#### RECEIVED KANSAS CORPORATION COMMISSION

| For KCC Use:     | 100 2 COM |
|------------------|-----------|
| Effective Date:_ | 6-25-06   |
| District #       |           |
| CCA2 TVoc        | TV No     |

Kansas Corporation Commission Oil & Gas Conservation Division

JUN 1 5 2006

Form C-1

December 2002

| District #SGA? Yes X No  |   | OF INTENT TO DRILL  CONSERVATION DIVISION must be Signed WICHITA, KS  All blanks must be Filled                                  |
|--|---|--|
| lum -  |   |  |
| Expected Spud Date June  | 30, 2006<br>day year  | Spot   |
|  | / vear  | C NE SE Sec. 4 Twp. 35 S. R. 16 West   |
| OPERATOR: License# 33168   |   | 1980' FSL feet from N / V S Line of Section 660' FEL feet from V E / W Line of Section   |
| Name: WOOLSEY OPERATING COM Address: 125 N. Market, Suite 1000   | IPANY, LLC  | Is SECTION RegularIrregular?   |
| Wichita Kansas 67202   |   |  |
| Contact Person: Dean Pattisson   |   | (Note: Locate well on the Section Plat on reverse side)  County: Comanche  |
| Phone: 316-267-4379 ext 107  | ,   | Lease Name: Mc Moran 'C' Well #: 1   |
| F020   |   | Field Name: Yellowstone  |
| CONTRACTOR: License# 5929 /<br>Name: Duke Drilling Co., Inc.   |   | Is this a Prorated / Spaced Field?  Target Formation(s): Mississippian   |
| Well Drilled For: Well Cla   | nss: Type Equipment   | Negrest Lease or unit boundary 660'  |
|  | eld / Mud Rotary  | Ground Surface Elevation:1892'feet MSL   |
|  | ol Ext. Air Rotary  | Water well within one-quarter mile:  |
|  | dcat Cable  | Public water supply well within one mile:    Yes   No  |
| Seismic; # of Holes Oth  | ner   | Depth to bottom of fresh water: 180'   |
| Other  |   | Surface Pipe by Alternate:   |
| If OWWO: old well information as follows   | ٠.  | Length of Surface Pipe Planned to be set: 250'   |
| n/a  | s.<br>  | Langth of Conductor Dina required. D/a   |
| Well Name:   |   | Projected Total Depth: 5850'   |
| Original Completion Date:  | Original Total Depth:   | Formation at Total Depth: Viola  |
| Directional Deviated or Herizontal wellbe  | vas   | Water Source for Drilling Operations: No Well Farm Pond Other To be hauled   |
| Directional, Deviated or Horizontal wellbo   | _   |  |
| Bottom Hole Location:  |   |  |
| KCC DKT #:   |   | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
|  |   | If Yes, proposed zone:   |
|  |   | AFFIDAVIT  |
| The undersigned hereby affirms that the  | e drilling, completion and $\epsilon$   | 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:   |  |
| through all unconsolidated materi<br>4. If the well is dry hole, an agreem<br>5. The appropriate district office will<br>6. If an ALTERNATE II COMPLETIO<br>Or pursuant to Appendix "B" - Ea | intent to drill <b>shall be</b> pos<br>pipe as specified below <b>s</b> ,<br>ials plus a minimum of 20<br>nent between the operator<br>I be notified before well is o<br>DN, production pipe shall bastern Kansas surface cas |  |
| I hereby certify that the statements made  | de herein are true and to t   | the best of my knowledge and belief.   |
| Date: 06/13/06 Signature   | e of Operator or Agent:   | Title: Operations Manager  |
|  |   | Hemember to:   |
| For KCC Use ONLY  API # 15 - 033-21473   | 2-17777   | - File Drill Pit Application (form CDP-1) with Intent to Drill; - File Completion Form ACO-1 within 120 days of spud date;       |
| À la   |   | - File acreage attribution plat according to field proration orders;   |
| Conductor pipe required  | aco feet per Alt  | Notify appropriate district office 48 hours prior to workover or re-entry;   |
| Approved by: Kut 6-20-00   | reet per Ait.   | - Submit plugging report (CP-4) after plugging is completed; - Obtain written approval before disposing or injecting salt water. |
| This authorization expires: 12-20-1  | 06  | - If this permit has expired (See: authorized expiration date) please  |
| (This authorization void if drilling not starte  | ed within 6 months of approva   | check the box below and return to the address below.  Well Not Drilled - Permit Expired  |
| Spud date:Agent  | t:  | Signature of Operator or Agent:  |
| Mail to: K   | (CC - Consequation Divis  | Date:  |

