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### 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

Spot		Τ	2	-	a) days phor to commencing well	
OPERATOR: Licensee 320.16  Name: PIONEER RESOURCES  Acres: 177. M. Limes stone Rd.  City/State/Up. Phi 111ps burg. Kan sas 6766.1  Contract Person. Rodger. D. Wells  Phone: 785-543-5556  CONTRACTOR: Licensee 3.33.50  Nome: Southwind Drilling Inc.  Well prilied For: Well Class: Type Equipment:    ONT   Enh Rec	Expected Spud Date				•	<u> </u>
OPERATOR: Locarease  Address: 1.77. Nrimestone_Rd  Address: 1.77. Nrimestone_Rd  Contact Person. Rodger Dr. Well Is  Contact Perso			oay A	year		
Name:	OPERATOR: License#	32016				
Note: Leaste well on the Section Plat on reverse side:						/ X_W Line of Section
County. ESITS  COUNTRACTOR: Licenses 33350  Name: SQUENIVE Ind Drilling Inc.  Well Drilled For: Well Class: Type Equipment: Gas Storage Pool Ext.  OWD Deposal Willdoat Cable Sesionic: s of Holes Other Operator: Well Name: Operators Operator: Well Name: Operators Operator: Well Name: Operators Operator: Well Name: Operators Well Name: Operators Well Ware: Well Completion Date: Original Total Depth: Universet Inc. Well Ware: Well Completion Date: Original Total Depth: Will Completion Date: Original Total Depth: Well Ware: Well Completion Date: Original Total Depth: Well Name: Operators Well Name: Operators Well Name: Operators Well Ware: Well Completion Date: Original Total Depth: Surface Selvation: Architect Selvation: Well Completion Date: Original Total Depth: Well Same Village Water Source for Drilling Operations: Well Completion Date: Original Total Depth: Well Same Village Water Source for Drilling Operations: Well Completion Date: Original Total Depth: Well Same Village Water Source for Drilling Operations: Well Completion Date: Original Total Depth: Well Same Village Water Source for Drilling Operations: Well Completion Date: Original Total Depth: Well Same Village Water Source for Drilling Operations: Well Completion Date: Original Total Depth: Well Same Village Water Source for Drilling Operations: Well Completion Date: Original Total Depth: Well Same Village Water Source for Drilling Operations: Well Completion Date: Original Total Depth: Well Same Village Water Source for Drilling Operations: Well Completion Date: Original Total Depth: Well Same Village Water Source for Drilling Operations: Well Completion Date: Original Total Depth: Well Same Village Water Source for Drilling Operations: Well Completion Date: Original Total Depth: Well Same Village Water Source for Drilling Operations: Well Completion Date: Original Total Depth: Well Same Village Water Source for Drilling Operations: Well Water Source for Drilling Operation Date: Original Total Depth: Well Same Village Water Source for Drilling Opera	Address: 177 W.	Limestone	_Rd		Is SECTION A Regular Irregular?	
Phone:785-543-556    CONTRACTOR: Licensea					` = 5 5 .	l on reverse side)
CONTRACTOR: Licenses 33.3.5.0  Name: Southwind Drilling Inc.  Well Drilled For Well Class: Type Equipment:					Outly.	
Southwind Drilling Inc.   Southwind Drilling Inc.   Southwind Drilling Inc.   Southwind Drilling Inc.   Well Dilling For   Well Class:   Type Equipment:   Much Rotary   990   March Southwind Drilling For   Well Class:   Type Equipment:   Much Rotary   Ground Surface Elevation:   2111   feet MSI.   Well Class:   Southwind Surface   Southwind S	Phone: 785-54	13-5556	/		C+-11-	Well #:
Name: Southwind Drilling Inc.  Well Drilled For Well Class: Type Equipment:  Owther Drilled For Well Class: Type Equipment:  Owther Drilled For Ordick Mad Ready Gas Storage Pool Ed.   Air Reday Gas Storage Gas Storage Pool Ed.   Air Reday Gas Storage Gas Storag	CONTRACTOR: License	ر 33350 س	,			
Well Dnilled For   Well Class:   Type Equipment:   Ground Surface Elevation:   2111   feet MSL   Mand Retain   M	Name Southwi	nd Drilli	na In	C -		Yes K No
Well Drilled For:   Well Class:   Type Equipment:   Seaton:   Ench Rec   Well Class:   Type Equipment:   Ground Surface Elevation:   2111   Seaton:   Seaton:   Seaton:   4 of Poles   Pool Ext.   Air Rotary   Pool Ext.   Seaton:   4 of Pool Ext.   Air Rotary   Air Rotary   Air Rotary   Air Rotary   Air Rotary   Air Rotary   Pool Ext.   Air Rotary   Pool Ext.   Air Rotary   Pool Ext.   Air Rotary	144110.		<b>-</b>		OOO1	/
Water well within one-quenter mile:   Yes   No   Selective   Sel	Well Prilled For:	Well Class	: Ty	pe Equipment:	110diesi Lease VI ulik bouldary.	
