

For KCC Use:  
Effective Date: 5-25-08  
District #: 4  
SGA? ☐ Yes ☒ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form C-1  
October 2007  
Form must be Typed  
Form must be Signed  
All blanks must be Filled

NOTICE OF INTENT TO DRILL

Must be approved by KCC five (5) days prior to commencing well

Expected Spud Date: JUNE 22 2008  
month day year

OPERATOR: License# 33306  
Name: BLAKE EXPLORATION  
Address 1: BOX 150  
Address 2: \_\_\_\_\_  
City: BOGUE State: KS Zip: 67625 + \_\_\_\_\_  
Contact Person: MIKE DAVIGNON  
Phone: 785/421/2921

CONTRACTOR: License# 3505 31548  
Name: DISCOVERY DRLG.

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

☐ If OWVO: old well information as follows:

Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Original Completion Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

Directional, Deviated or Horizontal wellbore? ☐ Yes ☒ No

If Yes, true vertical depth: \_\_\_\_\_

Bottom Hole Location: \_\_\_\_\_

KCC DKT #: \_\_\_\_\_

Spot Description: SW SE NE Sec. 27 Twp. 9 S. R. 20 ☐ E ☒ W  
(0000) 2,100 feet from ☒ N / ☐ S Line of Section  
1,000 feet from ☒ E / ☐ W Line of Section

Is SECTION: ☒ Regular ☐ Irregular?

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

County: ROOKS

Lease Name: RATHBUN Well #: 7-A

Field Name: \_\_\_\_\_

Is this a Prorated / Spaced Field? ☐ Yes ☒ No

Target Formation(s): ARBUCKLE

Nearest Lease or unit boundary line (in footage): 1000

Ground Surface Elevation: 2280 feet MSL

Water well within one-quarter mile: ☐ Yes ☒ No

Public water supply well within one mile: ☐ Yes ☒ No

Depth to bottom of fresh water: 180'

Depth to bottom of usable water: 1000'

Surface Pipe by Alternate: ☐ I ☒ II

Length of Surface Pipe Planned to be set: 200'

Length of Conductor Pipe (if any): NONE

Projected Total Depth: 3850

Formation at Total Depth: ARBUCKLE

Water Source for Drilling Operations:

☐ Well ☐ Farm Pond ☒ Other: \_\_\_\_\_

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

(Note: Apply for Permit with DWR ☐)

Will Cores be taken? ☐ Yes ☒ No

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

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq. KANSAS CORPORATION COMMISSION  
It is agreed that the following minimum requirements will be met:

1. Notify the appropriate district office **prior** to spudding of well;
2. A copy of the approved notice of intent to drill **shall be** posted on each drilling rig;
3. The minimum amount of surface pipe as specified below **shall be set** by circulating cement to the top; in all cases surface pipe **shall be set** through all unconsolidated materials plus a minimum of 20 feet into the underlying formation.
4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary **prior to plugging**;
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within **120 DAYS** of spud date.  
Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. **In all cases, NOTIFY district office** prior to any cementing.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 5/15/08 Signature of Operator or Agent: [Signature] Title: V.P.

For KCC Use ONLY

API # 15 - 163-23729-00-00

Conductor pipe required None feet

Minimum surface pipe required 200 feet per ALT. ☐ I ☒ II

Approved by: SB 5-20-08

This authorization expires: 5-20-09

(This authorization void if drilling not started within 12 months of approval date.)

Spud date: \_\_\_\_\_ Agent: \_\_\_\_\_

Remember to:

- File Drill Pit Application (form CDP-1) with Intent to Drill;
- File Completion Form ACO-1 within 120 days of spud date;
- File acreage attribution plat according to field proration orders;
- Notify appropriate district office 48 hours prior to workover or re-entry;
- Submit plugging report (CP-4) after plugging is completed (within 60 days);
- Obtain written approval before disposing or injecting salt water.
- If this permit has expired (See: authorized expiration date) please check the box below and return to the address below.

☐ Well Not Drilled - Permit Expired Date: \_\_\_\_\_  
Signature of Operator or Agent: \_\_\_\_\_

RECEIVED

MAY 19 2008

CONSERVATION DIVISION  
WICHITA, KS

27 9 20 ☐ E ☒ W

**IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW***Plat of acreage attributable to a well in a prorated or spaced field*

**If the intended well is in a prorated or spaced field, please fully complete this side of the form.** If the intended well is in a prorated or spaced field complete the plat below showing that the well will be properly located in relationship to other wells producing from the common source of supply. Please show all the wells and within 1 mile of the boundaries of the proposed acreage attribution unit for gas wells and within 1/2 mile of the boundaries of the proposed acreage attribution unit for oil wells.

