



For KCC Use: 4-23-07  
 Effective Date: 4-23-07  
 District # 1  
 SGA?  Yes  No

KANSAS CORPORATION COMMISSION 1008861  
 OIL & GAS CONSERVATION DIVISION

Form C-1  
 November 2005  
 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: 04/21/2007  
 month day year

OPERATOR: License# 33168  
 Name: Woolsey Operating Company, LLC  
 Address 1: 125 N. Market, Suite 1000  
 Address 2:  
 City: Wichita State: KS Zip: 67202 + 1775  
 Contact Person: DEAN PATTISSON  
 Phone: 316-267-4379

CONTRACTOR: License# 5929  
 Name: Duke Drilling Co., Inc.

Well Drilled For:	Well Class:	Type Equipment:
<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Enh Rec	<input checked="" type="checkbox"/> Infield
<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Storage	<input type="checkbox"/> Mud Rotary
<input type="checkbox"/> Seismic ; _____ # of Holes	<input type="checkbox"/> Disposal	<input type="checkbox"/> Air Rotary
<input type="checkbox"/> Other:	<input type="checkbox"/> Pool Ext.	<input type="checkbox"/> Cable
	<input type="checkbox"/> Wildcat	
	<input type="checkbox"/> Other	

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

Directional, Deviated or Horizontal wellbore?  Yes  No  
 If Yes, true vertical depth: \_\_\_\_\_  
 Bottom Hole Location: \_\_\_\_\_  
 KCC DKT #: \_\_\_\_\_

Spot Description: \_\_\_\_\_  
 SE SW SE Sec. 6 Twp. 34 S. R. 11  E  W  
 (0000) 330 feet from  N /  S Line of Section  
1650 feet from  E /  W Line of Section

Is SECTION:  Regular  Irregular?

(Note: Locate well on the Section Plat on reverse side)

County: Barber  
 Lease Name: NURSE Well #: 1  
 Field Name: RHODES SOUTH

Is this a Prorated / Spaced Field?  Yes  No

Target Formation(s): MISSISSIPPIAN

Nearest Lease or unit boundary line (in footage): 330

Ground Surface Elevation: 1446 feet MSL

Water well within one-quarter mile:  Yes  No

Public water supply well within one mile:  Yes  No

Depth to bottom of fresh water: 180

Depth to bottom of usable water: 180

Surface Pipe by Alternate:  I  II

Length of Surface Pipe Planned to be set: 250

Length of Conductor Pipe (if any): 0

Projected Total Depth: 5185

Formation at Total Depth: SIMPSON

Water Source for Drilling Operations:

Well  Farm Pond  Other: TO BE HAULED

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

(Note: Apply for Permit with DWR )

Will Cores be taken?  Yes  No

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

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APR 18 2007

CONSERVATION DIVISION  
 WICHITA, KS

**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: April 17, 2007 Signature of Operator or Agent: \_\_\_\_\_ Title: Operations Manager

**For KCC Use ONLY**

API # 15 - 007-23140-0000

Conductor pipe required 0 feet

Minimum surface pipe required 200 feet per ALT.  I  II

Approved by: RM 4-18-07

This authorization expires: 10-18-07  
 (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 (within 60 days);
- 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 Date: \_\_\_\_\_  
 Signature of Operator or Agent: \_\_\_\_\_

6  
34  
11  
 E  
 W



1008861

### 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 - 007-23140-0000  
Operator: Woolsey Operating Company, LLC  
Lease: NURSE  
Well Number: 1  
Field: RHODES SOUTH

Location of Well: County: Barber  
330 feet from  N /  S Line of Section  
1650 feet from  E /  W Line of Section  
Sec. 6 Twp. 34 S. R. 11  E  W

Number of Acres attributable to well: \_\_\_\_\_  
QTR/QTR/QTR/QTR of acreage: \_\_\_\_\_ - SE - SW - SE

