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KANSAS CORPORATION COMMISSION

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

MAY 23 2006

Form C-1  
December 2002

Form must be Typed  
Form must be Signed  
All blanks must be Filled

For KCC Use:  
Effective Date: 5-28-06  
District # 3  
SGA?  Yes  No

**NOTICE OF INTENT TO DRILL**  
Must be approved by KCC five (5) days prior to commencing work in WICHITA, KS

Expected Spud Date 5/19/06  
month day year

Spot  East  
SE NE Sec. 34 Twp. 26S S. R. 17  West  
1896 feet from  N /  S Line of Section  
605 feet from  E /  W Line of Section  
Is SECTION  Regular  Irregular?

OPERATOR: License# 33583  
Name: Admiral Bay (USA) Inc.  
Address: 14550 E Easter Ave, Ste. 1000  
City/State/Zip: Centennial, CO 80112  
Contact Person: Steven Tedesco  
Phone: 303.671-7242

(Note: Locate well on the Section Plat on reverse side)  
County: Allen Woodson per operator contact -  
Lease Name: Smith Well #: 8-34-SQ  
Field Name: Humboldt-Chanute

CONTRACTOR: License# 5786  
Name: McGowan Drilling

Is this a Prorated / Spaced Field?  Yes  No  
Target Formation(s): Squirrel

Well Drilled For: Well Class: Type Equipment:  
 Oil  Enh Rec  Infield  Mud Rotary  
 Gas  Storage  Pool Ext.  Air Rotary  
 OWWO  Disposal  Wildcat  Cable  
 Seismic; # of Holes  Other  
 Other

Nearest Lease or unit boundary: 605 FEL  
Ground Surface Elevation: 963 feet MSL

If OWWO: old well information as follows:  
Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Original Completion Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

Water well within one-quarter mile:  Yes  No  
Public water supply well within one mile:  Yes  No

Directional, Deviated or Horizontal wellbore?  Yes  No

Depth to bottom of fresh water: 100'+  
Depth to bottom of usable water: 200'+

If Yes, true vertical depth: \_\_\_\_\_

Surface Pipe by Alternate:  1  2

Bottom Hole Location: \_\_\_\_\_

Length of Surface Pipe Planned to be set: 20'  
Length of Conductor Pipe required: None

KCC DKT #: \_\_\_\_\_

Projected Total Depth: 1200'  
Formation at Total Depth: Squirrel

Water Source for Drilling Operations:  
 Well  Farm Pond Other \_\_\_\_\_

DWR Permit #: \_\_\_\_\_

(Note: Apply for Permit with DWR )

Will Cores be taken?  Yes  No

If Yes, proposed zone: \_\_\_\_\_

**AFFIDAVIT**

RECEIVED  
KANSAS CORPORATION COMMISSION

MAY 16 2006

CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq.  
It is agreed that the following minimum requirements will be met:

1. Notify the appropriate district office **prior** to spudding of well;
2. A copy of the approved notice of intent to drill **shall be** posted on each drilling rig;
3. The minimum amount of surface pipe as specified below **shall be set** by circulating cement to the top; in all cases surface pipe shall be set through all unconsolidated materials plus a minimum of 20 feet into the underlying formation.
4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary **prior to plugging**;
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within **120 days** of spud date. Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. **In all cases, NOTIFY district office** prior to any cementing.

I hereby certify that the statements made herein are true and to the best of my knowledge and belief.

