

awwo

For KCC Use: 11-7-2009
Effective Date: _____
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: 11 month 10 day 2009 year

OPERATOR: License# 32158 ✓
Name: H&B Petroleum Corporation
Address 1: PO Box 277
Address 2: _____
City: Ellinwood State: KS Zip: 67526 + 0 2 7 7
Contact Person: Al Hammersmith
Phone: 620-564-3002
CONTRACTOR: License# 34066 ✓
Name: Trinity Oilfield Services

Spot Description: C NW NW SW Sec. 26 Twp. 9 S. R. 20 E W
(a/a/a/a) 2,970 feet from N / S Line of Section
330 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: Marcotte Well #: 1
Field Name: Marcotte Northampton
Is this a Prorated / Spaced Field? Yes No
Target Formation(s): Arbuckle

Nearest Lease or unit boundary line (in footage): 330
Ground Surface Elevation: 2255 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: 150
Depth to bottom of usable water: 980

Surface Pipe by Alternate: I II
Length of Surface Pipe Planned to be set: 8 5/8 @ 203
Length of Conductor Pipe (if any): None
Projected Total Depth: 3639
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: _____

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

If OWWO: old well information as follows:
Operator: Nadel & Gussman
Well Name: Marcotte #1
Original Completion Date: 01-07-1948 Original Total Depth: 3639.5

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

AFFIDAVIT

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

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- 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: October 30, 2009 Signature of Operator or Agent: [Signature] Title: Vice President

For KCC Use ONLY
API # 15 - 163-00149-00-01
Conductor pipe required None feet
Minimum surface pipe required 203 feet per ALT I II
Approved by: [Signature] 11-2-2009
This authorization expires: 11-2-2010
(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: _____

26 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 - 163-00149-00-01
 Operator: H&B Petroleum Corporation
 Lease: Marcotte
 Well Number: 1
 Field: Marcotte

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

Location of Well: County: _____ Rooks _____
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 Sec. 26 Twp. 9 S. R. 20 E W

Is Section: Regular or Irregular

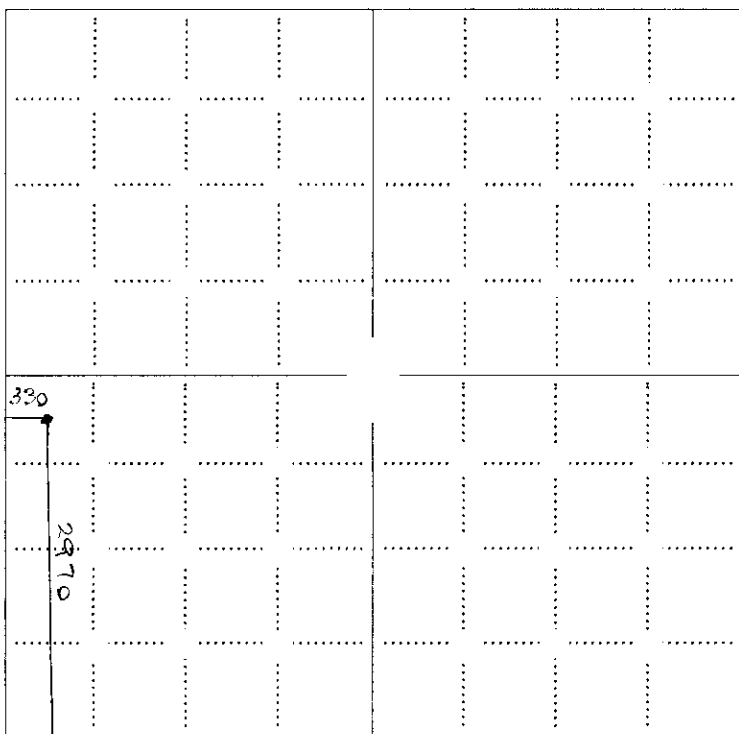
If Section is Irregular, locate well from nearest corner boundary.

Section corner used: NE NW SE SW

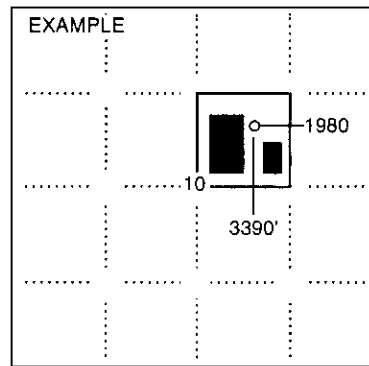
PLAT

(Show location of the well and shade attributable acreage for prorated or spaced wells.)

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



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SEWARD CO.

NOTE: In all cases locate the spot of the proposed drilling locaton.