API No. 15 - 163-23729-00-00Operator: BLAKE EXPLORATIONLease: RATHBUNWell Number: 7-A

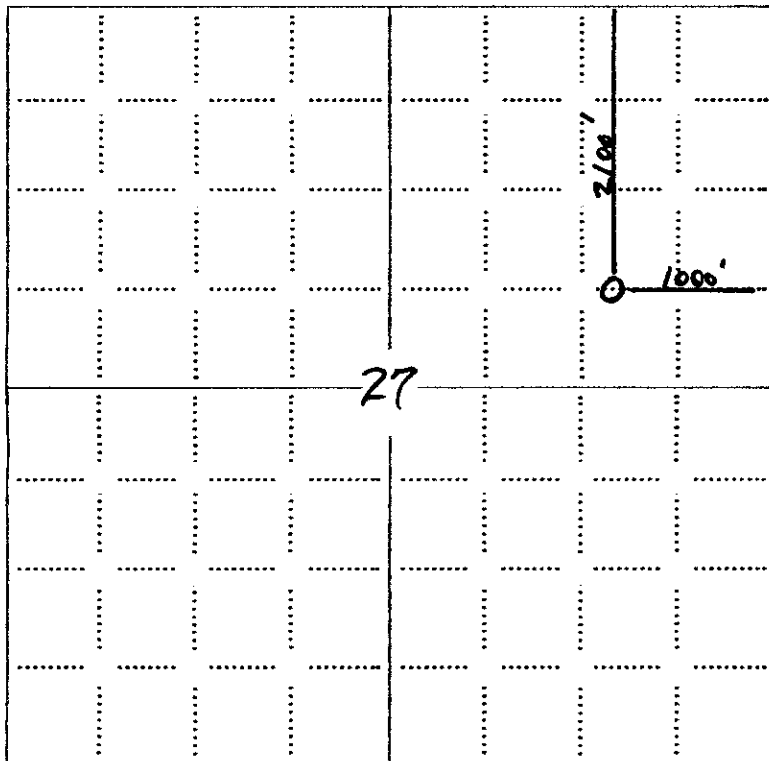
Field: \_\_\_\_\_

Number of Acres attributable to well: \_\_\_\_\_

QTR/QTR/QTR/QTR of acreage: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ NE

Location of Well: County: ROOKS2,100 feet from ☒ N / ☐ S Line of Section1,000 feet from ☒ E / ☐ W Line of SectionSec. 27 Twp. 9 S. R. 20 ☐ E ☒ WIs Section: ☒ Regular or ☐ Irregular

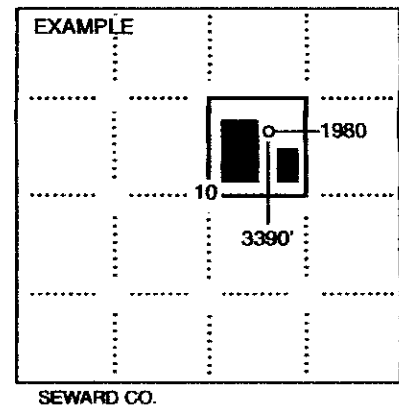
If Section is Irregular, locate well from nearest corner boundary.

Section corner used: ☐ NE ☐ NW ☐ SE ☐ SW**PLAT***(Show location of the well and shade attributable acreage for prorated or spaced wells.)**(Show footage to the nearest lease or unit boundary line.)***NOTE: In all cases locate the spot of the proposed drilling location.****In plotting the proposed location of the well, you must show:**

1. The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.
2. The distance of the proposed drilling location from the south / north and east / west outside section lines.
3. The distance to the nearest lease or unit boundary line (in footage).
4. If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat must be attached: (CO-7 for oil wells; CO-8 for gas wells)

RECEIVED  
KANSAS CORPORATION COMMISSION

MAY 19 2008

CONSERVATION DIVISION  
WICHITA, KS

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
APPLICATION FOR SURFACE PIT**

