

For KCC Use: 58-2010
 Effective Date: _____
 District # 3
 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: May 5, 2010
month day year

OPERATOR: License# 33365
 Name: Layne Energy Operating, LLC
 Address 1: 1900 Shawnee Mission Parkway
 Address 2: _____
 City: Mission Woods State: KS Zip: 66205 + 2001
 Contact Person: Victor H. Dyal
 Phone: 913-748-3960
 CONTRACTOR: License# 33606
 Name: Thornton Air

Spot Description: 37.3889905 -95.8509673
NE NW SW SW Sec. 35 Twp. 30 S. R. 14 E W
(aaaa) 1,093 feet from N / S Line of Section
347 feet from E / W Line of Section

Is SECTION: Regular Irregular?

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

County: Wilson
 Lease Name: Decker Well #: 13C-35
 Field Name: Unnamed - La fontaine

Is this a Prorated / Spaced Field? Yes No

Target Formation(s): Cattleman Sands

Nearest Lease or unit boundary line (in footage): 347'

Ground Surface Elevation: 916' 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: 200'

Surface Pipe by Alternate: I II

Length of Surface Pipe Planned to be set: 40'

Length of Conductor Pipe (if any): None

Projected Total Depth: 1500'

Formation at Total Depth: Mississippian

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: _____

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 CONSERVATION DIVISION
 WICHITA, KS

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

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 #: _____

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq.

It is agreed that the following minimum requirements will be met:

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

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

Date: April 28, 2010 Signature of Operator or Agent: Victor H. Dyal Title: Manager of Engineering

For KCC Use ONLY
 API # 15 - 205-27840-0000
 Conductor pipe required None feet
 Minimum surface pipe required 40 feet per ALT. I II
 Approved by: PHH 5-3-2010
 This authorization expires: 5-3-2011
(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: _____

35
30
14
 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 - 205-27840-0000
 Operator: Layne Energy Operating, LLC
 Lease: Decker
 Well Number: 13C-35
 Field: Unnamed

Location of Well: County: Wilson
 1,093 feet from N / S Line of Section
 347 feet from E / W Line of Section
 Sec. 35 Twp. 30 S. R. 14 E W

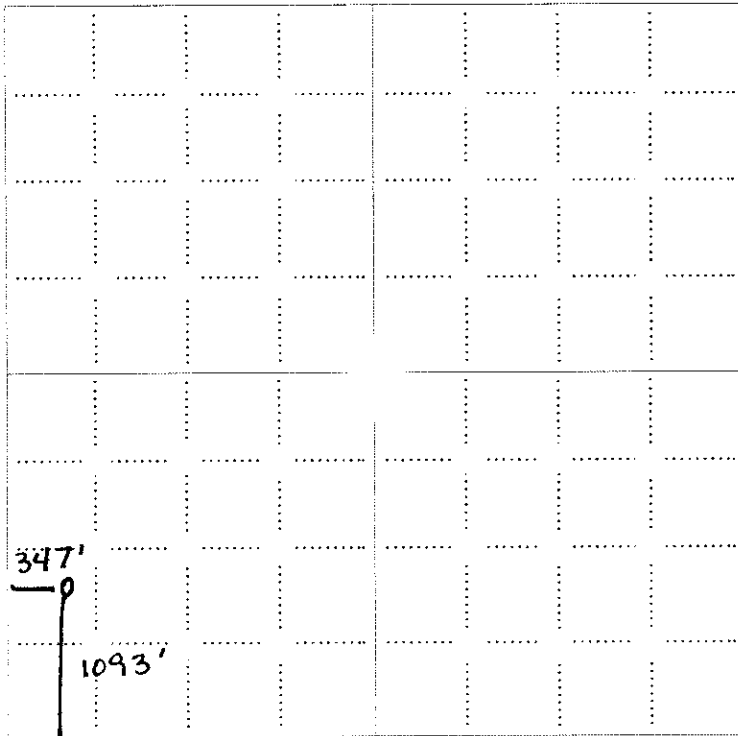
Number of Acres attributable to well: _____
 QTR/QTR/QTR/QTR of acreage: _____ - NW - SW - SW

Is Section: Regular or Irregular

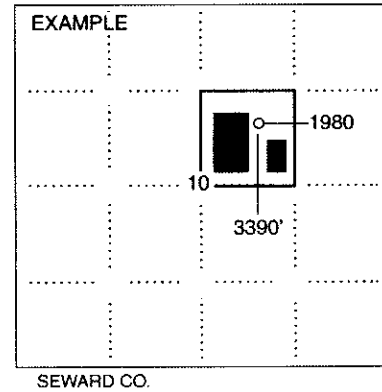
If Section is Irregular, locate well from nearest corner boundary.
 Section corner used: NE NW SE SW

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

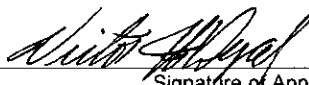
In plotting the proposed location of the well, you must show:

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: (C0-7 for oil wells; CG-8 for gas wells).

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

Form GDP-1
April 2004
Form must be Typed

Submit in Duplicate

| | | |
|--|---|---|
| Operator Name: Layne Energy Operating, LLC | | License Number: 33365 |
| Operator Address: 1900 Shawnee Mission Parkway | | Mission Woods KS 66205 |
| Contact Person: Victor H. Dyal | | Phone Number: 913-748-3960 |
| Lease Name & Well No.: Decker 13C-35 | | Pit Location (QQQQ): _____ NW _____ SW _____ SW Sec. <u>35</u> Twp. <u>30</u> R. <u>14</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>1,093</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>347</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section Wilson County |
| Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input 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: _____ (bbls) | |
| 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | How is the pit lined if a plastic liner is not used? made of clay |
| Pit dimensions (all but working pits): <u>30</u> Length (feet) <u>20</u> Width (feet) <input type="checkbox"/> N/A: Steel Pits Depth from ground level to deepest point: <u>3</u> (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 determine liner integrity, including any special monitoring. |
| | | RECEIVED KANSAS CORPORATION COMMISSION APR 30 2010 CONSERVATION DIVISION WICHITA, KS |
| Distance to nearest water well within one-mile of pit <u>none</u> feet Depth of water well _____ feet | Depth to shallowest fresh water _____ feet. Source of information: <input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input type="checkbox"/> KDWR | |
| Emergency, Settling and Burn Pits ONLY: Producing Formation: _____ Number of producing wells on lease: _____ Barrels of fluid produced daily: _____ Does the slope from the tank battery allow all spilled fluids to flow into the pit? <input type="checkbox"/> Yes <input type="checkbox"/> No | Drilling, Workover and Haul-Off Pits ONLY: Type of material utilized in drilling/workover: <u>fresh water mud</u> Number of working pits to be utilized: <u>2</u> Abandonment procedure: <u>Let evaporate until dry, then backfill and restore</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. | | |
| April 28, 2010 Date |  Signature of Applicant or Agent | |

15-2005-27890-0000

| | | | | |
|-------------------------------|----------------------|------------------------------------|---|-------------------------------|
| KCC OFFICE USE ONLY | | Steel Pit <input type="checkbox"/> | RFAC <input type="checkbox"/> | RFAS <input type="checkbox"/> |
| Date Received: <u>4-30-10</u> | Permit Number: _____ | Permit Date: <u>5-3-10</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