Gas   Storage   Pool Ed.   Gable   Cable   C	Oil Enh	Rec Infield	d 🛣	Mud Rotary	Gibblid Callabo Ciotation.	
Depth to bottom of firsts water.   180	Gas Sto	rage Pool	Ext [	Air Rotary	•	
Selsmitc	OWWO Dis	posal K Wildo	at 🖊 📙	Cable		Ties Fluo
If OWWO: old well information as follows:   Operator:	Seismic;#	of Holes Othe		<del></del>		10 /
If OWWO: old well information as follows:  Operator:  Well Name:  Original Completion Date:  Original Total Depth:  OWR Permit *:  Well Grand Pond Other X  DWR Permit *:  Well Farm Pond Other X  DWR Permit *:  Well Cores be taken?  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. sec.  AFFIDAVIT  The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. sec.  AFFIDAVIT  The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. sec.  AFFIDAVIT  The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. sec.  AFFIDAVIT  The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. sec.  AFFIDAVIT  The undersigned hereby affirms that the drilling, completion in the method of the plugging of this well will comply with K.S.A. 55 et. sec.  AFFIDAVIT  The undersigned hereby affirms that the drilling, completion in the method of the plugging of this well will comply with K.S.A. 55 et. sec.  AFFIDAVIT  The undersigned hereby affirms that the drilling, completion in the method of the plugging of this well will comply with K.S.A. 55 et. sec.  AFFIDAVIT  The undersigned hereby affirms that the drilling protein original plugging or the drilling original plugging original plugging original plugging original plugging original	Other					
Operator:  Well Name: Original Completion Date: Original Total Depth:: Directional, Deviated or Horizontal wellbore?  If Yes, true vertical depth:: Bottom Hole Location:  KCC DKT #:  Water Source for Drilling Operations:  Water Source for Drilling Operation of Water Source for Drilling Operations:  Water Source for Drilling Operation of Water Source for Drilling Operations:  Water Source for Drilling Operation of Water Source with Drilling Operation of Water Source on Completion on the Drilling Operation of Trilling Operation on Completion on the Standard Name of Water Source on Complete on Completed Water Operator on the distinct Origins on Drilling Operation Operation on Completion on Completed Water Operator on the distinct Origins on Drilling Operation Operator on Conduction Operator Operator on Conduction Operator Operat					t anoth of Surface Dine Diagnost to be set.	50 /
Well Name: Original Completion Date: Original Completion Completion Date: Original Completion Completion Completion Date: Original Completion Completion Date: Original Completion						<del></del>
Original Completion Date: Original Total Depth: Water Source for Drilling Operations:  Water Source for Drilling Operation in Water for Water for Drilling Operations:  PEC 1 2 2007  1. Will Cores be taken?  Water Source for Drilling Operation in Water for Water for Drilling Operation in State of Water for Water for Drilling Operation in State of Water for Water for Drilling Operation in State of Water for Water for Drilling Operation in State of Water for Drilling Operation in State of Water for Water for Drilling Operation in State of Water for Water for Drilling Operation in State of Water for Water for Drilling Operation in State of Water for Water for Drilling Operation in State of Water for Water for Drilling Operation in State of Water for Water for Drilling Operation in State of Water for Water for Parmit Water for Dri						
Water Source for Orilling Operations:   Water Source for Operations:   Water So						e
If Yes, true vertical depth:	Original Completion	Date:	Onginai i	otal Depth:		
DWR Permit *:   DWR Permit *:     DWR Permit with DWR	Directional, Deviated or	Horizontal wellbore	e?	Yes X No		
Received   Note: Apply for Permit with DWR	If Yes, true vertical dept	th:				
