| For KCC (  | Jse:    | 5      | _        | 2 | 0 | 4 |
|------------|---------|--------|----------|---|---|---|
| Effective  | Date: _ |        |          |   |   |   |
| District # |         |        | <u> </u> |   |   |   |
| CCAS       | Vac     | TV No. |          |   |   |   |

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

# NOTICE OF INTENT TO DOLL I

Form C-1 September 1999 Form must be Typed
Form must be Signed

| SGA? Yes No                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | pproved by KCC f                          |                  |               |              | well              |                        | nks must be   |         |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------|------------------|---------------|--------------|-------------------|------------------------|---------------|---------|
|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | mast be ap            | proved by NOO1                            | vc (5) days p    | nor to cor    | mnencmg      | Well              |                        |               |         |
| Expected Spud Date                                                         | 05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01                    | 2004                                      | Spot             |               |              |                   |                        | -             | East _  |
|                                                                            | month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | day                   | year                                      | Ap 5/2           | .N/2          | SE           | Sec 27 T          | wp. <u>32S</u> S. R.   | 16E           | West    |
| OPERATOR: License# 333                                                     | 365                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                           | 1673             |               |              | feet from A       | (circle or             | an) Line of ( |         |
| Name: Layne Energy Ope                                                     | rating 11 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                           | 1322             |               |              | feet from         | E)/ W/ (circle of      | na) Line of   | Section |
| Address: 1900 Shawnee M                                                    | lission Parkway                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                           | ls SEC           | TION •        | Regula       | arIrregu          | ular?                  | ie) Lilie Oi  | Section |
| City/State/Zip: Mission Woo                                                | ods. KS 66205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4,                    | 10                                        | - 10 020         | 711014        | r\oguic      | iiiii egi         | ulai :                 |               |         |
| City/State/Zip: Melissa TI                                                 | nieme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \^~                   |                                           | _                |               |              | well on the Secti | ion Plat on reverse    | : side)       |         |
| Contact Person: Melissa TI<br>Phone: 913-748-3987                          | lienie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <i>_</i> ^·           |                                           |                  | y: Montgo     |              |                   |                        | 40.07         | ,       |
| Phone: 313-740-0307                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | /                     |                                           | _ Lease          | Name: J.      | formillo C   | 'horn " (ala      | We                     | ell #: 10-27  |         |
| CONTRACTOR: License#                                                       | 5831                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | . 0                   | Jou                                       |                  |               |              | herryvale         |                        |               |         |
| Name: MOKAT Drilling                                                       | And the second s | 6/3                   |                                           | ls this          | a Prorate     | d / Spaced   | Field?            |                        | Yes           | ✓ No ✓  |
| Trainio.                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                           |                  |               |              | rokee Coals       |                        |               |         |
| Well Drilled For:                                                          | Well Class:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Туре                  | Equipment:                                |                  |               |              | ndary: 1000'      |                        |               |         |
| Oil Enh Re                                                                 | c 🗸 Infield                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       | Mud Rotary                                |                  |               | Elevation:_  |                   |                        | fo            | eet MSL |
| ✓ Gas Storage                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | Air Rotary                                | Water            | well within   | one-quart    | er mile:          |                        | <b>V</b> ∕es  | No      |
| OWWO Disposa                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | Cable                                     |                  |               |              | thin one mile:    |                        | Yes           | V No V  |
| Seismic; # of H                                                            | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | L] '                  |                                           | ,                |               |              | ater: 150' 🚣      |                        |               |         |
| Other                                                                      | .c.cc Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                           |                  |               |              | water: 200'       |                        |               |         |
|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                           |                  |               |              | 1 <u>X</u>        |                        |               |         |
| If OWWO: old well informat                                                 | ion as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                           |                  |               |              | inned to be se    |                        |               |         |
| Operator:                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                           |                  |               |              | required: None    | e 🖊                    |               |         |
| Well Name:                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                           | Projec           | ted Total [   | Depth: 115   |                   |                        |               |         |
| Original Completion Dat                                                    | e:(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Original Tota         | l Depth:                                  | Forma            | tion at Total | Depth:       | Mississippia      | an                     |               |         |
| Bisself and B. C. C. C.                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                           |                  |               | r Drilling O |                   |                        |               |         |
| Directional, Deviated or Hor                                               | izontal Wellbore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ECEIVEL               | Yes 🗸 No                                  | )                | Well          | Farm         | Pond              | Other_X                |               |         |
| ii res, true vertical deptil                                               | KANSAS CORI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PORATION C            | OMMISSION                                 | – DWR F          | Permit #: _   |              |                   |                        |               |         |
| Bottom Hole Location:                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                           |                  |               | (Note:       | Apply for Permit  | with DWR 🔲 )           |               | _/      |
| KCC DKT #:                                                                 | ——— APF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <del>? 2 7 20</del>   | 04                                        | _ Will Co        | res be tak    | ken?         |                   |                        | Yes           | 1 No    |
|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                           | If Yes,          | proposed      | zone:        |                   |                        |               |         |
|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VATION DIVI           | SICN                                      | FEIDALUT         |               |              |                   |                        |               |         |
|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ICHITA, KS            |                                           | FFIDAVIT         |               |              |                   |                        |               |         |
| The undersigned hereby at                                                  | firms that the dr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | illing, compl         | etion and eventua                         | l plugging of    | this well v   | vill comply  | with K.S.A. 5     | 5-101, et. seq.        |               |         |
| It is agreed that the following                                            | ng minimum requ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | uirements w           | ill be met:                               |                  |               |              |                   |                        |               |         |
| 1. Notify the appropriate                                                  | e district office $\pmb{\mu}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | orior to spu          | dding of well;                            |                  |               |              |                   |                        |               |         |
| <ol><li>A copy of the approv</li></ol>                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                           |                  |               |              |                   |                        |               |         |
| 3. The minimum amour                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                           |                  |               |              | top; in all cas   | es surface pipe        | shall be s    | set     |
| through all unconsoli                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                           |                  |               |              |                   |                        |               |         |
| <ol> <li>If the well is dry hole</li> <li>The appropriate distr</li> </ol> | ict office will be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | notified hef          | e operator and th<br>are well is either r | e district offic | e on plug     | iength an    | a placement is    | s necessary <i>pri</i> | or to plug    | ging;   |
| 6. If an ALTERNATE II                                                      | COMPLETION,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | production            | pipe shall be cem                         | ented from b     | elow any      | usable wa    | ter to surface    | within 120 days        | of soud       |         |
| date. In all cases,                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                           |                  |               |              | /                 |                        | о приц        |         |
| I hereby certify that the sta                                              | itements made h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nerein are tr         | ue and to the be                          | t of my know     | ledge and     | belief.      | MAX               |                        |               |         |
| , ,                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | ( h                                       | · /              | ٠ .           |              | 10.               |                        |               |         |
| Date: 4/26/04                                                              | Signature of (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Operator or           | Agent:                                    | m, th            | 4 /           |              | Title:            | Agent                  |               |         |
|                                                                            | . 5 3, ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ,                     | 7/                                        | 7                | 1             |              |                   |                        |               |         |
| F 1/00 11 0                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | //                                        | Pama             | /<br>mber to: |              |                   |                        |               |         |
| For KCC Use ONLY                                                           | 3052                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 ~                   |                                           | 1                |               |              | , <u> </u>        |                        |               |         |
| API # 15 - 125 -                                                           | 100 d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . <i>1 ' U</i>        |                                           |                  |               |              |                   | with Intent to D       |               | N       |
| Conductor pipe required_                                                   | NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -<br>fo               | eet                                       | l l              |               |              |                   | 20 days of spuc        |               | 1       |
| Minimum surface pipe req                                                   | uired 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       | eet per Alt. + 2                          | <u>.</u> 1       | -             |              |                   | to field proration     |               | 7       |
| Approved by:                                                               | 4-27-0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ٠<br>۲                |                                           | - 1              | ntry;         | 413111       |                   | and prior to wo        |               |         |
|                                                                            | 10-27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 'nΨ                   |                                           | .                | -             | ing report   | (CP-4) after p    | lugging is comp        | leted;        | $\sim$  |
| This authorization expires:                                                | illian and started                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       | a of offentive detail                     | - Obt            | ain writter   | n approval   | before dispos     | ing or injecting       | salt water.   | り<br>と  |
| (This authorization void if dr                                             | uung not started w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ипі <b>п ь mont</b> h | s of effective date.)                     |                  |               |              |                   |                        |               | 1       |
| Spud date:                                                                 | Agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                           |                  |               |              |                   |                        |               |         |
| -   -   -   -   -   -   -   -   -   -                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                           |                  |               |              |                   |                        |               | 6       |
|                                                                            | Mail to: KCC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | - Conserv             | ation Division, 13                        | 30 S Market      | - Room 3      | 2078 Wist    | nita Kanese       | 67202                  |               | M       |
|                                                                            | a.i to. 1100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | AMOUNT PITIBIUM, IN                       | U. Mainel        | - INCUITE A   | LUIU, VVICI  | nta, Italiaas     | U1 4U4                 |               | 1 1     |

