For KCC Use:	4-3-2010
Effective Date:	7-3-2010
District #	<u>L</u>
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 Soud Date: April 2 2010	
Expected Spud Date: April 2 2010 month day year	Spot Description:  N2 SE . NE . SW . sec. 16 Two 13 S. B. 20W . F. W.
5006	
OPERATOR: License# 5386	1001 11011 [11   12   12   12   12   12   12   1
Name: PRODUCTION DRILLING, INC.	The second of th
Address 1: 1023 Reservation Road	ls SECTION: K Regular Irregular?
Address 2: P.O. Box 680  City: Hays State: KS zip: 67601,	(Note: Locate well on the Section Plat on reverse side)
Y Via assassi sass	County: Ellis
(705) 625 1100	Lease Name: BRUNGARDT Well #: 7
Phone: (703) 023-1109  CONTRACTOR: License# 31548	Field Name: Raynes ford East
	Is this a Prorated / Spaced Field?
Name: Discovery Drilling Co., Inc.	Target Formation(s): LKC & Arbuckle
Well Drilled For: Well Class: Type Equipment:	Nearest Lease or unit boundary line (in footage):330
X Oit Enh Rec X Infield X Mud Rotary	Ground Surface Elevation: 216/
Gas Storage Pool Ext. Air Rotary	Water well within one-quarter mile:
Disposal Wildcat Cable	Public water supply well within one mile:  Depth to hottom of fresh water:  150
Seismic; # of Holes Other	Deput to bottom of fieali water.
Other:	Depth to bottom of usable water:
	Surface Pipe by Alternate: 1 XIII
If OWWO: old well information as follows:	Length of Surface File Filanties to be set.
Operator:	Length of Conductor Pipe (if any): None
Well Name:	Projected Total Depth: 3875
Original Completion Date: Original Total Depth:	Formation at Total Depth: Arbuckle
	Water Source for Drilling Operations:
Directional, Deviated or Horizontal wellbore?  Yes X No	Well X Farm Pond Other:
If Yes, true vertical depth:	DWR Permit #:
KCC DKT #:	(Note: Apply for Permit with DWR (2)
NGC DR1 #.	Will Cores be taken? Yes X No
	If Yes, proposed zone:
AFF	IDAUST
The undersigned hereby affirms that the drilling, completion and eventual plug	IDAVIT
It is agreed that the following minimum requirements will be met:	gang of this well will comply with 18.5.2. 55 et. seq.
Notify the appropriate district office <i>prior</i> to spudding of well;	duilling vien
<ol> <li>A copy of the approved notice of intent to drill shall be posted on each</li> <li>The minimum amount of surface pipe as specified below shall be set be</li> </ol>	\$ 5·
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 distr	
5. The appropriate district office will be notified before well is either plugge	ed or production casing is cemented in;
6. If an ALTERNATE II COMPLETION, production pipe shall be comented	
Or pursuant to Appendix "B" - Eastern Kansas surface casing order #15 must be completed within 30 days of the spud date or the well shall be	33,891-C, which applies to the KCC District 3 area, alternate II cementing
/ /	1 1
I hereby certify that the statements made herein are true and correct to the be	est of my knowledge and belief.
Date: 25 March 2010 Signature of Operator or Agent:	A / Title: Agent
Digitative of Operator of Agent.	
For KCC Use ONLY	Remember to:
0=1 2(01-0-00-70)	- File Drill Pit Application (form CDP-1) with Intent to Drill;
ΜΙΤΙΟ	File Completion Form ACO-1 within 120 days of spud date;
Conductor pipe requiredfeet	- File acreage attribution plat according to field proration orders; - Notify appropriate district office 48 hours prior to workover or re-entry;
Minimum surface pipe required 200 feet per ALT.	- Submit plugging report (CP-4) after plugging is completed (within 60 days);
Approved by: <b>[NO.3-29-2010</b>	- Obtain written approval before disposing or injecting salt water.
This authorization expires: 3-29-2011	- If this permit has expired (See: authorized expiration date) please
(This authorization void if drilling not started within 12 months of approval date.)	check the box below and return to the address below.
	Well Not Dritled - Permit Expired Signature of Operator of Apopt
Spud date: Agent:	Signature of Operator or Agent:
	MAR <b>2 9</b> 2010 ₹
	,

## IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

Plat of acreage attributable to a well in a prorated or spaced field

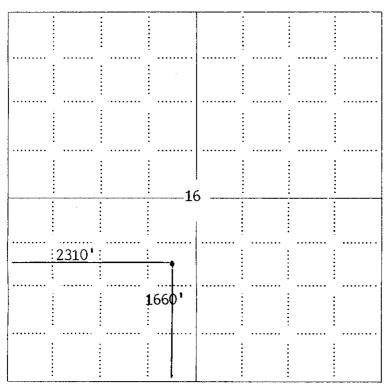
If the intended well is in a prorated or spaced field, please fully complete this side of the form. If the intended well is in a prorated or spaced field complete the plat below showing that the well will be properly located in relationship to other wells producing from the common source of supply. Please 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.

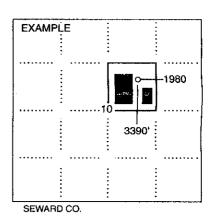
API No. 15 - OSI-25968-00-00 Operator: PRODUCTION DRILLING, INC.	Location of Well: County: Ellis
Lease: BRUNGARDT Well Number: 7	
Field:	Sec. 16 Twp. 13 S. R. 20W E X W
Number of Acres attributable to well:	ls Section: X Regular or Irregular
	If Section is Irregular, locate well from nearest corner boundary.  Section corner used: NE NW SE SW

#### **PLAT**

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

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





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

Ellis Co., KS

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

- 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; CG-8 for gas wells).

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CDP-1 April 2004 Form must be Typed

# **APPLICATION FOR SURFACE PIT**

Submit in Duplicate

Operator Name: PRODUCTION	DRILLING, INC.		License Number: 5386		
Operator Address: 1023 Reser	vation Road Ha	ays, KS (	57601		
Contact Person: Aven Weaverling			Phone Number: ( 785 )625 -1189		
Lease Name & Well No.: BRUNGARDT # 7			Pit Location (QQQQ):		
Type of Pit:	Pit is:		SENESW		
Emergency Pit Burn Pit	X Proposed	Existing	Sec. 16 Twp. 13S R. 20W East X West		
Settling Pit X Orilling Pit	If Existing, date c	constructed:	1660 Feet from North / X South Line of Section		
Workover Pit Haul-Off I	Pit Pit capacity:				
(If WP Supply API No. or Year Drilled)	3000	(bbls)	Ellis		
Is the pit located in a Sensitive Ground	Water Area? Yes	X No	Chloride concentration:mg/l		
	<u></u> C		(For Emergency Pits and Settling Pits only)		
Is the bottom below ground level?	Artificial Liner?		How is the pit lined if a plastic liner is not used?		
X Yes No	Yes X	No	Clay soil, native and fresh mud.		
Pit dimensions (all but working pits):	70 Length (fo	eet) 70	Width (feet) N/A: Steel Pits		
D	epth from ground level to d	leepest point:	5(feet)		
If the pit is lined give a brief description of the liner material, thickness and installation procedure.  Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring.					
Distance to nearest water well within one-mile of pit		Source of infor	owest fresh water		
Emergency, Settling and Burn Pits		<del> </del>	over and Haul-Off Pits ONLY:		
Producing Formation:		T	Type of material utilized in drilling/workover: Fresh Mud		
		İ	Number of working pits to be utilized:3		
· -		Abandonment	Abandonment procedure: Allow liquid contents to		
Does the slope from the tank battery allow all spilled fluids to flow into the pit? Yes No		evaporate, let cuttings dry and backfill.			
		Abandonment procedure: Allow liquid contents to evaporate, let cuttings dry and backfill.  Drill pits must be closed within 365 days of spud date.			
I hereby certify that the abov	e statements are true and	correct to the bes	st of my knowledge and belief.		
March 25, 2010 / MM/S			Signature of Applicant or Agent		
	ксс	OFFICE USE O			
Date Received: 3-29-10 Perm	it Number:	Perm	RECEIVED  KANSAS CORPORATION COMMIS  iit Date: 3-29-10 Lease Inspection: Yes X No		
			Room 2078, Wichita, Kansas 67202 MAR 2 9 2010		

WICHITA, KS