Form CDP-1  
April 2004  
Form must be Typed

*Submit in Duplicate*

|                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Operator Name: <b>BLAKE EXPLORATION</b>                                                                                                                                                                                                                                                                                     |  | License Number: <b>33306</b>                                                                                                                                                                                                                                                                                                                                              |  |
| Operator Address: <b>BOX 150</b>                                                                                                                                                                                                                                                                                            |  | <b>BOGUE KS 67625</b>                                                                                                                                                                                                                                                                                                                                                     |  |
| Contact Person: <b>MIKE DAVIGNON</b>                                                                                                                                                                                                                                                                                        |  | Phone Number: <b>785/421/2921</b>                                                                                                                                                                                                                                                                                                                                         |  |
| Lease Name & Well No.: <b>RATHBUN 7-A</b>                                                                                                                                                                                                                                                                                   |  | Pit Location (QQQQ):<br><div style="text-align: center;"><u>NE SE</u></div>                                                                                                                                                                                                                                                                                               |  |
| Type of Pit:<br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit<br><input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit<br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit<br><small>(If WOP Supply API No. or Year Drilled)</small> |  | Pit is:<br><input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing<br>If Existing, date constructed: _____<br>Pit capacity: <b>500</b> (bbls)                                                                                                                                                                                                      |  |
| Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                    |  | Sec. <b>27</b> Twp. <b>9</b> R. <b>20</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West<br><b>1300</b> Feet from <input type="checkbox"/> North <input checked="" type="checkbox"/> South Line of Section<br><b>2340</b> Feet from <input checked="" type="checkbox"/> East <input type="checkbox"/> West Line of Section<br><b>ROOKS</b> County |  |
| Is the bottom below ground level?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                    |  | Chloride concentration: _____ mg/l<br><small>(For Emergency Pits and Settling Pits only)</small>                                                                                                                                                                                                                                                                          |  |
| Artificial Liner?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                    |  | How is the pit lined if a plastic liner is not used?                                                                                                                                                                                                                                                                                                                      |  |
| Pit dimensions (all but working pits): <b>40</b> Length (feet) <b>12</b> Width (feet) <input type="checkbox"/> N/A: Steel Pits<br>Depth from ground level to deepest point: <b>6</b> (feet) <input type="checkbox"/> No Pit                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                           |  |
| If the pit is lined give a brief description of the liner material, thickness and installation procedure.                                                                                                                                                                                                                   |  | Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring.<br><br><div style="text-align: right;"> <b>MAY 19 2008</b><br/>           CONSERVATION DIVISION<br/>           WICHITA, KS         </div>                                                                                                                 |  |
| Distance to nearest water well within one-mile of pit<br><u>N/A</u> feet    Depth of water well _____ feet                                                                                                                                                                                                                  |  | Depth to shallowest fresh water _____ feet<br>Source of information:<br><input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input type="checkbox"/> KDWR                                                                                                                                                         |  |
| <b>Emergency, Settling and Burn Pits ONLY:</b><br>Producing Formation: _____<br>Number of producing wells on lease: _____<br>Barrels of fluid produced daily: _____<br>Does the slope from the tank battery allow all spilled fluids to flow into the pit? <input type="checkbox"/> Yes <input type="checkbox"/> No         |  | <b>Drilling, Workover and Haul-Off Pits ONLY:</b><br>Type of material utilized in drilling/workover: <b>ROTARY MUD</b><br>Number of working pits to be utilized: <b>3</b><br>Abandonment procedure: <b>BACKFILL W/DOZER</b><br>Drill pits must be closed within 365 days of spud date.                                                                                    |  |
| I hereby certify that the above statements are true and correct to the best of my knowledge and belief.                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                           |  |
| 5/15/08<br>Date                                                                                                                                                                                                                                                                                                             |  | <br>Signature of Applicant or Agent                                                                                                                                                                                                                                                    |  |
| <div style="text-align: center;"><b>KCC OFFICE USE ONLY</b></div>                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                           |  |
| Date Received: <u>5/20/08</u> Permit Number: _____                                                                                                                                                                                                                                                                          |  | Steel Pit <input type="checkbox"/> RFAC <input type="checkbox"/> RFAS <input type="checkbox"/>                                                                                                                                                                                                                                                                            |  |
| Permit Date: <u>5/20/08</u> Lease Inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                           |  |

15-163-23729-00-00