OPERATOR: License #	CCCOTHE DATE	5-19-91	15-033-20821-00-00	
Must be approved by the K.C.C. five (3) days prior to commencing well Expected Spud Date	FORM MUST BE TYPED IVE UAIE.	State of Kary	BBB FORM MUST BE SIGNED	
Must be approved by the K.C.C. five (3) days prior to commencing well S. V. M. N.E. see 34. Tup 34. s. Rg 20East worth day year OPERATOR: Ligarge 8. 4145 OPERATOR: Ligarge 8	FORM C-1 4/90			
Described Spud Date sonth day year sonth sonth day year sonth sonth day year sonth sonth year sonth sonth year sonth sonth year sonth sont	Must	be approved by the K.C.C. five (5)	days prior to commencing well	
Sepected Spud Date month day year month day month d	æ /	1.£ / 0.1	6/2 NE NE 2/ 2/ 20 — East	
month day year A15 OPERATOR: Ligenee 4 A15 Contact Person: B7A0. AUMMAIRS. Contact Person: B7A0. CUMMAIRS. Contact Person: B7A0. CUMMAIRS. Name: Lilenee 5: 7345 Name: Lilenee 5: 7345 Name: Lilenee 5: 7345 Name: Lilenee 5: 748. OR Name 1 A15 OUTHALTOR: Lilenee 5: 748. OR Name 1 A15 Name: Male A15	Expected Spud Date	. #3. // F	.5/2 NE NE Sec .54. Twp .54. S, Rg $\frac{2}{2}$ West	
December 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			/E20	
Address F. 9. 180x 1723 Manne: Marce 180x 1723 Contact Person: BTAJ CUUDDINGA. Phone: All BEZZL-18001. Contact Person: BTAJ CUUDDINGA. Phone: All BEZZL-18001. CONTRACTOR: Licene #: 73.45 Name: TALRO PRIMINS Name: TALRO PRIMINS Name: TALRO PRIMINS Name: TALRO PRIMINS No i inj X Infield X Mud Rotary Cas Storage Pool Ext. Air Rotary Cap Date: Old Total Depth Depth to bottom of usels water: 180 Cap Date: Storage Pool Ext. Air Rotary Cap Date: Old Total Depth Depth to bottom of fresh water: 180 Cap Date: Old Total Depth Depth Depth to bottom of be set: 650 Cap Date: Old Total Depth Depth Depth to bottom of be set: 650 Cap Date: Old Total Depth Depth Depth Depth to bottom of be set: 650 Cap Date: Old Total Depth Dep	/ 1 4 5	1/		
Address: F. P. P. Nov. 7123 Contact Preson: BFAA COUNTY, KS City/State/Zip: .SUEVEMPRITE. I.A71107. Contact Preson: BFAA COUNTY IN Prince:	ADEDATAD - Licanca #	V	reet from East time of Section b	
citystate/Tip: .SIVEXMEDIATE. I.A. 71.07. country:	Name:		(Note: Locate well on Section Plat on Reverse Side)	
citystate/Zip: Sixtexeparts. A. 1.107. Chotact Person: BFAG (Computings. Phone: 18-721-8601. Shame: TRIPO. PRIMAY. CONTRACTOR: License 8: 73-46. Name: TRIPO. PRIMAY. CONTRACTOR: License 9: 74-66. Name: TRIPO. PRIMAY. CONTRACTOR: License 9: 74-66. Name: TRIPO. PRIMAY. CONTRACTOR: License 9: 74-66. Name: TRIPO. PRIMAY. Name: Tripo. Primay	Address: P. O. Box 7125		Comanche County, KS	
Phone: AIR-221-8601 Phone: AIR-221-8601 CONTRACTOR: Liceneg #: 73.95 Name: ISINO PRIMING. Name: ISINO PRIM	City/State/Zip:Shrevepo	rt. LA71107	County:	
CONTRACTOR: Licensp #: 73.45 Is this a Prorected Field? Yes .X. no Inget Formation(s): A Thurckle. Manue:	Contact Person: Brad Cum	mings		
CONTRACTOR: License #: 13.95 Mane:	Phone:318-221-8601	/		
Name: TARD PRIMARY Nell Drilled For: Well Class: Type Equipment: X 011	77		Is this a Prorated Field? yes .X. no /	
Name: TARD PRIMARY Nell Drilled For: Well Class: Type Equipment: X 011	CONTRACTOR: License #:/3	40. V	Target Formation(s):AIDUCKIE	
Well Drilled For: Well Class: Type Equipment: X oil Inj X Infield X Mud Rotary Gas Storage Pool Ext. Air Rotary Double of fresh water: \$80. Besisnic; # of Holes If OMO: old well information as follows: Operator: Well Name: Comp. Date: 0ld Total Depth Directional, Deviated or Horizontal wellbore? yes X. no Diff yes, total depth location: If yes, total depth location: The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55-101, etc. seq. It is agreed that the following infinium requirements will be met: 1. The appropriate district office shall be notified before setting surface pipe; 2. The minimum amount of surface pipe as specified above shall be setting surface pipe; 3. If the well is dry, a plugging proposal shall be submitted to the district office on plug length and placement is necessary prior to plugging; 4. The appropriate district office will be notified before well is either plugged or production casing is completed; Approved that the completion, production pipe shall be setting that the attendents made herein are true and to the best of my knowledge and belief. PRECEIVED STATE COMPROBATION DIVISION Wichita, Kansas FOR KCC USE: Approved that the fill Pit application form CoDP-1) with linent to Drill; File acreege attribution plate according to field proration orders; File Drill Pit application form CoDP-1) with linent to Drill; File acreege attribution plate according to field proration orders; File Drill Pit application form CoDP-1) with linent to Drill; File acreege attribution plate according to field proration orders; File Drill Pit application form CoDP-1) with linent to Drill; File acreege attribution plate according to field proration orders; File acreege attribution plate according to field proration orders; File acreege attribution plate according to field proration orders; File acreege attribution plate according to field proration orders; File acreege attribution plate according to field pror	Name: TRIMO DRI	111NG	Nearest lease or unit boundary:660	
