| For KCC Use:  Effective Date: 5~5~08  District #   KANSAS CORPOL  OIL & GAS CON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RATION COMMISSION RECEIVED Form C-1 SERVATION DIVISION Form must be Typed    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| SGA? Yes Notice OF IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | APR 3 0 2008 Form must be Signed All blanks must be Filled                   |
| Must be approved by KCC five                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e (5) days prior to commencing well  CONSERVATION DIVISION                   |
| Expected Stud Date: 04/28/2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | WICHITA KS                                                                   |
| Expected Spud Date: 04/20/2008 month day year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Spot Description:                                                            |
| OPERATOR: License#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2.470 sec. I wp. 25 S. H. IS WE W                                            |
| Name: David Harris Address 1: 636 HWY 105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Is SECTION: Regular Irregular?                                               |
| Address 1: Usas Maria 193                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |
| City: Toronto, State: KS Zip: 66777 +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Note: Locate well on the Section Plat on reverse side)  County: Woodson -   |
| Contact Person: David Harris or June Harris                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Lease Name: Liebau Well #: L-2                                               |
| Phone: 620-637-2674                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Field Name: Quincy                                                           |
| CONTRACTOR: License#30567 <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Is this a Prorated / Spaced Field?                                           |
| Name: Rig 6 Drilling Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Target Formation(s): Bartlesville                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Nearest Lease or unit boundary line (in footage): 170                        |
| Well Drilled For: Well Class: Type Equipment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ground Surface Elevation: NA feet MSL                                        |
| Oil CEnh Rec Infield Mud Rotary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Water well within one-quarter mile:                                          |
| Gas Storage Pool Ext. Air Rotary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Public water supply well within one mile:                                    |
| Disposal Wildcat Cable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Depth to bottom of fresh water: 125'                                         |
| Seismic ; # of Holes Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Depth to bottom of usable water: 150'                                        |
| Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Surface Dine by Attornate:                                                   |
| If OWWO: old well information as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Length of Surface Pipe Planned to be set: 40'                                |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Length of Conductor Pipe (if any): None <                                    |
| Operator:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Projected Total Depth: 1450                                                  |
| Well Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Formation at Total Depth: Shale                                              |
| Original Completion Date: Original Total Depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Water Source for Drilling Operations:                                        |
| Directional, Deviated or Horizontal wellibore?  If Yes, true vertical depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Well Farm Pond Other:                                                        |
| Bottom Hole Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DWR Permit #:(Note: Apply for Permit with DWR )                              |
| KCC DKT #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Will Cores be taken?                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | If Yes, proposed zone:                                                       |
| ACI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FIDAVIT                                                                      |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |
| The undersigned hereby affirms that the drilling, completion and eventual plus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ugging of this well will comply with N.S.A. 55 et. seq.                      |
| It is agreed that the following minimum requirements will be met:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |
| <ol> <li>Notify the appropriate district office prior to spudding of well;</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |
| 2. A copy of the approved notice of intent to drill <b>shall be</b> posted on each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |
| 3. The minimum amount of surface pipe as specified below <b>shall be set</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |
| through all unconsolidated materials plus a minimum of 20 feet into the 4. If the well is dry hole, an agreement between the operator and the distance of the control of th |                                                                              |
| 5. The appropriate district office will be notified before well is either plugg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |
| 6. If an ALTERNATE II COMPLETION, production pipe shall be cemente                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |
| Or pursuant to Appendix "B" - Eastern Kansas surface casing order #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e 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 b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | pest of my knowledge and belief.                                             |
| 04/28/08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | and Harri Title Operator                                                     |
| Date: Signature of Operator or Agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Title: Sports                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Remember to:                                                                 |
| For KCC Use ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - File Drill Pit Application (form CDP-1) with Intent to Drill;              |
| API # 15 - 207 - 27392 - 00-00  Conductor pipe required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | - File Completion Form ACO-1 within 120 days of spud date:                   |
| Mone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | - File acreage attribution plat according to field proration orders;         |
| Conductor pipe required // feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - Notify appropriate district office 48 hours prior to workover or re-entry; |

feet per ALT. I VII

Submit plugging report (CP-4) after plugging is completed (within 60 days);

Obtain written approval before disposing or injecting salt water.

check the box below and return to the address below.

