/a) Sec Twp S. R E [] W	
OPERATOR: License#	feet from N / S Line of Section	
Name:	feet from L E / W Line of Section	
Address 1:	Is SECTION: Regular Irregular?	
Address 2:	(Note: Locate well on the Section Plat on reverse side)	
City: State: Zip: +	County:	
Contact Person:	Lease Name: Well #:	
Phone:	Field Name: Vien #	
CONTRACTOR: License#	Is this a Prorated / Spaced Field?	
Name:		
Humo	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:	
Seismic ; # of Holes Other	Depth to bottom of fresh water:	
Other:	Depth to bottom of usable water:	
	Surface Pipe by Alternate:	
If OWWO: old well information 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:	
	Water Source for Drilling Operations:	
Directional, Deviated or Horizontal wellbore?	Well Farm Pond Other:	
If Yes, true vertical depth:	DWR Permit #:	
Bottom Hole Location:	(Note: Apply for Permit with DWR)	
KCC DKT #:	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.

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.

For KCC Use ONLY	
API # 15	
Conductor pipe required	feet
Minimum surface pipe required _	feet per ALT. I
Approved by:	
This authorization expires: (This authorization void if drilling no	ot started within 12 months of approval date.)
Spud date:	Agent:

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);
- 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.

ш

Well will not be drilled or Permit Expired Date: _ Signature of Operator or Agent: For KCC Use ONLY

API # 15 -___

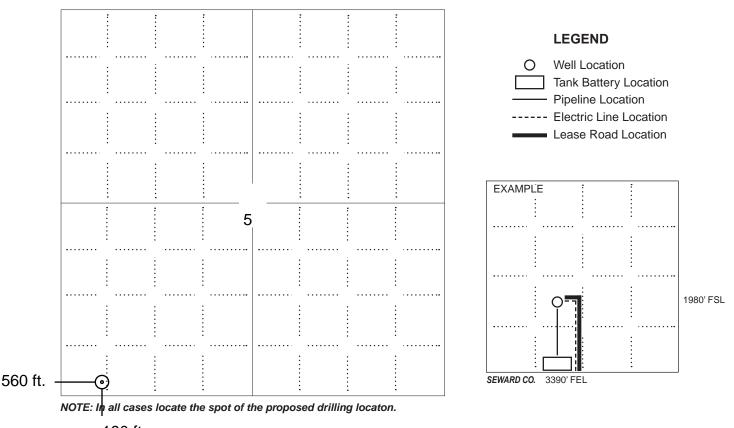
IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

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.



190 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	SecTwpR East West
Settling Pit Drilling Pit	If Existing, date co	nstructed:	Feet from North / South Line of Section
Workover Pit Haul-Off Pit (If WP Supply API No. or Year Drilled)	Pit capacity:		Feet from East / West Line of Section
		(bbls)	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?	Artificial Liner?	10	How is the pit lined if a plastic liner is not used?
Pit dimensions (all but working pits):	m ground level to dee	,	Width (feet)N/A: Steel Pits
If the pit is lined give a brief description of the liner material, thickness and installation procedure. Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring.			
		Depth to shallo Source of infor	west fresh water feet.
feet Depth of water wellfeet		measured	well owner electric log KDWR
		Drilling, Worko	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 b	be closed within 365 days of spud date.
Submitted Electronically			
KCC OFFICE USE ONLY			
Date Received: Permit Numl	Date Received: Permit Number: Permit Date: Lease Inspection: Yes No		

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Form KSONA-
July 202
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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:			
Address 1:	County:		
Address 2:	Lease Name: Well #:		
City: State:	If filing a Form T-1 for multiple wells on a lease, enter the legal description o the lease below:		
Contact Person: 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:+			

