

OWWO



For KCC Use: Effective Date: 01/23/2008 District # 1 SGA? Yes No

KANSAS CORPORATION COMMISSION 1015619 OIL & GAS CONSERVATION DIVISION

Form C-1 October 2007 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: 01/24/2008 month day year

Spot Description: W2 NW SW Sec. 13 Twp. 27 S. R. 22 E W 1,980 feet from N / S Line of Section 330 feet from E / W Line of Section

OPERATOR: License# 31938 Name: Indian Oil Co., Inc. Address 1: PO BOX 209 Address 2: 2507 SE US 160 HWY City: MEDICINE LODGE State: KS Zip: 67104 + 0209 Contact Person: Anthony Farrar Phone: 620-886-3763

Is SECTION: Regular Irregular?

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

CONTRACTOR: License# 33724 Name: Warren Drilling, LLC

County: Ford Lease Name: Schomaker Well #: 'C' #2 Field Name: Konda Southeast

Is this a Prorated / Spaced Field? Yes No Target Formation(s): Mississippi

Nearest Lease or unit boundary line (in footage): 330 Ground Surface Elevation: 2408 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: 220 Depth to bottom of usable water: 760

Surface Pipe by Alternate: I II Length of Surface Pipe Planned to be set: 429

Length of Conductor Pipe (if any): Projected Total Depth: 5160

Formation at Total Depth: Mississippi Water Source for Drilling Operations: Well Farm Pond Other:

DWR Permit #: (Note: Apply for Permit with DWR) Will Cores be taken? Yes No

If Yes, proposed zone:

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

If OWWO: old well information as follows: Operator: Donald C. Slawson Well Name: #2 Schomaker 'C' Original Completion Date: 10/05/1986 Original Total Depth: 5160

Directional, Deviated or Horizontal wellbore? Yes No If Yes, true vertical depth:

Bottom Hole Location: KCC DKT #: 15-057-20419

OWWO

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.

Submitted Electronically

For KCC Use ONLY API # 15-057-20419-00-01 Conductor pipe required 0 feet Minimum surface pipe required 429 feet per ALT: I II Approved by: Rick Hestermann 01/18/2008 This authorization expires: 01/18/2009 (This authorization void if drilling not started within 12 months of approval date.) Spud date: Agent:

Remember to:

- File Drill Pit Application (form GDP-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:

13 27 22



1015619

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 - 15-057-20419-00-01
Operator: Indian Oil Co., Inc.
Lease: Schomaker
Well Number: 'C' #2
Field: Konda Southeast

Location of Well: County: Ford
1,980 feet from N / S Line of Section
330 feet from E / W Line of Section
Sec. 13 Twp. 27 S. R. 22 E W

Number of Acres attributable to well: _____
QTR/QTR/QTR/QTR of acreage: _____ - W2 - NW - SW

Is Section: Regular or Irregular

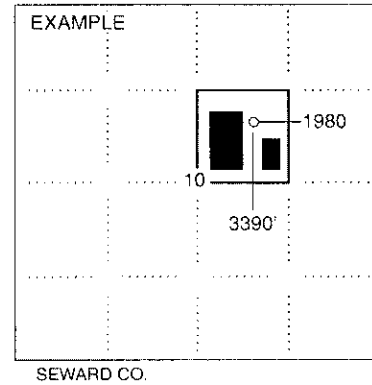
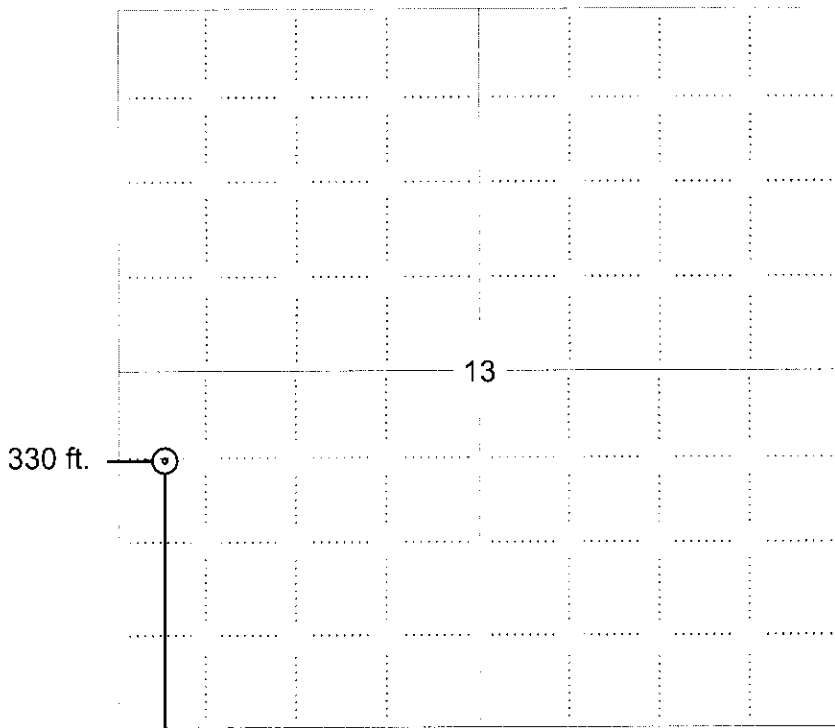
If Section is Irregular, locate well from nearest corner boundary.