Well Not Drilled - Permit Expired Date:

Signature of Operator or Agent:

If this permit has expired (See: authorized expiration date) please

Minimum surface pipe required

Approved by: 28 4-30-08

Spud date:

This authorization expires: 4-30-09
(This authorization void if drilling not started within 12 months of approval date.)

\_ Agent: \_

#### 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 - 207 ~ 27.392 ~ 00 ~ 00   |                                                                                                      |  |  |  |  |
|---------------------------------------|------------------------------------------------------------------------------------------------------|--|--|--|--|
| Operator: David Harris                | Location of Well: County: Woodson                                                                    |  |  |  |  |
| Lease: Liebau                         | 2,470 feet from N / X S Line of Section                                                              |  |  |  |  |
| Well Number: L-2                      | 2,470 feet from N / X S Line of Section  170 feet from E / X W Line of Section                       |  |  |  |  |
| Field: Quincy                         | Sec. <u>13</u> Twp. <u>25</u> S. R. <u>13</u> E W                                                    |  |  |  |  |
| Number of Acres attributable to well: | 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.)

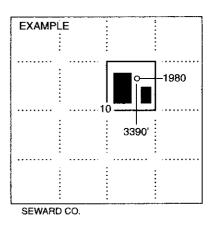
(Show footage to the nearest lease or unit boundary line.)

