

Resubmit authorization (Permit No. _____)

KANSAS CORPORATION COMMISSION CONSERVATION DIVISION 202 West First 200 Colorado Derby Building Wichita, Kansas 67202-1286

Form COP-1 12/9

APPLICATION FOR SURFACE POND

FORM MUST BE TYPED

Submit in duplicate

Operator Name: Seed Group License No.: 32753

Operator Address: Box 771189 Wichita KS 67277

Contact Person: Paul Caragannis Phone No.: 316-807-1209

Lease Name: Cully 1-20 Pit Location: Qtr. Sec. 20 Twp. 34 Rge. 20W 660' Ft from N 1/4 Line of Sec 660' Ft from E 1/4 Line of Sec Summer County

Is the pit located in a Sensitive Ground Water Area? No Chloride concentration: _____ mg/l

Is Pit bottom below ground level? X Yes Artificial liner? X No How is pit lined if a plastic liner is not used? Natural Clay

Pit dimensions (Call but working pits): 12 Length (ft), 8 width (ft) Depth from ground level to deepest point 8 (ft)

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: 1256 ft. Depth of water well 60 ft. Depth to shallowest fresh water 20 feet.

EMERGENCY, TREATMENT AND BURN PITS ONLY: Producing Formation: Number of producing wells on lease: Barrels of fluid produced daily: DRILLING AND WORKOVER PITS ONLY: Type of material utilized in drilling/workover cement Number of working pits to be utilized 1

I hereby certify that the above statements are true and correct to the best of my knowledge and belief. Date: 5-27-2009 Signature of Applicant or Agent: Mark Mergenstein

KCC OFFICE USE ONLY Date Rec'd: 5/27/09 Permit No.: 15-191-20986-0000 Permit Date: 5/27/09 Lease Inspection: Yes X No

KANSAS

CORPORATION COMMISSION

KATHLEEN SEBELIUS, GOVERNOR
BRIAN J. MOLINE, CHAIR
ROBERT E. KREMBIEL, COMMISSIONER
MICHAEL C. MOFFET, COMMISSIONER

FAX COVER SHEET

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DATE: 5-27-2009

NO CHARGE _____

CHARGE _____
(1.95 per page - INVOICE WILL FOLLOW
please pay from received invoice.)

TO: KATHY

FAX PHONE: _____

COMPANY: _____

BILLING ADDRESS: _____

FROM: DIST 2, JEFF KLOCK PHONE _____

NUMBER OF PAGES: 2 TITLE OF DOCUMENT PIT APPLICATION
(including cover sheet)

SPECIAL INSTRUCTIONS: KATHY - I HAVE NO IDEA IF SEED GROUP
MAILED THIS APPLICATION TO YOU. THEY ARE USING THIS PIT TODAY.
Jeff

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL 316-630-4000 AS SOON AS POSSIBLE.
THE KCC FAX NUMBER IS: 316-630-4005.