#### 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.

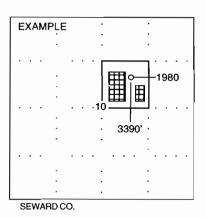
| API No. 15 - 033-21473-000               | Location of Well: County: Comanche                                 |
|--|--|
| Operator: WOOLSEY OPERATING COMPANY, LLC | 1980' FSLfeet from N / V S Line of Section                         |
| Lease: Mc Moran 'C'                      | 660' FEL feet from V E / W Line of Section                         |
| Well Number:1                            | Sec. 4 Twp. 35 S. R. 16 East  West                                 |
| Number of Acres attributable to well:    | Is Section: Regular or Irregular                                   |
| QTR / QTR / QTR of acreage: C - NE - SE  | 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.)

|   |   |                                       |              |   |             |   |   |                                       |   |       | Т   |     |   | _           |   |   |      |   |      |      |             |     |      |              |
|---|---|---------------------------------------|--------------|---|-------------|---|---|---------------------------------------|---|-------|-----|-----|---|-------------|---|---|------|---|------|------|-------------|-----|------|--------------|
|   |   | •                                     |              |   |             |   |   | •                                     |   |       | - 1 |     |   | •           |   |   |      | •   |      |      | •           |     |      |              |
| 1 |   |                                       |              |   |             |   |   |                                       |   |       | - 1 |     |   |             |   |   |      |   |      |      |             |     |      |              |
| 1 |   |                                       |              |   |             |   |   |                                       |   |       | - 1 |     |   |             |   |   |      |   |      |      |             |     |      |              |
| 1 |   |                                       |              |   |             |   |   | •                                     |   |       | - 1 |     |   | •           |   |   |      | •   |      |      | •           |     |      |              |
| 1 |   |                                       |              |   |             |   |   |                                       |   |       | - 1 |     |   |             |   |   |      |   |      |      |             |     |      |              |
| 1 |   |                                       |              |   |             |   |   |                                       |   |       |     |     |   |             |   |   |      |   |      |      |             |     |      |              |
| 1 | • |                                       |              | • | -           | - | • |                                       | • |       |     | •   | • |             | • | • | •    |   |      | •    |             |     | •    | •            |
| 1 |   |                                       |              |   |             |   |   |                                       |   |       | - 1 |     |   |             |   |   |      |   |      |      |             |     |      |              |
| 1 |   |                                       |              |   |             |   |   | •                                     |   |       | - 1 |     |   | •           |   |   |      |   |      |      |             |     |      |              |
| 1 |   |                                       |              |   |             |   |   |                                       |   |       | - 1 |     |   |             |   |   |      |   |      |      |             |     |      |              |
| 1 |   | •                                     |              |   | •           |   |   | •                                     |   |       | - 1 |     |   | •           |   |   |      | •   |      |      | •           |     |      |              |
|   |   |                                       |              |   |             |   |   |                                       |   |       | - 1 |     |   |             |   |   |      |   |      |      |             |     |      |              |
| 1 |   |                                       |              |   |             |   |   |                                       |   |       |     |     |   |             |   |   |      |   |      |      |             |     |      |              |
| 1 |   |                                       |              |   |             |   |   |                                       |   |       |     |     |   |             |   |   |      |   |      |      |             |     |      |              |