|            |        |                                       |                                         |          |        |          | <del> </del> |
|------------|--------|---------------------------------------|-----------------------------------------|----------|--------|----------|--------------|
|            |        |                                       |                                         |          |        | _        | . –          |
| I          | :      | : ;                                   |                                         | ,        | •      | :        | • 1          |
| I          | •      |                                       |                                         |          |        |          | - 1          |
| I          | •      |                                       |                                         |          |        | •        | •            |
|            | •      |                                       |                                         |          |        |          | • 1          |
|            | •      |                                       |                                         |          | •      | •        | • 1          |
| I          | •      |                                       |                                         |          | •      | •        |              |
| I          | :      |                                       |                                         | 1        | :      | •        | :            |
|            | •      | • •                                   |                                         |          | •      | •        | • 1          |
| I          |        |                                       |                                         |          |        |          |              |
| I          |        |                                       |                                         |          |        |          |              |
|            |        |                                       |                                         |          |        |          |              |
| I          | _      |                                       |                                         |          | _      |          | . !          |
|            | :      | • :                                   |                                         | 1        | :      | •        | : 1          |
| I          | :      | •                                     |                                         |          | :      |          | . 1          |
| I          | :      |                                       |                                         |          |        | :        |              |
| I          | :      | :                                     |                                         |          |        | :        | . 1          |
| I          |        |                                       |                                         |          |        | <u>:</u> |              |
| I          |        |                                       |                                         | 1 .      |        | :        | . :          |
| I          |        |                                       | i                                       |          |        |          |              |
| I          |        |                                       |                                         | 1        |        |          |              |
| l          |        |                                       |                                         |          |        |          |              |
|            |        |                                       |                                         |          |        |          |              |
| I          |        |                                       |                                         |          |        |          |              |
| I          |        |                                       | i                                       |          |        | •        | •            |
| I          | •      |                                       |                                         | 1        | •      | •        | •            |
| I          | •      |                                       |                                         |          | •      | -        | • 1          |
| I          | •      |                                       |                                         |          | •      | •        | • 1          |
| ŀ          | •      |                                       |                                         |          | •      | •        | •            |
| ſ          | •      |                                       |                                         |          | •      | •        | : 1          |
| I          | •      |                                       |                                         |          | :      | •        | : 1          |
| I          | •      |                                       |                                         |          | •      | •        | : 1          |
| I          | •      |                                       |                                         |          | •      | -        | - 1          |
| l          |        |                                       |                                         |          |        |          |              |
|            | ****** |                                       |                                         |          |        |          |              |
| [          |        |                                       |                                         | l        |        | _        |              |
| ſ          |        |                                       |                                         |          |        | :        | . 1          |
|            |        |                                       |                                         |          |        |          | .            |
| ŧ          | •      |                                       |                                         |          |        |          | .            |
| ŀ          |        |                                       |                                         |          | •      | •        | .            |
| f          | •      |                                       |                                         |          | •      | •        | .            |
| ,          | •      |                                       |                                         |          | •      | •        | •            |
|            | •      |                                       |                                         |          | •      | •        | •            |
| 1          | •      | •                                     |                                         |          | •      | -        | : 1          |
|            | •      |                                       |                                         |          | •      | •        | .            |
|            |        |                                       |                                         |          |        |          |              |
| i          | 1      |                                       |                                         |          | :      |          | : 1          |
| l .        | :      | : :                                   |                                         |          |        |          | . 1          |
|            |        | : :                                   |                                         |          |        |          |              |
|            |        |                                       |                                         |          |        |          | ,            |
| 1          |        |                                       |                                         |          |        |          |              |
| I          | •      |                                       |                                         |          | •      |          | .            |
| l          | •      |                                       |                                         |          | •      |          | •            |
|            | -      |                                       |                                         |          | •      | •        | •            |
|            |        |                                       |                                         |          |        |          |              |
| L          |        |                                       |                                         |          |        |          |              |
| Table      |        |                                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ******** |        |          |              |
| RIA.       |        |                                       |                                         |          | -      |          |              |
|            |        | :                                     |                                         |          |        |          | .            |
| Nor        | -      | : :                                   |                                         | 1        |        |          |              |
| 1          |        |                                       |                                         |          |        |          | .            |
|            |        |                                       |                                         |          |        |          |              |
|            | •      |                                       |                                         |          |        |          |              |
| l t        |        |                                       |                                         |          |        |          | •            |
| ı <b>[</b> | •      |                                       |                                         | ;        |        | :        | ;            |
|            | :      | ; :                                   |                                         |          |        |          |              |
| F          | :      | : :                                   |                                         |          |        |          |              |
|            | :      | ;                                     |                                         |          |        |          |              |
|            | :      | :                                     |                                         |          |        |          |              |
|            | :      | :<br>                                 |                                         |          | ****** |          |              |
|            | :      | :<br>:::::::::::::::::::::::::::::::: |                                         | :        | •••••  |          | :<br>        |
|            | :      | :<br>: : : :                          |                                         | :<br>::  | •••••  |          |              |
|            | :      | · ·                                   |                                         |          | •••••  |          |              |
| 110        |        |                                       |                                         |          | •••••  |          |              |
| 3470       |        |                                       |                                         |          | ****** |          | •••••        |
| 2470       |        |                                       |                                         |          |        |          |              |
| 2470       |        |                                       |                                         |          |        |          |              |
| 2470       |        |                                       |                                         |          |        |          |              |
| 2470       |        |                                       |                                         |          |        |          |              |
| 2470       |        |                                       |                                         |          |        |          |              |
| 2470       |        |                                       |                                         |          |        |          |              |
| 3470       |        |                                       |                                         |          |        |          |              |
| 2470       |        |                                       |                                         |          |        |          |              |
| 2470       |        |                                       | ,                                       |          |        |          |              |
| 2470       |        |                                       |                                         |          |        |          |              |
| 3470       |        |                                       |                                         |          |        |          |              |
| 2470       |        |                                       |                                         |          |        |          |              |
| 2470       |        |                                       |                                         |          |        |          |              |
| 3470       |        |                                       |                                         |          |        |          |              |
| 2470       |        |                                       |                                         |          |        |          |              |
| 2470       |        |                                       |                                         |          |        |          |              |

RECEIVED KANSAS CORPORATION COMMISSION

APR 3 0 2008

CONSERVATION DIVISION WICHITA, KS



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 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: (C0-7 for oil wells;

