

OWWO

For KCC Use:
Effective Date: 4-8-08
District #: 4
SGA? [] Yes [x] No

KANSAS CORPORATION COMMISSION
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: April 15, 2008
month day year

OPERATOR: License# 33937
Name: Meridian Energy Inc. dba
Address 1: 1475 N. Ward Cr.
Address 2:
City: Franktown State: CO Zip: 80116
Contact Person: Neal LaFon
Phone: 303-688-4022

CONTRACTOR: License# Must be licensed by KCC
Name: Advise on ACO-1

Well Drilled For: [x] Oil [] Gas [] Seismic [] Other
Well Class: [x] Infield [] Pocl Ext. [] Wildcat [] Other
Type Equipment: [x] Mud Rotary [] Air Rotary [] Cable

[x] If OWWO: old well information as follows:
Operator: Cities Service Oil Company
Well Name: #2 Seefeld
Original Completion Date: 6-9-50 Original Total Depth: 3793

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

Spot Description:
NW SE NE Sec. 18 Twp. 9 S. R. 21 [] E [x] W
3.630 feet from [] N [x] S Line of Section
990 feet from [x] E [] W Line of Section

Is SECTION: [x] Regular [] Irregular?
(Note: Locate well on the Section Plat on reverse side)
County: Graham

Lease Name: Seefeld Well #: 2
Field Name: Morel

Is this a Prorated / Spaced Field? [x] Yes [] No
Target Formation(s): Arbuckle

Nearest Lease or unit boundary line (in footage): 990
Ground Surface Elevation: 2277 feet MSL

Water well within one-quarter mile: [] Yes [x] No
Public water supply well within one mile: [] Yes [x] No

Depth to bottom of fresh water: 150
Depth to bottom of usable water: 1000

Surface Pipe by Alternate: [] I [x] II
Length of Surface Pipe Planned to be set: 240 already set

Length of Conductor Pipe (if any):
Projected Total Depth: 3793
Formation at Total Depth: Arbuckle

Water Source for Drilling Operations: [] Well [] Farm Pond [x] Other: oil field water

DWR Permit #: (Note: Apply for Permit with DWR) [] Yes [x] No

Will Cores be taken? [] Yes [x] 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 correct to the best of my knowledge and belief.

Date: 3/31/08 Signature of Operator or Agent: Neal LaFon, Pres. Title: President

For KCC Use ONLY
API # 15 - 065-01428-00-01
Conductor pipe required None feet
Minimum surface pipe required 240 feet per ALT. [] I [x] II
Approved by: [Signature] 4-3-08
This authorization expires: 4-3-09
(This authorization void if drilling not started within 12 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:

18 9 21 [] E [x] W

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 - 065-01428-00-0
 Operator: Meridian Energy Inc.
 Lease: Seefeld
 Well Number: 2
 Field: Morel

Location of Well: County: Graham
3,630 feet from N / S Line of Section
990 feet from E / W Line of Section
 Sec. 18 Twp. 9 S. R. 21 E W

Number of Acres attributable to well: _____
 QTR/QTR/QTR/QTR of acreage: _____ - NW - SE - NE