|   |   |                                       |              |   |             |   |   |                                       |   |       |     |     |   |             |   |   |      |   |      |      |             |     |      |              |
|   |   | •                                     |              |   |             |   |   | •                                     |   |       |     |     |   | •           |   |   |      | •   |      |      | •           |     |      |              |
|   |   |                                       |              |   |             |   |   |                                       |   |       | Ų   |     |   |             |   |   |      |   |      |      |             |     |      |              |
|   |   |                                       |              |   |             |   |   |                                       |   |       |     |     |   |             |   |   |      |   |      |      |             |     |      |              |
|   |   |                                       |              |   |             |   |   |                                       |   |       |     |     |   |             |   |   |      |   |      |      |             |     |      |              |
|   |   |                                       |              |   |             |   |   |                                       |   |       |     |     |   |             |   |   |      |   |      |      |             |     |      |              |
|   |   |                                       |              |   |             |   |   |                                       |   |       | .   |     |   |             |   |   |      |   |      |      |             |     |      |              |
|   |   |                                       |              |   |             |   |   |                                       |   |       | - 1 |     |   |             |   |   |      |   |      |      |             |     |      |              |
| 1 |   |                                       |              |   | •           |   |   |                                       |   |       | - 1 |     |   |             |   |   |      | •   |      |      |             |     |      |              |
| 1 |   |                                       |              |   |             |   |   |                                       |   |       | - 1 |     |   |             |   |   |      |   |      |      |             |     |      |              |
| 1 |   |                                       |              |   |             |   |   |                                       |   |       | - 1 |     |   |             |   |   |      |   |      |      |             |     |      |              |
| 1 |   | •                                     |              |   |             |   |   | •                                     |   |       |     |     |   | •           |   |   |      |   |      |      | •           |     |      |              |
| 1 |   |                                       |              |   |             |   |   |                                       |   |       |     |     |   |             |   |   |      |   |      |      |             |     |      |              |
|   |   |                                       |              |   |             |   |   |                                       |   |       |     |     |   |             |   |   |      |   |      |      |             |     |      |              |
| 1 |   | •                                     |              |   |             |   |   |                                       |   |       |     |     |   | •           |   |   |      |   |      |      | •           |     |      |              |
| _ |   | <u>.</u>                              | _            |   |             |   |   | _                                     |   | _     | 4   | 1 . |   | •           |   |   | _    | <u>.                                     </u> |      |      | _           |     |      |              |
|   |   | <u>.</u>                              | _            |   |             |   |   |                                       |   | _     | 4   | 1   |   | •           |   |   | _    | ·   |      |      | •           |     |      |              |
|   |   | ·<br>:                                | _            |   |             |   |   |                                       |   | _     | 4   | 1   |   | •           |   | _ |      |   |      |      | •           |     |      |              |
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|   |   |                                       |              |   |             |   |   |                                       |   |       | 4   |     |   |             |   |   | . 19 | 980   | ' F: | SL   |             |     | ' F  |              |



