For KCC Use: Effective Date:	9-5-00
District #	7
SGA? Yes	No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

NOTICE OF INTENT TO DRILL

Form C-1
December 2002
Form must be Typed
Form must be Signed
All blanks must be Filled

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

Expected Spud Date Septe	mber 15, 2006	• •	ed by Noo iive	5	o' N	y wen			_
Expected Spud Date	month	day	year		W-5W-	20	12		East
		Uay	year	\$674-717Z	W/2 NE		wp. 12 S. R		
OPERATOR: License# 6037					1600 2310		✓ N / □S		
Name: Staab Oil Company						feet from		Line of Section	n
Address: 1607 Hopewell Rd.			Personal materials and a second material and a second materials and a second materials and a second materials and a second materials and a second material and a second material and a second materials and a second materials and a	Is SECT	ION <u>✓</u> Regu	ılarırregu	lar?		
City/State/Zip: Hays, KS 6760	91				(Note: Locate	well on the Section	on Plat on revers	e side)	
Contact Person. Frank Staab				County:	Ellis				
Phone: 785-625-5013			<u> </u>	Lease N			w	/eli #: 6	
	227 1			Field Na	me: Schmeidle	r NW			
CONTRACTOR: License# 33	231 0			Is this a	Prorated / Space	d Field?	_	✓ Yes	No
Name: Anderson Drilling				Target F	ormation(s): A	rbuckle			
Well Drilled For:	Well Class:	Time Faul	'n mant:		Lease or unit bot	220			
_ /_		Type Equi	-	Ground :	Surface Elevation:	2135		feet	MSL
✓ Oil Enh Rec	Infield	Mud	-	Water w	ell within one-qua	rter mile:		√ Yes	No
Gas Storage	Pool Ext.	Air Ro	-	Public w	ater supply well w	vithin one mile:		Yes ✓	No
OWWO Disposal	Wildcat	Cable	!		bottom of fresh				
Seismic; # of Hol	es Other			Depth to	bottom of usable	water: 859 7	3 0		
Other					Pipe by Alternate:				
If OMMAN. and wall information	as follows:				of Surface Pipe P		225		
If OWWO: old well information					of Conductor Pipe				
Operator:				Projector	d Total Depth:	3750			
Well Name:		inimal Total Day	Al-		n at Total Depth:	A min a control m			
Original Completion Date:	Or	iginai lotai Dep	om:		ource for Drilling				
Directional, Deviated or Horizo	ntal wellbore?	ſ	Yes No	(ell Farm Po	•	Hauling		
If Yes, true vertical depth:				DWR Pe	LJ	na Olilei			
Bottom Hole Location:				Dimiti		: Apply for Permit	with DWR 🔲)		
KCC DKT #:				Will Core	es be taken?	. Арру юг гения	<i>""" DVI</i> ()	□ Voc □	No
	and the second s							Yes	
•				ii tes, p	roposed zone:				<u> </u>
			AFFI	DAVIT			14	ECEIVE	1
The undersigned hereby affire	ns that the drilli	ng, completion	and eventual pl	ugging of th	is well will compl	y with K.S.A. 55	et. seq.	JG 3 0 20f	
It is agreed that the following	minimum requir	ements will be	met:				AL	ng an cor	
Notify the appropriate of the control of the c	listrict office pri	or to soudding	of well:				VC	C WICH	NTA
2. A copy of the approved				ch drilling rig	K		へし	CAMICE	
3. The minimum amount of	of surface pipe a	s specified be	low shall be se	t by circulat	ing cement to the	e top; in all case	s surface pipe	shall be set	
through all unconsolida									
4. If the well is dry hole, a								ior to pluggin	ıg;
 The appropriate district If an ALTERNATE II Co 								e of enud data	
Or pursuant to Append									
must be completed with			•	-			•		_
hereby certify that the state	-	•			-		•	,	
Thoroby cortiny that the states	norna mado noi	ciii die tide di	allow.		V_{i}	^			
Date: 8-28-06	Signature of Op	erator or Ager	nt: +	mici	oc the	Title:	Parly	~ez	
		ŭ	7.			· <u> </u>	•		
- KOO (I. OVIIV		, , , , , , , , , , , , , , , , , , , ,		Rememb					
For KCC Use ONLY		7	l		Il Pit Application (_
API # 15 - 051-25		<i></i>			mpletion Form AC reage attribution p				χ
Conductor pipe required	None	feet	ļ		reage auribution p appropriate district	-			0
Minimum surface pipe requir	ad 200	feet pe	TAIT Y (3)	•	plugging report (•	-	1
Approved by: Put 8-31-0	Lø	Tool pe	" ^" ^ (2)		written approval I	,			_
Approved by: Pres 6 - 31	2-28-07				permit has expired				2
This authorization expires:		ermen. Vincentra mere naturi ne escala armina inseria a com	TOTAL STANDARD AND AND AND AND AND AND AND AND AND AN		he box below and			at hiseas	-
(This authorization void if drillii	ng not started with	in 6 months of a	pproval date.)	C7	li Not Drilled - P				ı
Snud data:	Acont-		ļ		re of Operator or a				-
Spud date:	Agent:			อเนูก สเ น	is or operator or a	Date:			7
									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