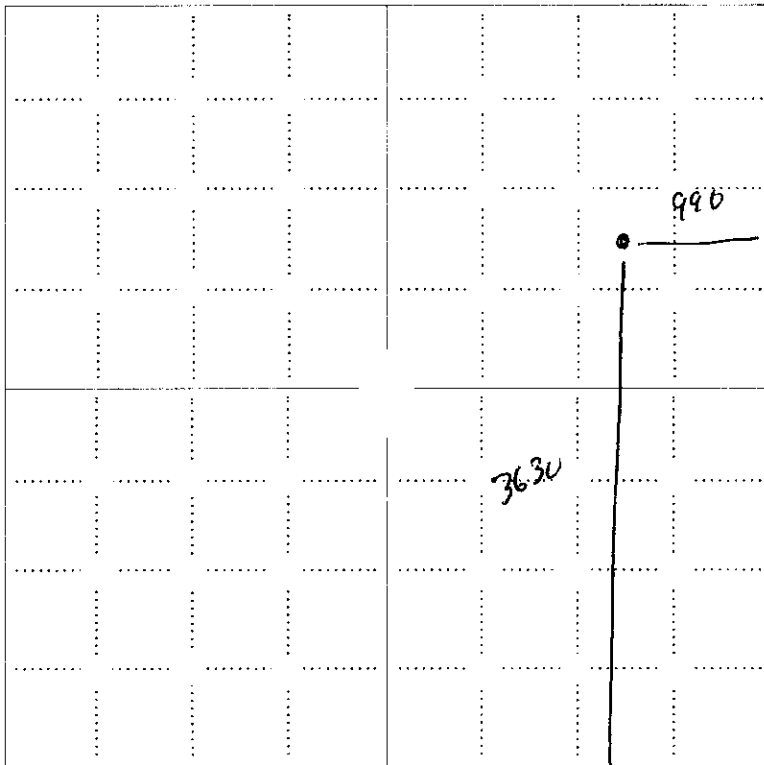
Is Section: Regular or Irregular

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

Section corner used: NE NW SE SW

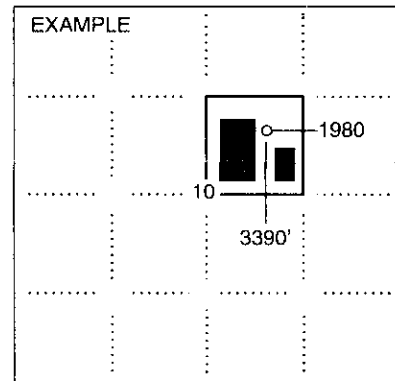
PLAT

*(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 location.

WICHITA STATE UNIVERSITY
 CONSERVATION COMMISSION
APR 02 2008
 CONSERVATION DIVISION
 WICHITA, KS



SEWARD CO.


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
OIL & GAS CONSERVATION DIVISION
APPLICATION FOR SURFACE PIT**

Form CDP-1
April 2004
Form must be Typed

Submit in Duplicate

| | | | |
|---|--|---|--|
| Operator Name: Meridian Energy Inc. | | License Number: 33937 | |
| Operator Address: 1475 N. Ward Cr. | | Franktown CO 80116 | |
| Contact Person: Neal LaFon | | Phone Number: 303-688-4022 | |
| Lease Name & Well No.: Seefeld 2 | | Pit Location (QQQQ): NW SE NE | |
| Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input 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 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: 15,000 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| How is the pit lined if a plastic liner is not used? | | Sec. 18 Twp. 9 R. 21 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 3620 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 990 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Granam County | |
| Pit dimensions (all but working pits): 10 Length (feet) 10 Width (feet) <input type="checkbox"/> N/A: Steel Pits Depth from ground level to deepest point: 5 (feet) <input type="checkbox"/> No Pit | | | |
| If the pit is lined give a brief description of the liner material, thickness and installation procedure. 6 mil plastic, anchored around edges | | Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring. Temporary pit/ visual monitoring APR 02 2008 CONSERVATION DIVISION WICHITA, KS | |
| Distance to nearest water well within one-mile of pit 2413 feet Depth of water well 75 feet | | Depth to shallowest fresh water 55 feet. Source of information: <input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input 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: water Number of working pits to be utilized: 1 Abandonment procedure: evaporate or dispose of water, remove liner 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. | | | |
| 3/31/08 Date | |  Signature of Applicant or Agent | |

| | | | | |
|------------------------------|----------------------|------------------------------------|---|-------------------------------|
| KCC OFFICE USE ONLY | | Steel Pit <input type="checkbox"/> | RFAC <input type="checkbox"/> | RFAS <input type="checkbox"/> |
| Date Received: 4/2/08 | Permit Number: _____ | Permit Date: 4/2/08 | Lease Inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

15-065-01428-00-01

STATE OF KANSAS
 STATE CORPORATION COMMISSION
 130 S. Market, Room 2078
 Wichita, KS 67202

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

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

API NUMBER 15-065-01428.00.00
 LEASE NAME Seefeld
 WELL NUMBER A 2

NWSE NE/4 Ft. from S Section Line
11-4-02 Ft. from E Section Line
 SEC. 18 TWP. 9S RGE. 21W (E) or (W)
 COUNTY Graham

Date Well Completed _____
 Plugging Commenced _____
 Plugging Completed 6-19-02

LEASE OPERATOR Berexco, Inc.

ADDRESS Box 723 Hays, KS 67601

PHONE (785) 628-6101 OPERATORS LICENSE NO. 5363

Character of Well oil

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

The plugging proposal was approved on _____ (date)
 by Herb Deines (XCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3780

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.
Pump 240 SSC 60/40 10% gel w/ 800 # hulls Circ. Cement
TOP w/ thg. cut bit 5 1/2 pump 70 SSC 60/40 10% gel down
5 1/2 + 85% plugged @ 12:00

Name of Plugging Contractor Berexco, Inc. License No. 5363

Address Box 723 Hays, KS 67601

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Berexco, Inc.

STATE OF Kansas COUNTY OF Ellis, ss.

Mark Leiker (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 the the same are true and correct, so help me God.

(Signature) Mark Leiker
 (Address) Box 723, Hays, KS 67601

SUBSCRIBED AND SWORN TO before me this 25th day of October, 2002

Marion Sue Vance
 Notary Public

My Commission Expires: 4-30-06



CR