

DWVO

For KCC Use: 8-9-06
Effective Date: 2
District # 2
SGA? Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form C-1
December 2002

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

NOTICE OF INTENT TO DRILL

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

Expected Spud Date September 13, 2006
month day year

Spot East
NW SE NW Sec. 7 Twp. 26 S. R. 3 West
1480 feet from N / S Line of Section
1475 feet from E / W Line of Section

OPERATOR: License# 30178
Name: Ohaebosim Medical Clinic
Address: 2810 E. 21st
City/State/Zip: Wichita, KS 67214
Contact Person: Dr. Linus Ohaebosim
Phone: 316-681-1901

Is SECTION Regular Irregular?
(Note: Locate well on the Section Plat on reverse side)

CONTRACTOR: License# 32854
Name: Gulick Drilling Company, Inc.

County: Butler
Lease Name: Edson A Well #: 3 SWD
Field Name: Butwick

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

Is this a Prorated / Spaced Field? Yes No
Target Formation(s): Arbuckle
Nearest Lease or unit boundary: 1475

If OWVO: old well information as follows:
Operator: Ohaebosim Medical Clinic
Well Name: Edson A/B
Original Completion Date: 3/19/94 Original Total Depth: 3266

Ground Surface Elevation: 1329 feet MSL
Water well within one-quarter mile: Yes No
Public water supply well within one mile: Yes No

Directional, Deviated or Horizontal wellbore? Yes No
if Yes, true vertical depth: _____
Bottom Hole Location: _____
KCC DKT #: _____

Depth to bottom of fresh water: 100
Depth to bottom of usable water: 150
Surface Pipe by Alternate: 1 2
Length of Surface Pipe ~~Planned to be set:~~ 286 214 per ACO-1

Length of Conductor Pipe required: 0
Projected Total Depth: 3500
Formation at Total Depth: Arbuckle

Water Source for Drilling Operations:
 Well Farm Pond Other Hauled

DWR Permit #: _____
(Note: Apply for Permit with DWR)
Will Cores be taken? Yes No
If Yes, proposed zone: _____

AFFIDAVIT

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

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

I hereby certify that the statements made herein are true and to the best of my knowledge and belief.
Date: 8/2/06 Signature of Operator or Agent: Dany Reed Title: Consulting Engineer as agent

For KCC Use ONLY
API # 15 - 015-23393-00-01
Conductor pipe required None feet
Minimum surface pipe required 214 feet per Alt. 1
Approved by: RH 8-4-06
This authorization expires: 2-4-07
(This authorization void if drilling not started within 6 months of approval 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: _____

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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AUG 03 2006
KCC WICHITA

7
26
3E

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

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

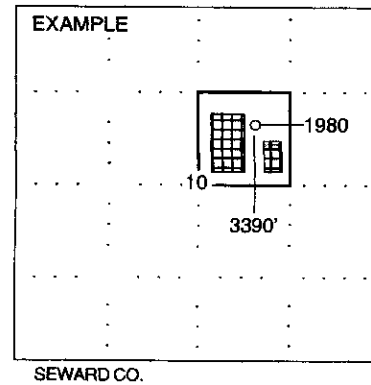
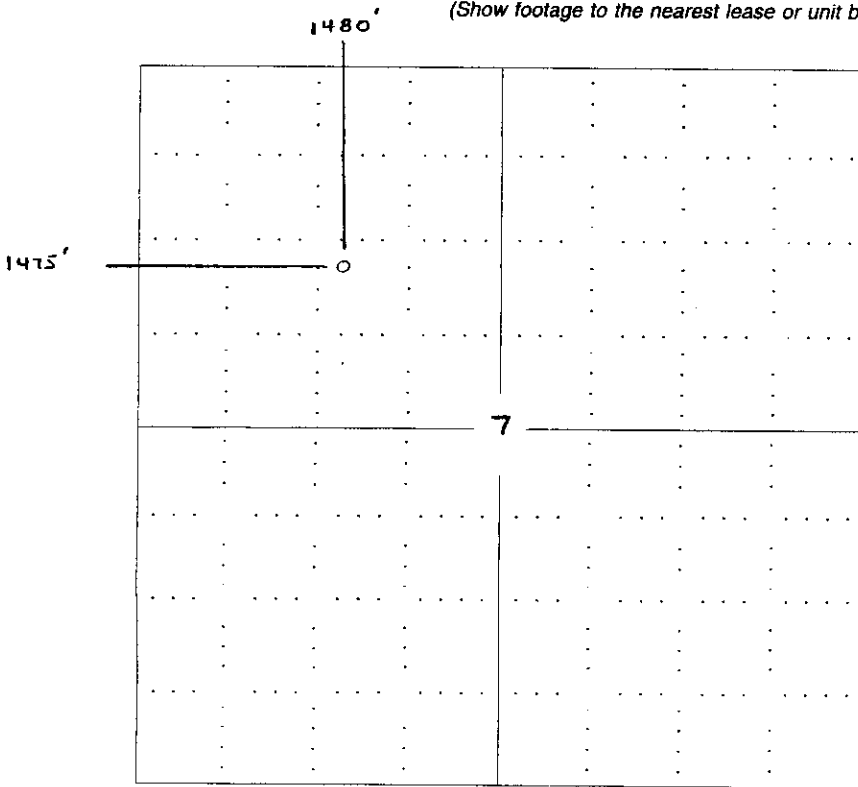
If the intended well is in a prorated or spaced field, please fully complete this side of the form. If the intended well is in a prorated or spaced field complete the plat below showing that the well will be properly located in relationship to other wells producing from the common source of supply. Please 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 - 015-23393-00-01
 Operator: Ohaebosim Medical Clinic
 Lease: Edson A
 Well Number: 3 SWD
 Field: Butwick
 Number of Acres attributable to well: _____
 QTR / QTR / QTR of acreage: NW - SE - NW

