| December 2002<br>Form must be Typed<br>Form must be Signed<br>All blanks must be Filled |
|-----------------------------------------------------------------------------------------|
|                                                                                         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RECEIVED                                                                                                                                                                                                                                                                                                                                                        |                                                                        |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--|--|
| For KCC Use: 3-13-04 KANSAS CORPOR OIL & GAS CONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RATION COMMISSION SERVATION DIVISION AND 18 2004                                                                                                                                                                                                                                                                                                                | Form C-1<br>December 2002                                              |  |  |
| District #NOTICE OF IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ITENT TO DOUG MICHITA                                                                                                                                                                                                                                                                                                                                           | Form must be Typed<br>Form must be Signed                              |  |  |
| SGA? Yes No NOTICE OF IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ILEMI TO DRILL                                                                                                                                                                                                                                                                                                                                                  | I blanks must be Filled                                                |  |  |
| Must be approved by KCC five                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ITENT TO DRILL  (5) days prior to comment Grell  Sols of  Spot                                                                                                                                                                                                                                                                                                  |                                                                        |  |  |
| Expected Spud Date April 5, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Spot S/2 NW SE                                                                                                                                                                                                                                                                                                                                                  | East                                                                   |  |  |
| month day year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 380' S - of NWSE Sec. 19 Twp. 27                                                                                                                                                                                                                                                                                                                                | S. R. 34                                                               |  |  |
| 32309                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ·                                                                                                                                                                                                                                                                                                                                                               | S Line of Section                                                      |  |  |
| OPERATOR: License# 32309 Name: Presco Western, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1980feet from ✓ E /                                                                                                                                                                                                                                                                                                                                             | <b>-</b>                                                               |  |  |
| Address: 1775 Sherman St., Suite #2950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Is SECTION ✓ RegularIrregular?                                                                                                                                                                                                                                                                                                                                  | _ W Eine of dection                                                    |  |  |
| City/State/Zip: Denver, Colorado 80203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | •                                                                                                                                                                                                                                                                                                                                                               |                                                                        |  |  |
| Contact Person: Richard Gray                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Note: Locate well on the Section Plat on re                                                                                                                                                                                                                                                                                                                    | verse side)                                                            |  |  |
| Phone: 303-864-1881 ext: 103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | County: <u>Haskell</u><br>Lease Name: <u>Ambrose Fross</u>                                                                                                                                                                                                                                                                                                      | Well #: 1-1019                                                         |  |  |
| Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                 | Well #: 1 1010                                                         |  |  |
| CONTRACTOR: License# 30606                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Field Name:                                                                                                                                                                                                                                                                                                                                                     |                                                                        |  |  |
| Name: Murfin Drilling Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Is this a Prorated / Spaced Field?                                                                                                                                                                                                                                                                                                                              | Yes ✓ No                                                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Target Formation(s): Morrow / Chester                                                                                                                                                                                                                                                                                                                           |                                                                        |  |  |
| Well Drilled For: Well Class: Type Equipment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Nearest Lease or unit boundary: 660' west                                                                                                                                                                                                                                                                                                                       |                                                                        |  |  |
| ✓ Oil Enh Rec ✓ Infield ✓ Mud Rotary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ground Surface Elevation: 3046.3                                                                                                                                                                                                                                                                                                                                | feet MSL                                                               |  |  |
| Gas Storage Pool Ext. Air Rotary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Water well within one-quarter mile:                                                                                                                                                                                                                                                                                                                             | Yes 40                                                                 |  |  |
| OWWO Disposal X Wildcat Cable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Public water supply well within one mile:                                                                                                                                                                                                                                                                                                                       | Yes V No                                                               |  |  |
| Seismic;# of Holes Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Depth to bottom of fresh water:                                                                                                                                                                                                                                                                                                                                 | 340                                                                    |  |  |
| Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Dopan to bottom of adapto water.                                                                                                                                                                                                                                                                                                                                | <u>, , , , , , , , , , , , , , , , , , , </u>                          |  |  |
| If OMNIGO A LINE IS A SECOND OF THE SECOND O              | Surface Pipe by Alternate:                                                                                                                                                                                                                                                                                                                                      |                                                                        |  |  |
| If OWWO: old well information as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Length of Conductor Pipe required: None                                                                                                                                                                                                                                                                                                                         | /                                                                      |  |  |
| Operator:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Projected Total Depth: 5500'                                                                                                                                                                                                                                                                                                                                    |                                                                        |  |  |
| Well Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Formation at Total Depth: Mississippian                                                                                                                                                                                                                                                                                                                         |                                                                        |  |  |
| Original Completion Date:Original Total Depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Water Source for Drilling Operations:                                                                                                                                                                                                                                                                                                                           |                                                                        |  |  |
| Directional, Deviated or Horizontal wellbore? Yes ✓ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Well Farm Pond Other N/A                                                                                                                                                                                                                                                                                                                                        |                                                                        |  |  |
| If Yes, true vertical depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DWR Permit #:                                                                                                                                                                                                                                                                                                                                                   |                                                                        |  |  |
| Bottom Hole Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ( <b>Note:</b> Apply for Permit with DWR                                                                                                                                                                                                                                                                                                                        | 7)                                                                     |  |  |
| KCC DKT #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Will Cores be taken?                                                                                                                                                                                                                                                                                                                                            | Yes No                                                                 |  |  |
| * Prorated & Spaced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | If Yes, proposed zone:                                                                                                                                                                                                                                                                                                                                          |                                                                        |  |  |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TID AVIIT                                                                                                                                                                                                                                                                                                                                                       |                                                                        |  |  |
| Husotone Panoma 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |  |  |
| <ol> <li>Notify the appropriate district office <i>prior</i> to spudding of well;</li> <li>A copy of the approved notice of intent to drill <i>shall be</i> posted on ea</li> <li>The minimum amount of surface pipe as specified below <i>shall be sethology</i> all unconsolidated materials plus a minimum of 20 feet into the sethology and the</li></ol> | et by circulating cement to the top; in all cases surface the underlying formation.  district office on plug length and placement is necessary  gged or production casing is cemented in;  ted from below any usable water to surface within 120  #133,891-C, which applies to the KCC District 3 area,  be plugged. In all cases, NOTIFY district office prior | y <i>prior to plugging;</i> days of spud date.  alternate II cementing |  |  |
| <del>\frac{1}{2}</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | /、人グメー                                                                                                                                                                                                                                                                                                                                                          |                                                                        |  |  |
| Date: March 5, 2004 Signature of Operator or Agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Title: President                                                                                                                                                                                                                                                                                                                                                |                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Remember to:                                                                                                                                                                                                                                                                                                                                                    |                                                                        |  |  |
| For KCC Use ONLY  API # 15 - O 8 1 - 2 15 2 1 · 00 · 00  Conductor pipe required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | File Drill Pit Application (form CDP-1) with Intent to E     File Completion Form ACO-1 within 120 days of spu     File acreage attribution plat according to field prora     Notify appropriate district office 48 hours prior to wo     Submit plugging report (CP-4) after plugging is com     Obtain written approval before disposing or injecting         | ud date;<br>tion orders;<br>orkover or re-entry;<br>npleted;           |  |  |
| This authorization expires: 9-8-04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | - If this permit has expired (See: authorized expiration                                                                                                                                                                                                                                                                                                        | n date) please                                                         |  |  |
| (This authorization expires: (This authorization void if drilling not started within 6 months of effective date.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | check the box below and return to the address below                                                                                                                                                                                                                                                                                                             |                                                                        |  |  |
| , Thomas of oncome date.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Well Not Drilled - Permit Expired                                                                                                                                                                                                                                                                                                                               | 1                                                                      |  |  |
| Spud date: Agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Signature of Operator or Agent:                                                                                                                                                                                                                                                                                                                                 | W                                                                      |  |  |
| Mail to: KCC - Conservation Division, 130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S. Market - Room 2078, Wichita, Kansas 67202                                                                                                                                                                                                                                                                                                                    | 4                                                                      |  |  |

# IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

MAR 0 8 2004

Plat of acreage attributable to a well in a prorated or spaced field

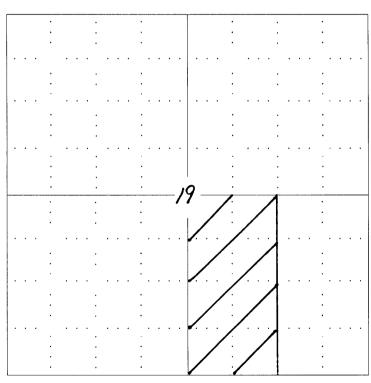
KCC WICHITA

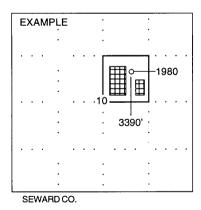
If the intended well is in a prorated or spaced field, please fully complete this side of the form. If the intended well is in a prorated or spaced field complete the plat below showing that the well will be properly located in relationship to other wells producing from the common source of supply. Please show all the wells and within 1 mile of the boundaries of the proposed acreage attribution unit for gas wells and within 1/2 mile of the boundaries of the proposed acreage attribution unit for oil wells.

| API No. 15 -                                   | Location of Well: County: Haskell                                             |  |
|------------------------------------------------|-------------------------------------------------------------------------------|--|
| Operator: Presco Western, LLC                  |                                                                               |  |
| Lease: Ambrose Fross                           | 1600 feet from N / ✓ S Line of Section 1980 feet from ✓ E / W Line of Section |  |
| Well Number: 1-1019                            | Sec. 19 Twp. 27 S. R. 34 East ✓ Wes                                           |  |
| Field:                                         |                                                                               |  |
| Number of Acres attributable to well: 80       | Is Section: ✓ Regular or ☐ Irregular                                          |  |
| QTR / QTR / QTR of acreage: 380' S - of - NWSE | If Section is Irregular, locate well from nearest corner boundary.            |  |
|                                                | Section corner used: NE NW SE SW                                              |  |

### **PLAT**

(Show location of the well and shade attributable acreage for prorated or spaced wells.)
(Show footage to the nearest lease or unit boundary line.)





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 section's south / north and east / west.
- 3. The distance to the nearest lease or unit boundary line.
- 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).