# KANSAS CORPORATION COMMISSION KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

**RECEIVED** 

Form CDP-1 April 2004

Form must be Typed

## **APPLICATION FOR SURFACE PIT**

Submit in Duplicate

APR 3 0 2008 CONSERVATION DIVISION

| Operator Name: David Harris                                                                                |                                | WICHITA, K6 License Number: 34106                                                 |                                                                                                   |  |  |  |
|------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|--|--|
| Operator Address: 636 HWY 105, Toronto, KS 66777                                                           |                                |                                                                                   |                                                                                                   |  |  |  |
| Contact Person: David Harris or June Harris                                                                |                                | Phone Number: 620-637-2674                                                        |                                                                                                   |  |  |  |
| Lease Name & Well No.: Liebau L-2                                                                          |                                | Pit Location (QQQQ):                                                              |                                                                                                   |  |  |  |
| Type of Pit:                                                                                               | Pit is:                        |                                                                                   | NV NW SW 1/4                                                                                      |  |  |  |
| Emergency Pit Burn Pit                                                                                     | Proposed Existing              |                                                                                   | Sec. 13 Twp. 25 R. 13 East West                                                                   |  |  |  |
| Settling Pit Drilling Pit                                                                                  | If Existing, date constructed: |                                                                                   | 2,470 Feet from North / South Line of Section                                                     |  |  |  |
| Workover Pit Haul-Off Pit  (If WP Supply API No. or Year Drilled)                                          | Pit capacity:                  |                                                                                   | Feet from East / West Line of Section                                                             |  |  |  |
| (ii vvr Supply Art No. or real Dillieu)                                                                    | 375                            | (bbis)                                                                            | Woodson County                                                                                    |  |  |  |
| Is the pit located in a Sensitive Ground Water                                                             | Area? Yes                      | No                                                                                | Chloride concentration:mg/l                                                                       |  |  |  |
| Is the bottom below ground level?                                                                          | Artificial Liner?              |                                                                                   | (For Emergency Pits and Settling Pits only)  How is the pit lined if a plastic liner is not used? |  |  |  |
| Yes No                                                                                                     | Yes X                          | No                                                                                | Pit will be dug in clay silt soil.                                                                |  |  |  |
| Pit dimensions (all but working pits):                                                                     | Length (fe                     | eet)12                                                                            | Width (feet) N/A: Steel Pits                                                                      |  |  |  |
| Depth fi                                                                                                   | om ground level to de          | eepest point:                                                                     | 4 (feet) No Pit                                                                                   |  |  |  |
| , , , , , , , , , , , , , , , , , , ,                                                                      |                                | edures for periodic maintenance and determining including any special monitoring. |                                                                                                   |  |  |  |
| ,                                                                                                          |                                |                                                                                   |                                                                                                   |  |  |  |
|                                                                                                            |                                |                                                                                   |                                                                                                   |  |  |  |
|                                                                                                            |                                |                                                                                   |                                                                                                   |  |  |  |
| 1                                                                                                          |                                | 1 '                                                                               | west fresh waterfeet.                                                                             |  |  |  |
| None feet Depth of water well feet                                                                         |                                | Source of infor                                                                   |                                                                                                   |  |  |  |
|                                                                                                            |                                |                                                                                   | over and Haul-Off Pits ONLY:                                                                      |  |  |  |
| Producing Formation:                                                                                       | <del></del>                    | Type of materia                                                                   | ial utilized in drilling/workover: Fresh Water                                                    |  |  |  |
| <b>!</b>                                                                                                   |                                | rking pits to be utilized:2                                                       |                                                                                                   |  |  |  |
| Barrels of fluid produced daily: Abandonment                                                               |                                | t procedure: Pits will emptied out and filled with soil that was dug out.         |                                                                                                   |  |  |  |
| Does the slope from the tank battery allow all spilled fluids to flow into the pit? Yes No Drill pits must |                                | Drill pits must l                                                                 | st 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.    |                                |                                                                                   |                                                                                                   |  |  |  |
| I horoup certain that the above statements are the and contex to the best of my knowledge and belief.      |                                |                                                                                   |                                                                                                   |  |  |  |
| 4/28/2008 Rand Hair                                                                                        |                                |                                                                                   |                                                                                                   |  |  |  |
| Date Signature of Applicant or Agent                                                                       |                                |                                                                                   |                                                                                                   |  |  |  |
| KCC OFFICE USE ONLY Steel Pit RFAC RFAS                                                                    |                                |                                                                                   |                                                                                                   |  |  |  |
| Date Received: 4 30 08 Permit Number: Permit Date: 4 30 08 Lease Inspection: Yes No                        |                                |                                                                                   |                                                                                                   |  |  |  |