Municipal well within one mile: yes .X. no bepth to bottom of fresh water: .80 bepth to bottom of usable water: .80 bepth to bottom of fresh water: .80 bepth to bottom of usable water: .80 beth to bottom of usable water: .80 beth to bottom of usable water: .80 bepth to bottom of usable water: .80 beth to bottom of usable water: .80 bepth to bottom of fresh water: .80 bepth to bottom of surface with to bottom of fresh water: .80 bepth to bottom of fresh water: .80 bepth to bottom of percent of .80 bepth to bottom of percent .80 bepth to bottom of percent of .80 bepth to bottom of percent .80 bepth to bottom of pe		•	Ground Surface Elevation:	
Depth to bottom of fresh water: 80 Best Notarge Pool Ext. Air Rotary ONNO Disposal Hildest Cable Seismic; # of Holes If OMNO: old well information as follows: Operator: # of Holes If OMNO: old well information as follows: Operator: # of Holes Comp. Date: Old Total Depth Water Source for Drilling Operations: Comp. Date: Old Total Depth Water Source for Drilling Operations: Water Source for Drilling Operation of Unions: Water Source for Drilling Operation of Unions: Water Source for Drilling Operations: Water Source for Drilling Operations: Water Source for Source for Source for S	Well Drilled For: We	ell Class: Type Equipment: /	, ,	
Depth to bottom of usable water:				
Seimic; # of Notes Seimic; # of Notes Length of Surface Pipe By Alternate; # 1 2 Length of Surface Pipe Planed to be set:	.X Oil Inj	X Infield X Mud Rotary V	Depth to bottom of fresh water:80	
Seismic; # of Holes If OMNO: old well information as follows: Operator: Well Name: Comp. Date: Old Total Depth Water Source for Drilling Operations: Water Source for Drilling Operations: Well Name:	Gas Storage	Pool Ext Air Rotary	Depth to bottom of usable water:	
Length of Conductor pipe required:	OWWO Disposal	Wildcat Cable		
Operator: Operat	Seismic; # of Holes	·	Length of Surface Pipe Planned to be set:	
Well Name: Comp. Date: Old Total Depth Mater Source for Drilling Operations: Well Name: Comp. Date: Old Total Depth Metl. Name: Well Name: Ownering New York of the Norizontal Wellbore? Ownering New York of the Norizontal Wellbore? Metl. Name: Well Cores Be Taken?: Well Name: Well			Length of Conductor pipe required:80	
Water Source for Drilling Operations: Comp. Date:			Projected Total Depth:	
Directional, Deviated or Horizontal wellbore? yes .X. no Directional, Deviated or Horizontal wellbore? yes .X. no If yes, total depth location: If yes, proposed zone: Sept.				
Directional, Deviated or Horizontal wellbore? yes .X. no				
Directional, Deviated or Morizontal Wellbore? yes .X. no Will Cores Be Taken?: yes .X. no If yes, total depth location: If yes, proposed zone:	*****			
If yes, proposed zone: AFFIDAVIT		/		
AFFIDAVIT The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55-101, et. seq. It is agreed that the following minimum requirements will be met: 1. The appropriate district office shall be notified before setting surface pipe; 2. The minimum amount of surface pipe as specified above 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; 3. If the well is dry, a plugging proposal shall be submitted to the district office. An agreement between the operator and the district office on plug length and placement is necessary prior to plugging; 4. The appropriate district office will be notified before well is either plugged or production casing is cemented in; 5. If an Alternate II completion, production pipe shall be cemented from below any usable water to surface within 120 days of spud date. In all cases, notify district office prior to any cementing. 1 hereby certify that the statements made herein are true and to the best of my knowledge and belief. 2 Page 1919 CONSERVATION DIVISION Wichita, Kansas FOR KCC USE: Approved by: 11 15 033 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
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Minimum surface pipe required 300 feet per Alt (1) Approved by: 15-34-47 EFFECTIVE DATE: 5-35-47 This authorization expires: (This authorization void if drilling not started within 6 months of effective date.) Spud date: Agent: - 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;		API # 15- 033-20, pa	<u>-</u>	
Approved by: May 2 3 1991 CONSERVATION DIVISION Wichita, Kansas Approved by: May 5 3 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	5-23-1991	Conductor pipe required	Offeet per Alt (1)	
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Wichlta, Kansas Characteristic Control of the difference of the state of the difference of the state of the difference of the differenc	CONSERVATION DIVISION	This authorization expires:		
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 Submit plugging report (CP-4) after plugging is completed; 	- File a	acreage attribution plat according t		
 Submit plugging report (LP-4) after plugging is completed; Obtain written approval before disposing or injecting salt water. 				