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

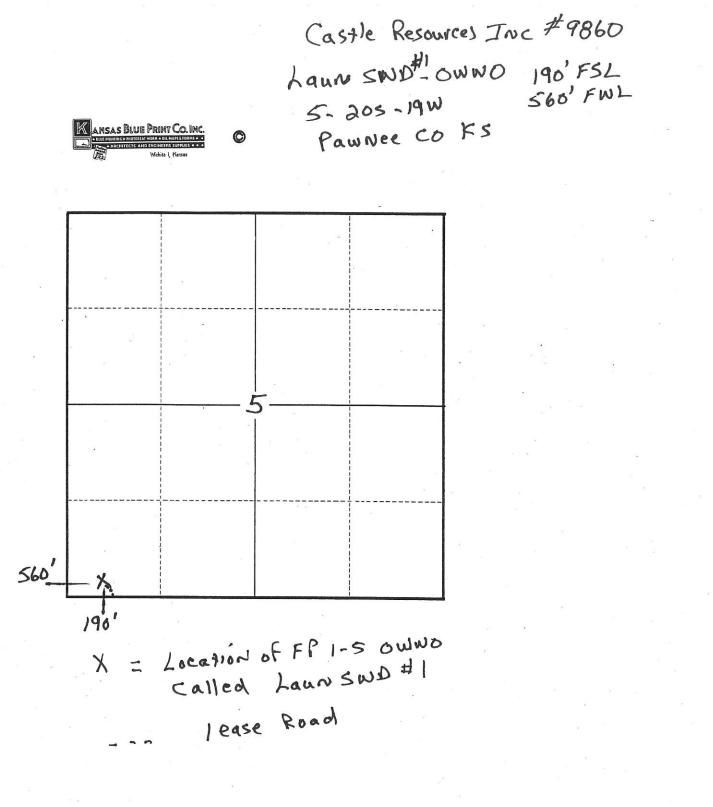
Select one of the following:

□ I certify that, pursuant to the Kansas Surface Owner Notice Act (see Chapter 55 of the Kansas Statutes Annotated), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.

□ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

Submitted Electronically



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

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Annie Kuether, Commissioner



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

Laura Kelly, Governor

NOTICE TO OPERATORS FILING INTENT TO DRILL FOR DISPOSAL OR ENHANCED RECOVERY INJECTION WELLS, (CLASS II INJECTION WELL)

The attached approved Notice of Intent to Drill indicates the proposed well is to be used for injection. An approved "Intent to Drill" does not approve injection authority as a Class II Injection Well in Kansas.

Before any well is used for injection purposes, the operator must file an application for injection authority in accordance with K.A.R. 82-3-401 and provide notice in accordance with K.A.R. 82-3-402. The Conservation Division must issue a written permit granting the application before commencement of injection.

The Conservation Division requirements and restrictions associated with Class II Injection are identified in K.A.R. 82-3-400 et seq of our regulations. Associated regulations governing drilling,completion and injection applications may be found in K.A.R. 82-3-135, Table I, Table II, in the Cedar Hills Sandstone Moratorium, (Docket #156,397-C), and the Eastern Kansas Surface Casing Order, (Docket #133,891-C).

If you have questions regarding the approval of injection authority, an injection application may be filed as a "Design Approval" before actual drilling and completion of the well occurs. If you have any questions or concerns regarding Class II injection wells or regulations, call the Underground Injection Control Department at 316-337-6200.

Failure to obtain commission approval before beginning injection is punishable by a penalty, shut-in of the well or both.

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #:	County: Well #: Lease Name: Well #:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom:T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			tion)	
Formation	Content	Casing	Casing Size Setting Depth Pulled Out			

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:	Name:
Address 1:	Address 2:
City:	State: Zip: +
Phone: ()	
Name of Party Responsible for Plugging Fees:	
State of County,	, ss.
(Print Name)	Employee of Operator or Operator on above-described well,

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

QUALITY OILWELL CEMENTING, INC.

No. 2202

Federal Tax I.D.# 20-2886107

Phone 785-483-1071 Home Office P.O. Box 32 Russell, KS 67665 Cell 785-324-1041

Cell 703-324-1041				and the second second second second		Condensation and	
Sec.	Twp. Range	Cou	inty	State	On Location	Finish	
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Tbg. Size	Depth	Cit	ty		State		
Tool	Depth	Th	e above wa	s done to satisfaction a	and supervision of owner	agent or contractor.	
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Pumptrk Charge Long Surface Mileage 47 Tax Discount Signature Juan Denous