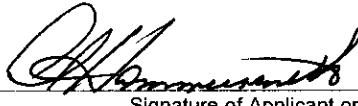
In plotting the proposed location of the well, you must show:

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: (CO-7 for oil wells; CG-8 for gas wells).

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

Form CDP-1
April 2004
Form must be Typed

Submit in Duplicate

Operator Name: H&B Petroleum Corporation		License Number: 32158
Operator Address: PO Box 277		Ellinwood KS 67526
Contact Person: Al Hammersmith		Phone Number: 620-564-3002
Lease Name & Well No.: Marcotte 1		Pit Location (QQQQ): C - NW - NW - SW
Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit <small>(If WP Supply API No. or Year Drilled)</small>	Pit is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: 200 (bbls)	Sec. 26 Twp. 9 R. 20 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 2,970 Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section 330 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Rooks County
Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Chloride concentration: _____ mg/l <small>(For Emergency Pits and Settling Pits only)</small>
Is the bottom below ground level? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Artificial Liner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How is the pit lined if a plastic liner is not used?
Pit dimensions (all but working pits): 30 Length (feet) 8 Width (feet) <input type="checkbox"/> N/A: Steel Pits Depth from ground level to deepest point: 5 (feet) <input type="checkbox"/> No Pit		
If the pit is lined give a brief description of the liner material, thickness and installation procedure. 10 mil - laid in and cover edges		Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring. If loss of fluid is noticed will empty pit NOV 02 2009
Distance to nearest water well within one-mile of pit _____ feet Depth of water well _____ feet		Depth to shallowest fresh water _____ feet KCC WICHITA Source of information: <input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input type="checkbox"/> KDWR
Emergency, Settling and Burn Pits ONLY: Producing Formation: _____ Number of producing wells on lease: _____ Barrels of fluid produced daily: _____ Does the slope from the tank battery allow all spilled fluids to flow into the pit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Drilling, Workover and Haul-Off Pits ONLY: Type of material utilized in drilling/workover: <u>drillint cmt w/fresh water</u> Number of working pits to be utilized: <u>1</u> Abandonment procedure: <u>Pull off fluid dry/ backfill</u> 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.		
October 30, 2009 Date	 Signature of Applicant or Agent	
KCC OFFICE USE ONLY		
Steel Pit <input type="checkbox"/> RFAC <input type="checkbox"/> RFAS <input type="checkbox"/>		
Date Received: <u>11/2/09</u> Permit Number: _____	Permit Date: <u>11/2/09</u> Lease Inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

15-163-00149-00-01

STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

K.A.R.-82-3-117

15-163-00149-00-00

API NUMBER N/A

LEASE NAME MARCOTTE

WELL NUMBER 1

SPOT LOCATION C NW NW SW

SEC. 26 TWP. 9S RGE. 20 ~~W~~ (W)

COUNTY Rooks

Date Well Completed 1/7/48

Plugging Commenced 10/24/85

Plugging Completed 10/24/85

LEASE OPERATOR Nadel and Gussman

ADDRESS 3232 First National Tower - Tulsa, OK 74103

PHONE # (918) 583-3333 OPERATORS LICENSE NO. 5337

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

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? _____

Which KCC/KDHE Joint Office did you notify? District #6 - Hays, Ks.

Is ACO-1 filed? N/A If not, is well log attached? yes

Producing formation Arbuckle Depth to top 3826' bottom 3828' T.D. 3839.5

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

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
<u>Arbuckle</u>	<u>oil (depleted)</u>	<u>3826</u>	<u>28</u>	<u>8-5/8</u>	<u>203</u>	<u>none</u>
				<u>5-1/2</u>	<u>3808</u>	<u>none</u>
				<u>3-1/2</u>	<u>3839.5</u>	<u>none</u>
					<u>3811 KCC740</u>	

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used state, the character of same and depth placed, from feet to feet each set.

Down 5 1/2" casing, 1 sack hulls and 25 sacks of 60/40 Poz, 4 gel; then 65 sacks 60/40 Poz;

Max. Pressure 700 psi

Mixed into 8-5/8" annulus, 100 sacks 60/40 Poz with 1 sack hulls; Max. Pressure 600 psi

Witness by state rep: Dale E. Balthazor

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

Name of Plugging Contractor Allied Cementing Co. Inc. License No. _____
Address P.O. Box 31 - Russell, Ks. 67665

STATE OF Oklahoma COUNTY OF Tulsa, ss.

M. R. Taylor (employee of operator) or (operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) M.R. Taylor
(Address) 3232 First National Tower
Tulsa, OK 74103

SUBSCRIBED AND SWORN TO before me this 30th day of October, 19 85

My Commission expires: 11/21/85

Bruce A. Alsop
STATE CORPORATION COMMISSION PUBLIC

NOV 11 11/4/85
CONSERVATION DIVISION

Form CP-4
Revised 01-84