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.

1980 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).



KANSAS CORPORATION COMMISSION 1015619
OIL & GAS CONSERVATION DIVISION

Form CDP-1
April 2004
Form must be Typed

APPLICATION FOR SURFACE PIT

Submit in Duplicate

Operator Name: Indian Oil Co., Inc.		License Number: 31938	
Operator Address: PO BOX 209		2507 SE US 160 HWY MEDICINE LODGE KS 67104	
Contact Person: Anthony Farrar		Phone Number: 620-886-3763	
Lease Name & Well No.: Schomaker 'C' #2		Pit Location (QQQQ): _____ W2 _____ NW _____ SW	
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: 7,000 (bbls)	
Is the pit located in a Sensitive Ground Water Area? <input checked="" type="checkbox"/> Yes <input 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? natural clay			
Pit dimensions (all but working pits): _____ Length (feet) _____ Width (feet) <input type="checkbox"/> N/A: Steel Pits Depth from ground level to deepest point: _____ (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.	
Distance to nearest water well within one-mile of pit _____ feet Depth of water well _____ feet		Depth to shallowest fresh water _____ feet. Source of information: <input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> 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: Drilling Mud Number of working pits to be utilized: _____ 1 _____ Abandonment procedure: Free water, if any will be hauled, Allowed to dry, then covered with dirt. Drill pits must be closed within 365 days of spud date.	
Submitted Electronically			

KCC OFFICE USE ONLY		Steel Pit <input type="checkbox"/>	RFAC <input checked="" type="checkbox"/>	RFAS <input checked="" type="checkbox"/>
Date Received: 01/16/2008	Permit Number: 15-057-20419-00-01	Permit Date: 01/17/2008	Lease Inspection: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



*Kathleen Sebelius, Governor
Thomas E. Wright, Chairman
Michael C. Moffet, Commissioner
Joseph F. Harkins, Commissioner*

January 17, 2008

Anthony Farrar
Indian Oil Co., Inc.
PO BOX 209
2507 SE US 160 HWY
MEDICINE LODGE, KS67104-0209

Re: Drilling Pit Application
Schomaker Lease Well No. 'C' #2
SW/4 Sec.13-27S-22W
Ford County, Kansas

Dear Anthony Farrar:

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:
kcc.ks.gov/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.

STATE OF KANSAS
 STATE CORPORATION COMMISSION
 200 Colorado Derby Building
 Wichita, Kansas 67202

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

API NUMBER 15-057-20,419-00-00

LEASE NAME Schomaker "C"

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

WELL NUMBER 2

1980 Ft. from (S) Section Line

4950 Ft. from (E) Section Line

SEC. 13 TWP. 27S RGE. 22W (X) or (W)

COUNTY Ford

Date Well Completed 10-6-86

Plugging Commenced 10-6-86

Plugging Completed 10-6-86

LEASE OPERATOR Donald C. Slawson

ADDRESS 200 Douglas Bldg., Wichita, KS 67202

PHONE#(316) 263-3201 OPERATORS LICENSE NO. 5181

Character of Well D & A

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

Did you notify the KCC District Office prior to plugging this well? Yes

Which KCC Office did you notify? _____

Is ACO-1 filed? Yes If not, is well log attached? _____

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. _____

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

OIL, GAS OR WATER RECORDS | CASING RECORD CL

Formation	Content	From	To	Size	Put in	Pulled out
		Surface	429	8-5/8"		

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 plugs were used, state the character of same and depth placed, from feet to feet each set.
1st plug @ 1470' w/ 50 sx. 2nd plug @ 700' w/ 70 sx. 3rd plug @ 460' w/ 40 sx. 4th plug @ 40' w/ 10 sx. 15 sx in rathole.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor BJ Titan License No. _____

Address Great Bend District Box 169 Great Bend, KS 67530

STATE OF Kansas COUNTY OF Sedgwick, ss.

William R. Horigan (Employee of Operator) or (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) William R. Horigan

(Address) 200 Douglas Bldg. Wichita, KS 67202

SUBSCRIBED AND SWORN TO before me this 4th day of November, 1986

Elizabeth Cochran
 Notary Public

My Commission Expires: 6/28/87