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

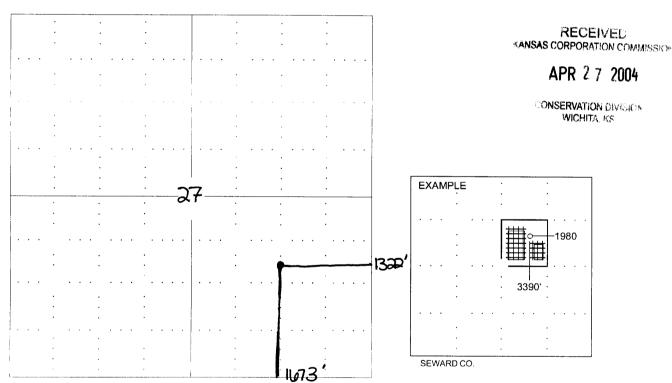
Plat of acreage attributable to a well in a prorated or spaced field

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: Montgomery                                                                                            |  |  |  |  |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Operator: Layne Energy Operating, LLC            | 1673 feet from S / N (circle one) Line of Section                                                                               |  |  |  |  |
| Lease: J. Martin                                 | 1322 feet from (E) W (circle one) Line of Section                                                                               |  |  |  |  |
| Well Number: 10-27 Field: Coffeyville-Cherryvale | 1673feet from S / N (circle one) Line of Section1322feet from E W (circle one) Line of SectionSec. 27Twp. 32SS. R. 16EEast West |  |  |  |  |
| Number of Acres attributable to well:            | Is Section Regular or Irregular                                                                                                 |  |  |  |  |
| QTR / QTR / QTR of acreage: SW - SW - SE         | If Section is Irregular, locate well from nearest corner boundary.  Section corner used:NENWSEZW                                |  |  |  |  |

### 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.
- 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).