Location of Well: County: Butler
 1480 _____ feet from N / S Line of Section
 1475 _____ feet from E / W Line of Section
 Sec. 7 Twp. 26 S. R. 3 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 locaton.

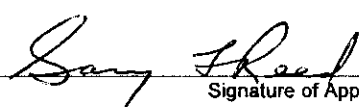
In plotting the proposed location of the well, you must show:

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

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
APPLICATION FOR SURFACE PIT**

Form CDP-1
April 2004
Form must be Typed

Submit in Duplicate

Operator Name: Ohaebosim Medical Clinic		License Number: 30178
Operator Address: 2810 E. 21st		
Contact Person: Dr. Linus Ohaebosim		Phone Number: (316) 681 - 1901
Lease Name & Well No.: Edson A #3 SWD		Pit Location (QQQQ): NW SE NW Sec. 7 Twp. 26 R. 3 <input checked="" type="checkbox"/> East <input type="checkbox"/> West 1480 Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section 1475 Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section Butler County
Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit <i>(If WP Supply API No. or Year Drilled)</i>	Pit is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: _____ (bbls)	
Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Chloride concentration: _____ mg/l <i>(For Emergency Pits and Settling Pits only)</i>
Is the bottom below ground level? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Artificial Liner? <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): 60 Length (feet) 60 Width (feet) N/A: Steel Pits Depth from ground level to deepest point: 5 (feet)		
If the pit is lined give a brief description of the liner material, thickness and installation procedure. Bentonite		Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring.
Distance to nearest water well within one-mile of pit 1886 feet Depth of water well 62 feet		Depth to shallowest fresh water <u>static level</u> 15 feet. Source of information: _____ measured _____ well owner _____ electric log <input checked="" type="checkbox"/> KDWR
Emergency, Settling and Burn Pits ONLY: Producing Formation: _____ Number of producing wells on lease: _____ Barrels of fluid produced daily: _____ Does the slope from the tank battery allow all spilled fluids to flow into the pit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Drilling, Workover and Haul-Off Pits ONLY: Type of material utilized in drilling/workover: Native mud/bentonite Number of working pits to be utilized: 2 Abandonment procedure: Allow to dry and backfill. _____ 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.		
8/2/06 Date	 Signature of Applicant or Agent	

15-D15-23393-00-01

KCC OFFICE USE ONLY			
Date Received: 8/3/06	Permit Number: _____	Permit Date: 8/3/06	Lease Inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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KCC WICHITA

KANSAS

CORPORATION COMMISSION

KATHLEEN SEBELIUS, GOVERNOR

BRIAN J. MOJINE, CHIEF

ROBERT E. KREHBIEL, COMMISSIONER

MICHAEL C. MOFFET, COMMISSIONER

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

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

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

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

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

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

COMMISSION
of Building
67202

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

API NUMBER 15015233930000

LEASE NAME Edson

WELL NUMBER 3
1475 Ft. from E Section Line

1480 Ft. from E Section Line

SEC. 7 TWP. 265 RGE. 3 (E) or (W)

COUNTY Butler

Date Well Completed 3-19-94

Plugging Commenced 3-19-94

Plugging Completed 3-19-94

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

OPERATOR Ohaebosim Medical Clinic, Inc.

2810 East 21st Street, Wichita, Kansas 67214

PHONE(S) (316) 681-1901 OPERATORS LICENSE NO. 30178

Character of Well D & A

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 3-19-94 (date)

by Don Tompson (KCC District Agent's Name).

Is ACC-1 filed? No If not, is well log attached? No

Producing Formation _____ Depth to Top _____ Bottom _____ T.O. 3266

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

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out

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

3-19-94 set 35 SX Plug @ 260' and 25 SX Plug @ 60' see Sun Cementing ticket # 4312

Name of Plugging Contractor Summit Drilling Co. Inc., License No. 30141

Address PO Box 2004, Emporia, Kansas 66801

RECEIVED
STATE CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Ohaebosim Medical Clinic, Inc.

JUN 09 1994

STATE OF Kansas COUNTY OF Sedgwick, ss.

H. L. Wofford/ Production Supt.

CONSERVATION DIVISION
Wichita, Kansas

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

(Signature) H. L. Wofford

(Address) H. L. Wofford
PO Box 780746, Wichita, Kansas 67278

SUBSCRIBED AND SWORN TO before me this 13 day of June, 1994

Linda K. Sherry
Notary Public

USE ONLY ONE SIDE OF EACH FORM

LINDA K. SHERRY
NOTARY PUBLIC
STATE OF KANSAS
My Appl. Exp. 12/94

Form 0-1
Revised 05-88