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

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

- The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.
- 2. The distance of the proposed drilling location from the section's south / north and east / west.
- 3. The distance to the nearest lease or unit boundary line.
- 4. If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat must be attached: (C0-7 for oil wells; CG-8 for gas wells).

## RECEIVED KANSAS CORPORATION COMMISSION

Kansas Corporation Commission Oil & Gas Conservation Division

JUN 1 5 2006

Form CDP-1 April 2004

### APPLICATION FOR SURFACE PIT

CONSERVATION DIVISION Form must be Typed WICHITA, KS

Submit in Duplicate

| Operator Name: Woolsey Opera  | ting Compan           | License Number: 33168   |   |  |  |  |  |  |  |
|---|-----------------------|---|---|--|--|--|--|--|--|
| Operator Address: 125 N. Mark   | et, Suite 10          | chita, Kansas 67202   |   |  |  |  |  |  |  |
| Contact Person: Carl W. Durr  |                       | Phone Number: (620)886 - 5606 ext 27                            |   |  |  |  |  |  |  |
| Lease Name & Well No.: McMora   | <br>ın C-1            | Pit Location (QQQQ):  |   |  |  |  |  |  |  |
| Type of Pit:  | Pit is:               |   |   |  |  |  |  |  |  |
| Emergency Pit Burn Pit  | <b>✓</b> Proposed     | Existing  | Sec. 4 Twp. 35 R. 16 East 🗸 West  |  |  |  |  |  |  |
| Settling Pit  | If Existing, date of  | onstructed:   |   |  |  |  |  |  |  |
| Workover Pit Haul-Off Pit   | Pit capacity:         |   | Feet from 🗹 East / 🗌 West Line of Section   |  |  |  |  |  |  |
| (If WP Supply API No. or Year Drilled)  |                       | (bbls)  | Comanche County   |  |  |  |  |  |  |
| Is the pit located in a Sensitive Ground Water  | Area? Yes             | √No   | Chloride concentration: mg/l  |  |  |  |  |  |  |
| Is the bottom below ground level?   | Artificial Liner?     |   | (For Emergency Pits and Settling Pits only)  How is the pit lined if a plastic liner is not used? |  |  |  |  |  |  |
| Yes No  | Yes V                 | No  | Clays from mud will provide sealer.   |  |  |  |  |  |  |
| Pit dimensions (all but working pits):  | SO Length (fe         | eet) 80   | Width (feet) N/A: Steel Pits  |  |  |  |  |  |  |
|   | om ground level to de |   | ` '   |  |  |  |  |  |  |
| If the pit is lined give a brief description of the   |                       |   | edures for periodic maintenance and determining   |  |  |  |  |  |  |
| material, thickness and installation procedure  |                       | 1   | ncluding any special monitoring.  |  |  |  |  |  |  |
|   |                       | Monitor pits until thoroughly dry.                              |   |  |  |  |  |  |  |
|   |                       |   |   |  |  |  |  |  |  |
|   |                       |   |   |  |  |  |  |  |  |
| Distance to nearest water well within one-mile  | e of pit              | Depth to shallowest fresh waterfeet. Source of information:     |   |  |  |  |  |  |  |
| NA feet Depth of water well   | feet                  | measuredwell owner electric logKDWR                             |   |  |  |  |  |  |  |
| Emergency, Settling and Burn Pits ONLY:   |                       | Drilling, Workover and Haul-Off Pits ONLY:                      |   |  |  |  |  |  |  |
| Producing Formation:  |                       | Type of material utilized in drilling/workover: Fresh           |   |  |  |  |  |  |  |
| Number of producing wells on lease:   |                       | Number of working pits to be utilized: 3                        |   |  |  |  |  |  |  |
| Barrels of fluid produced daily:  |                       | Abandonment procedure: When dry, backfill and restore location. |   |  |  |  |  |  |  |
| Does the slope from the tank battery allow all flow into the pit? Yes No                                | spilled fluids to     | 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. |                       |   |   |  |  |  |  |  |  |
|   |                       |   |   |  |  |  |  |  |  |
| 06/13/06  |                       |   |   |  |  |  |  |  |  |
| Date  | Dean                  | Pattisson S   | ignature of Applicant or Agent  |  |  |  |  |  |  |
| KCC OFFICE USE ONLY  RFAS   |                       |   |   |  |  |  |  |  |  |
| Date Received: 6/19/06 Permit Number: Permit Date: 4/20/06 Lease Inspection: Yes No                     |                       |   |   |  |  |  |  |  |  |

# KANSAS

CORPORATION COMMISSION

KATHLEEN SEBELIUS, GOVERNOR

BRIAN J. MOLINE, CHAIR
ROBERT E. KREHBIEL, COMMISSIONER
MICHAEL C. MOFFET, COMMISSIONER

June 20, 2006

Mr. Dean Pattisson Woolsey Operating company, LLC 125 N. Market Ste 1000 Wichita, KS 67202

Re: Drilling Pit Application

McMoran C Lease Well No. 1 SE/4 Sec. 04-35S-16W Comanche County, Kansas

Dear Mr. Pattisson:

District staff has inspected the above referenced location and has determined that the reserve pit shall be constructed <u>without slots</u>, the bottom shall be flat and reasonably level and the free fluids must be removed. The fluids are to be removed from the reserve pit as soon as the Hutchinson Salt section has been drilled through and displacement of the fluids into the reserve pit has occurred. The fluids should be removed again as soon as practical after drilling operations have ceased.

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

The fluids should be taken to an authorized disposal well. Please call the District Office at (620) 225-8888 when the fluids have been removed. Please file form CDP-5 (August 2004), Exploration and Production Waste Transfer, within 30 days of fluid removal. Conservation division forms are available through our office and on the KCC web site: www.kcc.state.ks.us/conservation/forms.

A copy of this letter should be posted in the doghouse along with the approved Intent to Drill.

If you have any questions or concerns please feel free to contact the undersigned at the above address.

Sincerely,

Kathy Haynes

Department of Environmental Protection and Remediation

cc: File