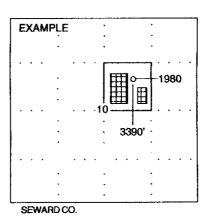
If the Intended well is in a prorated or spaced field, please fully complete this side of the form. If the intended well is in a prorated or spaced field complete the plat below showing that the well will be properly located in relationship to other wells producing from the common source of supply. Please 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 - 051-25570-0000	Location of Well: County: Ellis
Operator: Staab Oil Company	
Lease: Karlin	1600 feet from VN/S Line of Section 2310 feet from VE/W Line of Section
Well Number: 6	Sec. 29 Twp. 12 S. R. 17 East Wes
Field: Schmeidler NW	
Number of Acres attributable to well:	is Section: 🔽 Regular or 📋 Irregular
QTR / QTR of acreage: 50N-W/2 - NE	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.)

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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

Form CDP-1 April 2004 Form must be Typed

APPLICATION FOR SURFACE PIT

Submit in Duplicate

Operator Name: Staab Oil Company			License Number: 6037			
Operator Address: 1607 Hopewe	ll Rd. Hays	67601				
Contact Person: Frank Staab			Phone Number: (785) 625 - 5013			
Lease Name & Well No.: Karlin #6			Pit Location (QQQQ):			
Type of Pit:	Pit is:		50/N _ W/2 _ WH2 _ NE			
Emergency Pit Burn Pit	✓ Proposed	Existing	Sec. 29 Twp. 12 R. 17 East / West			
Settling Pit	If Existing, date of	onstructed:	1600 Feet from 🗸 North / South Line of Section			
Workover Pit Haul-Off Pit	Pit capacity:	4 44 4 44 4 4				
(If WP Supply API No. or Year Drilled)	rit capacity.	(bbis)	Ellis			
Is the pit located in a Sensitive Ground Water	Area? Yes ✓	No	Chloride concentration:mg/l			
			(For Emergency Pits and Settling Pits only)			
Is the bottom below ground level?	Artificial Liner?		How is the pit lined if a plastic liner is not used?			
✓ Yes No	Yes 🗸	No	Native Clay & Chemical Mud			
Pit dimensions (all but working pits):	O Length (fe	et) 80	Width (feet) N/A: Steel Pits			
Depth fr	om ground level to de	epest point:5	(feet)			
If the pit is lined give a brief description of the material, thickness and installation procedure		liner integrity, i	AUG 3 0 2006			
Distance to nearest water well within one-mile (6/0 NA feet Depth of water well	of pit 30 feet		west fresh water			
Emergency, Settling and Burn Pits ONLY:		Drilling, Workover and Haul-Off Pits ONLY:				
			Type of material utilized in drilling/workover: Chemical Mud			
			Number of working pits to be utilized: 3			
Barrels of fluid produced daily:		Abandonment procedure: Evaporate & Backfill				
Does the slope from the tank battery allow all spilled fluids to			rill pits must be closed within 365 days of spud date.			
I hereby certify that the above state	ments are true and o	correct to the besi	t of my knowledge and belief.			
8-28-2006 Date			ignature of Applicant or Agent			
KCC OFFICE USE ONLY						
Date Received: 8/30/06 Permit Num	her:	Perm	it Date: 8/30/06 Lease Inspection: Yes No			