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Customer	Shelby Resources	LLC	Lease & Well #	F-P Unit 1-5				Date	3/	14/2021
Service District	Pratt Kansas		County & State	Pawnee Kansas	Legals S/T/R	5-20s-	19w	Job #		
Job Type	plug	PROD		SWD	New Well?	VES	🗌 No	Ticket #	w	vp1212
Equipment #	Driver			Job Safety A	nalysis - A Discuss	sion of Hazards	& Safety Pro	ocedures	Benerrownov	
916	M Brungardt	✓ Hard hat		Gloves		Lockout/Ta	gout	Warning Sig	ns & Flagging	1
179-522	R Osborn	H2S Monito	r	Eye Protection	ı	Required P	ermits	Fall Protection		۸
527/532	D Martinez	☑ Safety Foot	wear	Respiratory Pi		Slip/Trip/Fa	ll Hazards	Specific Job	Sequence/Exp	pectations
		FRC/Protect	ive Clothing	Additional Ch	emical/Acid PPE	🗸 Overhead H	lazards	Muster Poin	t/Medical Loci	ations
		Hearing Pro	tection	✓ Fire Extinguis	her	Additional	concerns or is	ssues noted below	r	
					Con	nments				
						4				
		1								
Product/ Service Code		Des	cription		Unit of Measure	Quantity				Net Amount
cp055	H-Plug				sack ·	170.00				\$1,878.50
cp120	Cello-flake				lb	43.00				\$63.96
m015	Light Equipment Mil	leage			mi	65.00				\$110.50
m010	Heavy Equipment M	Aileage			mi	65.00				\$221.00
m020	Ton Mileage				tm	478.00				\$609.45
c011	Cement Pump Serv	rice			ea	1.00				\$935.00
					1					
	1									
				All						
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Custo	omer Section: On the	e following scale	how would you rate	Hurricane Services	Inc.?		L		Net:	\$3,818.41
						Total Taxable	\$ -	Tax Rate:	Nel.	\$3,818.41
Ba	sed on this job, how	w likely is it you	would recommend	HSI to a colleague	?	State tax laws dee	m certain proc	fucts and services	Sale Tax:	\$ -
						used on new wells Hurricane Service		ix exempt. customer provided		-
Ű	Inlikely 1 2	3 4 5	6 7 8	9 10 в	tremely Likely	well information a services and/or pr	ove to make a	a determination if		12 (2) (2) (2) (2)
									Total:	\$ 3,818.41
						HSI Represe	ntative:	Mark Brung	ardt	

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 ½% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection. Customer hereby agrees to pay all fees diracitly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts date of issue. Pricing does not include federal, state, or local taxes, or royalites and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. <u>DISCLAIMER NOTICE</u>: Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results form the use of any product or service. The information presented is a best estimate of that any be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

× Juan teroro

CUSTOMER AUTHORIZATION SIGNATURE



ALC: NOT	TMENT	a state has		Well: F-P Unit 1-5		Ticket:	wp1212
ity, State: L							3/14/2021
ALSO ALSO AND	arneo ka	nsas		County: Pawnee Kansas		Date:	
Field Rep:				S-T-R:	5-20s-19w	Service:	plug
Downhole Int	formation	A STOL		Calculated Slu	rry - Lead	Calcula	ited Slurry - Tail
Hole Size:	7 7/8 in	ē.		Blend:	H plug	Blend:	
Hole Depth:	1430 ft			Weight:	13.7 ppg	Weight:	ppg
Casing Size:	4 1/2 in	l.		Water / Sx:	6.9 gal / sx	Water / Sx:	gal / sx
Casing Depth:	ft			Yield:	1.43 ft ³ / sx	Yield:	ft ³ / sx
lubing / Liner:	in			Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	bbs / ft.
Depth:	ft			Depth:	ft	Depth:	ft
Tool / Packer:				Annular Volume:	0.0 bbls	Annular Volume:	0 bbls
Tool Depth:	ft			Excess:		Excess:	
Displacement:	Contraction State	bls		Total Slurry:	43.0 bbls	Total Slurry:	0.0 bbls
TIME DATE		TAGE BBLs	TOTAL BBLs	Total Sacks:	170 sx	Total Sacks:	0 sx
TIME RATE	PSI	T		on location job and safe			
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9:00 AM				1st plug 1430ft			
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		12.7	15.7	mix 50 sacks cement			
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Bulk #1:	D Mar			527/532	1		
Bulk #2:							

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

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Annie Kuether, Commissioner

October 10, 2024

Jerry Green Castle Resources, Inc. PO BOX 583 RUSSELL, KS 67665-0583

Re: Drilling Pit Application Laun SWD 1 SW/4 Sec.05-20S-19W Pawnee County, Kansas

Dear Jerry Green:

District staff has inspected the above referenced location and has determined that an unsealed condition will present a pollution threat to water resources.

District staff has recommended that the reserve pit be lined with bentonite or native clay, constructed <u>without slots</u>, the bottom shall be flat and reasonably level and the free fluids must be removed. The fluids are to be removed from the reserve pit as soon as the Hutchinson Salt section has been drilled through and displacement of the fluids into the reserve pit has occurred. The fluids should be removed again within 72 hours after drilling operations have ceased.

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

The fluids should be taken to an authorized disposal well. Please call the District Office at (620) 682-7933 when the fluids have been removed. Please file form CDP-5 (August 2008), Exploration and Production Waste Transfer, through KOLAR within 30 days of fluid removal.

A copy of this letter should be posted in the doghouse along with the approved Intent to Drill. If you have any questions or concerns please feel free to contact the District Office at (620) 682-7933.



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

Laura Kelly, Governor