15-033-20821-00-00

PLAT OF ACREAGE ATTRIBUTABLE TO A WELL

State Corporation Commission, Conservation Division 200 Colorado Derby Bldg. Wichita, Kansas 67202

OPERATOR Roberts and Murphy, Inc.	LOCATION OF WELL:			
LEASE Kuhns	4530 feet north of SE corner			
WELL NUMBER #3	660 feet west of SE corner			
FIELD Box Ranch Fld.	34 Sec. 34 T 34 R 20 EW			
	COUNTY Comanche			
NO. OF ACRES ATTRIBUTABLE TO WELL				
DESCRIPTION OF ACREAGE	IF IRREGULAR, LOCATE WELL FROM NEAREST CORNER BOUNDARY.			
NOTE: If plat depicted is insufficient your own scaled or surveyed plat	for your circumstances, you may attach			
PLAT				
n				
	 			
* <u> </u>	34			
	<u> </u>			
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In plotting the proposed location of the well, you mu	et show.			
, , , , , , , , , , , , , , , , , , , ,				
 The manner in which you are using the depict section with 8 surrounding partial sections, 	ed plat by identifying section lines, i.e. 1 section, 1 4 sections, 16 sections, etc.;			
2) the well's location relative to the location supply in adjoining drilling units, pursuant of the Commission;	of other wells producing from the same common source of to K.A.R. 82-3-108, 82-3-207, 82-3-312, or special orders			
3) the distance of the proposed drilling location	on from the section's east and south lines; and			
4) the distance to the nearest lease or unit boundary line.				
I hereby certify that the statements made herein are	•			
Signature of Operator or Agent 1. Fred (M. Date 5/30/9/ Title Landman	neng-			
Date 5/30/9/ Title LANDMA	in			