Date: 5/15/06 Signature of Operator or Agent: [Signature] Title: Land Manager

**For KCC Use ONLY**  
API # 15 - 207-27036-0000  
Conductor pipe required None feet  
Minimum surface pipe required 20 feet per Alt. **X 2**  
Approved by: RHS-23-06  
This authorization expires: 11-23-06  
(This authorization void if drilling not started within 6 months of effective date.)  
Spud date: \_\_\_\_\_ Agent: \_\_\_\_\_

**Remember to:**  
- File Drill Pit Application (form CDP-1) with Intent to Drill;  
- File Completion Form ACO-1 within 120 days of spud date;  
- File acreage attribution plat according to field proration orders;  
- Notify appropriate district office 48 hours prior to workover or re-entry;  
- Submit plugging report (CP-4) after plugging is completed;  
- Obtain written approval before disposing or injecting salt water.  
- If this permit has expired (See: authorized expiration date) please check the box below and return to the address below.  
 Well Not Drilled - Permit Expired  
Signature of Operator or Agent: \_\_\_\_\_  
Date: \_\_\_\_\_

34  
216  
17E

**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 - 207-27036-000  
 Operator: Admiral Bay (USA) Inc.  
 Lease: Smith  
 Well Number: 8-34-SQ  
 Field: Humboldt-Chanute  
 Number of Acres attributable to well: 40  
 QTR / QTR / QTR of acreage: \_\_\_\_\_ - SE - NE

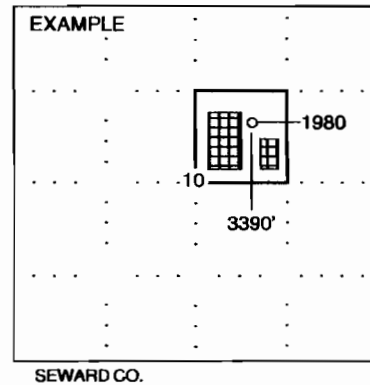
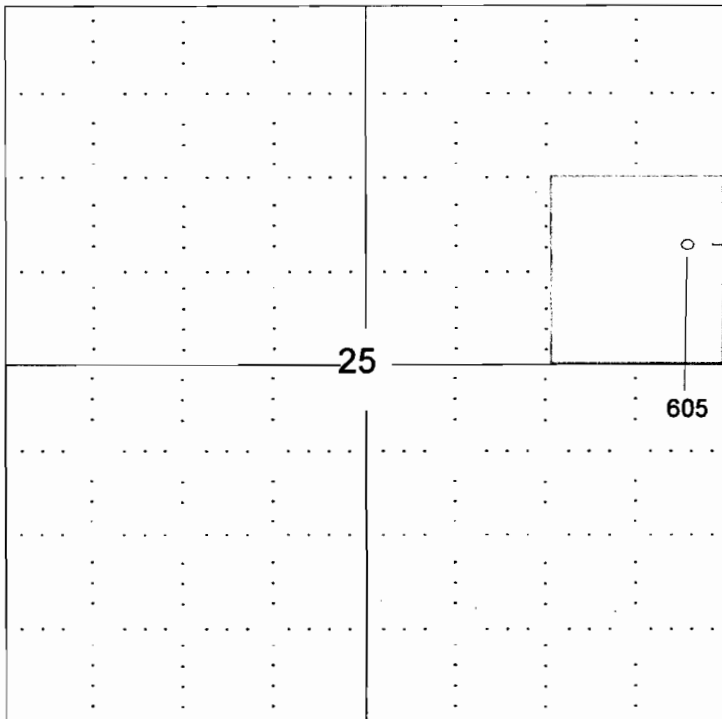
Location of Well: County: Allen  
 1896 \_\_\_\_\_ feet from  N /  S Line of Section  
 605 \_\_\_\_\_ feet from  E /  W Line of Section  
 Sec. 34 Twp. 26S S. R. 17  East  West

Is Section:  Regular or  Irregular

**If Section Is Irregular, locate well from nearest corner boundary.**  
 Section corner used:  NE  NW  SE  SW

**PLAT**

*(Show location of the well 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 location.**

**In plotting the proposed location of the well, you must show:**

1. The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.
2. The distance of the proposed drilling location from the section's south / north and east / west.
3. The distance to the nearest lease or unit boundary line.
4. If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat must be attached: (CO-7 for oil wells; CG-8 for gas wells).