Will Cores be taken?  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 welt;  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. Commissional 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 cargin 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 "8" - 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: 12-7-07 Signature of Operator or Agent:  Conductor pipe required 20 feet per Alt. 12  Approved by 4-12-11-07  This authorization expires: 12-11-0P  This authorization expires: 12-11-0P  This authorization rold if drilling not started within \$\eta\$ months of approval date.  [Ple Completion Form ACO-1 within 120 days of spud date;  File Completion Form ACO-1 within 120 days of spud date;  File careage attribution plat according to filed proration orders;  Notify appropriate district office 48 hours prior to workover or re-entry;  Submit plugging report (CP-4) after plugging is completed;					(Note: Apply for Permit with L	OWR [])
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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 appropriate district office prior to spudding of well; 3. The minimum amount of surface pipe as specified below shall be set by circulating cement to the top; in all cases surface KCCANICHTA 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 "8" - 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: 12-7-07 Signature of Operator or Agent:  For KCC Use ONLY  API # 15					If Yes, proposed zone:	
3. The minimum amount of surface pipe as specified below shall be set by circulating cement to the top; in all cases surface 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: 12-7-07 Signature of Operator or Agent:  Conductor pipe required	It is agreed that the fol	llowing minimum re	equirement	npletion and eventual ( s will be met:		seq.
Title: Owner	3. The minimum ar through all unco. 4. If the well is dry 5. The appropriate 6. If an ALTERNAT Or pursuant to A must be completed.	mount of surface p insolidated materia hole, an agreeme district office will to E II COMPLETION Appendix "B" - East ted within 30 days	ipe as specials plus a mont between outified in N. production term Kansa of the spu	cified below shall be a inimum of 20 feet into in the operator and the before well is either plu on pipe shall be cemera as surface casing orde d date or the well shall	of by circulating cement to the top; in all cases su the underlying formation. district office on plug length and placement is nec aged or production casing is cemented in; ted from below any usable water to surface within #133,891-C, which applies to the KCC District 3 be plugged. In all cases, NOTIFY district office	essary <i>prior to plugging;</i> 1 <i>120 days</i> of spud date. area, alternate II cementing
For KCC Use ONLY  API # 15 - 0.51 - 2.5 712 -0.00  Conductor pipe required	I hereby certify that the	e statements made	a herein ar	e true and to the best	of my knowledge and belief.	
For KCC Use ONLY  API # 15 - 051 - 25712-0000  Conductor pipe required	Date: 12-7-07	Signature o	of Operator	or Agent:	TRIB:	ner
API # 15 - OSI - 25712-0000  Conductor pipe required	- van 11.					ant to Drille
Conductor pipe required	FOR KCC USE ONLY	- 25712	ンしつごう			of soud date:
Minimum surface pipe required	API # 15 - US 1"				•	proration orders;
Approved by: **Lu4-12-11-0-7  This authorization expires: 12-11-0-9  (This authorization void if drilling not started within a months of approval date.)  Spud date:Agent:	Conductor pipe requi			feet	-	to workover or re-entry;
Approved by: **LA-13-11-07*  This authorization expires: 13-11-08*  (This authorization void if drilling not started within approval date.)  Spud date:Agent:	Minimum surface pipe	e required	ζΟυ	feet per Ait. 🔏 🗸 2	- Submit plugging report (CP-4) after plugging	is completed;
This authorization expires:    13-11-03    (This authorization void if drilling not started within & months of approval date.)   12   Spud date:Agent:					- Obtain written approval before disposing or in	jecting salt water.
(This authorization void if drilling not started within a months of approval date.)    Check the box below and return to the address below.    Well Not Drilled - Permit Expired   Signature of Operator or Agent:	1	רגווה כו	P			
Spud date: Agent: Signature of Operator or Agent: Date: Date: Signature of Operator or Agent: Date: Signature of Operator or Agent: Date: Date: Signature of Operator or Agent: Date: Signature of Operator or Agent: Signature or S	1	p.,		onths of approval date.)	check the box below and return to the addre-	ss below.