Is Section:  Regular or  Irregular

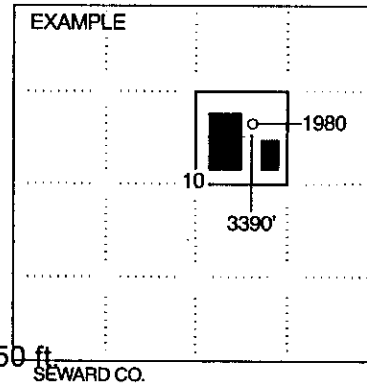
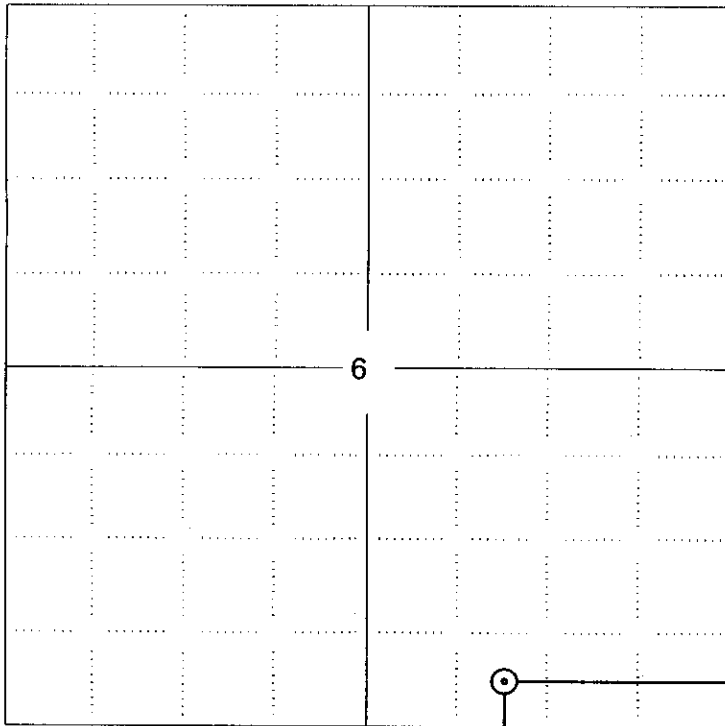
**If Section is Irregular, locate well from nearest corner boundary.**

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.**

330 ft.

**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 south / north and east / west outside section lines.
3. The distance to the nearest lease or unit boundary line (in footage).
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).



*Kathleen Sebelius, Governor  
Brian J. Moline, Chair  
Michael C. Moffet, Commissioner  
Robert E. Krehbiel, Commissioner*

April 17, 2007

DEAN PATTISSON  
Woolsey Operating Company, LLC  
125 N. Market, Suite 1000  
Wichita, KS67202-1775

Re: Drilling Pit Application  
NURSE Lease Well No. 1  
WE/4 Sec.06-34S-11W  
Barber County, Kansas

Dear DEAN PATTISSON:

District staff has inspected the above referenced location and has determined that the reserve pit shall be constructed **without slots**, 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/](http://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 District Office at (620) 225-8888.

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CONSERVATION DIVISION  
WICHITA, KS

CONSERVATION DIVISION  
Finney State Office Building, 130 S. Market, Room 2078, Wichita, KS 67202-3802  
(316) 337-6200 • Fax: (316) 337-6211 • <http://kcc.ks.gov/>



KANSAS CORPORATION COMMISSION 1008861  
OIL & GAS CONSERVATION DIVISION

Form CDP-1  
April 2004  
Form must be Typed

**APPLICATION FOR SURFACE PIT**

Submit in Duplicate

Operator Name: <b>Woolsey Operating Company, LLC</b>		License Number: <b>33168</b>	
Operator Address: <b>125 N. Market, Suite 1000</b>		<b>Wichita KS 67202</b>	
Contact Person: <b>DEAN PATTISSON</b>		Phone Number: <b>316-267-4379</b>	
Lease Name & Well No.: <b>NURSE 1</b>		Pit Location (QQQQ): <b>SE SW SE</b>	
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 <small>(If WP Supply API No. or Year Drilled)</small>		Pit is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: <b>4,800</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 <small>(For Emergency Pits and Settling Pits only)</small>	
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? <b>CLAYS FROM MUD WILL PROVIDE SEALER</b>	
Pit dimensions (all but working pits): <u>100</u> Length (feet) <u>100</u> Width (feet) <input type="checkbox"/> N/A: Steel Pits Depth from ground level to deepest point: <u>4</u> (feet) <input type="checkbox"/> No Pit			
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>MONITOR PITS UNTIL THOROUGHLY DRY</b>	
Distance to nearest water well within one-mile of pit <u>3275</u> feet    Depth of water well <u>50</u> feet		Depth to shallowest fresh water <u>16</u> feet. Source of information: <input checked="" type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input type="checkbox"/> KDWR	
<b>Emergency, Settling and Burn Pits ONLY:</b> 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		<b>Drilling, Workover and Haul-Off Pits ONLY:</b> Type of material utilized in drilling/workover: <u>FRESH</u> Number of working pits to be utilized: <u>3</u> Abandonment procedure: <u>WHEN DRY, BACKFILL AND RESTORE LOCATION</u> 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.		<b>APR 18 2007</b> CONSERVATION DIVISION WICHITA, KS	
April 17, 2007 Date		 Signature of Applicant or Agent	
<b>KCC OFFICE USE ONLY</b>			
RFAC <input checked="" type="checkbox"/> RFAS <input checked="" type="checkbox"/>			
Date Received: <u>4/18/07</u> Permit Number: _____    Permit Date: <u>4/18/07</u> Lease Inspection: <input checked="" type="checkbox"/> Yes			

15-007-23140-0220

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