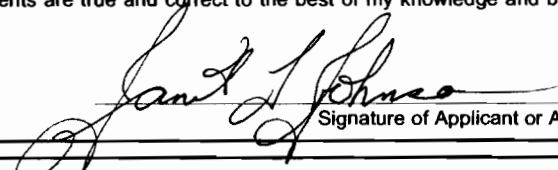
**RECEIVED**  
**KANSAS CORPORATION COMMISSION**  
**OIL & GAS CONSERVATION DIVISION**

Form CDP-1  
 April 2004  
 Form must be Typed

**APPLICATION FOR SURFACE PIT** **MAY 23 2006**

*Submit in Duplicate*

**CONSERVATION DIVISION**  
**WICHITA, KS**

|                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator Name: <b>Admiral Bay (USA) Inc.</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                   | License Number: <b>33583</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Operator Address: <b>14550 E Easter Ave., Ste. 100</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Contact Person: <b>Janet Johnson</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                   | Phone Number: ( <b>303</b> ) <b>350 - 1255</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Lease Name & Well No.: <b>Smith 8-34-SQ</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                   | Pit Location (QQQQ):<br>_____ SE _____ NE<br>Sec. <b>34</b> Twp. <b>26S</b> R. <b>17</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West<br><b>1896</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br><b>605</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br>_____ County<br><i>Allen Woodson per operator contact.</i> |
| Type of Pit:<br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit<br><input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit<br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit<br>(If WP Supply API No. or Year Drilled)         | Pit is:<br><input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing<br>If Existing, date constructed: _____<br>Pit capacity:<br><b>150</b> (bbls)                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                   | Chloride concentration: _____ mg/l<br>(For Emergency Pits and Settling Pits only)                                                                                                                                                                                                                                                                                                                                                                                  |
| Is the bottom below ground level?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                            | Artificial Liner?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                          | How is the pit lined if a plastic liner is not used?                                                                                                                                                                                                                                                                                                                                                                                                               |
| Pit dimensions (all but working pits): <u>20</u> Length (feet) <u>20</u> Width (feet) _____ N/A: Steel Pits<br>Depth from ground level to deepest point: <u>5</u> (feet)                                                                                                                                            |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| If the pit is lined give a brief description of the liner material, thickness and installation procedure.                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                   | Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring.                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                   | <b>RECEIVED</b><br><b>KANSAS CORPORATION COMMISSION</b><br><b>MAY 16 2006</b><br><b>CONSERVATION DIVISION</b><br><b>WICHITA, KS</b>                                                                                                                                                                                                                                                                                                                                |
| Distance to nearest water well within one-mile of pit<br><u>N/A</u> feet    Depth of water well _____ feet                                                                                                                                                                                                          | Depth to shallowest fresh water _____ feet.<br>Source of information:<br>_____ measured    _____ well owner    _____ electric log    _____ KDWR                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Emergency, Settling and Burn Pits ONLY:</b><br>Producing Formation: _____<br>Number of producing wells on lease: _____<br>Barrels of fluid produced daily: _____<br>Does the slope from the tank battery allow all spilled fluids to flow into the pit? <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Drilling, Workover and Haul-Off Pits ONLY:</b><br>Type of material utilized in drilling/workover: <u>Fresh Water &amp; Native mud</u><br>Number of working pits to be utilized: <u>2</u><br>Abandonment procedure: <u>Evaporation and back fill</u><br>Drill pits must be closed within 365 days of spud date. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| I hereby certify that the above statements are true and correct to the best of my knowledge and belief.                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| _____<br>Date                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                   | <br>Signature of Applicant or Agent                                                                                                                                                                                                                                                                                                                                            |
| <b>KCC OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Date Received: <u>5/16/06</u> Permit Number: _____ Permit Date: <u>5/23/06</u> Lease Inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

15-207-27036-0200