Spud date: Agent: Signature of Operator or Agent: Date:	, , , , , , , , , , , , , , , , , , , ,		•	• •	Well Not Drilled - Permit Expired	<b>L</b>
N. C.	Spud date:	Agent:	•		· · · · · · · · · · · · · · · · · · ·	<u>\</u>
			<del>, , , , , , , , , , , , , , , , , , , </del>			<b>∀</b>

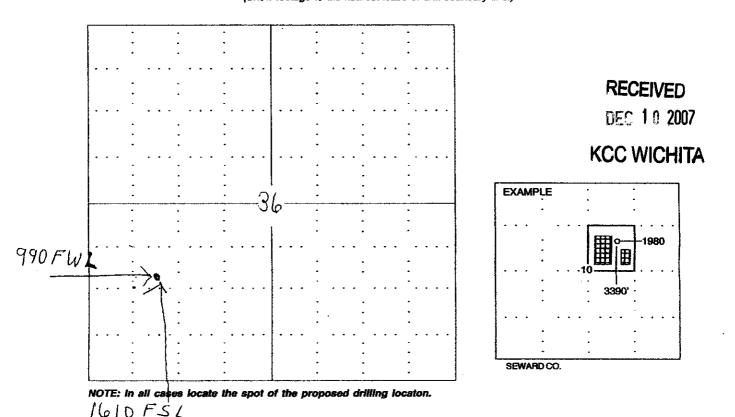
#### IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

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 - OSI - 25712-0000	Location of Well: County: Ellis
Operator: Pioneer Resources	1610 feet from N/KS Line of Section
Lease: JoAnn	990 feet from E / W Line of Section
Well Number:	Sec. 36 Twp. 11 S. R. 20 East X Wes
Field: Stella	
Number of Acres attributable to well: 10	ls Section: Regular or Irregular
QTR / QTR / QTR of acreage: _SE - NW - SW	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.)



## 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.
- 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: pioneer Resour	ces		License Number: 32016							
Operator Address: 177 W. Limestone Rd. Phillipsburg, Kansas 67661										
Contact Person: Rodger D. Well		Phone Number: ( 785 ) 543 - 5556								
Lease Name & Well No.: JoAnn No.		Pit Location (QQQQ):								
Type of Pit:	Pit is:		·SE - SE - NW - SW							
Emergency Pit Burn Pit	Proposed	Existing	Sec. 36 Twp. 11 R. 20 East X West							
Settling Pit X Drilling Pit	If Existing, date co	enstructed:	1610 Feet from North / X South Line	of Section						
Workover Pit Haul-Off Pit	Pit capacity:		-990 Feet from East / X West Line	of Section						
(If WP Supply API No. or Year Drilled)		(bbls)	Ellis	County						
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?  Yes No	Artificial Liner?  X Yes 1	No	How is the pit lined if a plastic liner is not used?							
Pit dimensions (all but working pits):	Length (fe	et) 40	Width (feet) N/A: Steel	Pits						
	om ground level to de									
material, thickness and installation procedure Plastic pit liner	<b>).</b>		ncluding any special monitoring.  Daily inspection							
Distance to nearest water well within one-mike		Depth to shallowest fresh water								
2365 feet Depth of water well	<u>46</u> feet	measuredwell owner electric log KDWR								
Emergency, Settling and Burn Pits ONLY:	:		Drilling, Workover and Haul-Off Pits ONLY:							
Producing Formation:			Type of material utilized in drilling/workover: Mud							
Number of producing wells on lease:		Number of working pits to be utilized:								
Barrels of fluid produced daily:  Does the slope from the tank battery allow al		Mechanical dozer								
flow into the pit? Yes No	. Spinod Haldo 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.  RECEIVED										
DEC 1 0 2007    12-7-07   Signature of Applicant or Agent   KCC WICHITA										
	ксс	OFFICE USE C	DNLY	,						
Date Received: 12/10/07 Permit Nur	nber:	Pern	nit Date: /a//o/o7Lease Inspection: Yes	No No						