For KCC Use:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form C-1 March 2010 Form must be Typed Form must be Signed All blanks must be Filled

NOTICE OF INTENT TO DRILL

Form KS	SONA-1, Certification				o) days prior to commencing well rface Owner Notification Act, MUST be submitte	d with this form.
Expected Spud Date:	October	1	2010	_	Spot Description:	
, ,	month	day	year		<u>E/2 _ SE/4 _ SW/4 Sec. 26 Twp.</u>	9 S. R. 23 EXW
	33823	•				N / X S Line of Section
OPERATOR: License#				-	2,995 feet from	E / W Line of Section
Name: Sentinel Petroleur				-	Is SECTION: Regular Irregular?	Wile of Section
Address 1: 101 N. Robins	son, Suite 910			_	is SECTION. Regular I integular?	
Address 2: City: Oklahoma City	State:_	OK 7: 79	3102 +	_	(Note: Locate well on the Section F	Plat on reverse side)
Contact Person: Suzann		<u> </u>	1102 +	-	County: Graham	
Phone: 405-239-2150, ext	t 15			_	Lease Name: Sparks	Well #: 6
					Field Name: Vesper	
CONTRACTOR: License	# 31548 🗸			-	Is this a Prorated / Spaced Field?	☐Yes XNo
Name: Discovery Drilling					Target Formation(s): Lansing/Kansas City	
Well Drilled For:	Well Class	e Tyne	e Equipment:		Nearest Lease or unit boundary line (in footage)): 335'
					Ground Surface Elevation: 2413	feet MSL
	Rec Infield		Mud Rotary		Water well within one-quarter mile:	Yes No
	rage Pooi I oosal Wildo		Air Rotary		Public water supply well within one mile:	Yes No
] Cable		Depth to bottom of fresh water: est 150'	الكابات
Seismic ;# Other:	of noiesOther				Depth to bottom of usable water: est 1150"	
L_Pouler				_	Surface Pipe by Alternate: XIII	
f OWWO: old we	ell information as foll	ows:			Length of Surface Pipe Planned to be set: _250	
_					Length of Conductor Pipe (if any): N/A	
*					Projected Total Depth: 4000'	
Well Name: Original Completion [Original Total	Donth	_	Formation at Total Depth: Arbuckle	
Onginal Completion L	Jate	Original lotal	Deptri		Water Source for Drilling Operations:	
Directional, Deviated or H	lorizontal wellhore?		∏Yes X No	,		
If Yes, true vertical depth:					Well Farm Pond Other:	<u> </u>
Bottom Hole Location:					DWR Permit #: _20100347	· sus l'al
KCC DKT #:					(Note: Apply for Permit with	
					Will Cores be taken?	Yes XNo
					If Yes, proposed zone:	DECENTA
			Ai	FFIC	DAVIT	RECEIVED
The undersigned hereby	y affirms that the d	rilling, comple	etion and eventual p	plugg	ing of this well will comply with K.S.A. 55 et. sec	g. AUC 2.6 sees
It is agreed that the follo					, <u>-</u>	^{q.} AUG 2 6 2010
Notify the appropri						
2. A copy of the app				ich di	rillina ria:	KCC WICHITA
					circulating cement to the top; in all cases surface	ce pipe shall be set
through all uncon:	solidated materials	s plus a minin	num of 20 feet into t	the u	nderlying formation.	
					t office on plug length and placement is necess	ary <i>prior to plugging;</i>
The appropriate of the control of the contr	district office will be	notified before	re well is either plu	gged	or production casing is cemented in;	
					rom below any usable water to surface within 12	
					i,891-C, which applies to the KCC District 3 area ugged. <i>In all cases, NOTIFY district office</i> pri	
					A	to any cementing.
I hereby certify that the	statements made i	nerein are tru	e and to the best of	T my	knowledge and belief.	
Date: 8/24/2010	Signatura	of Operator or	r Agost:	m	Con a la lateral Or	perations Manager
Date.	Signature t	n Operator of	Ageili.	7	10e	
For KCC Use ONLY	<u> </u>	•		7	Remember to:	
ASSITUTE DIEST	23673	-C)	`	-	File Certification of Compliance with the Kansas	Surface Owner Notification
API # 15 - 1000			<u> </u>	İ	Act (KSONA-1) with Intent to Drill;	
Conductor pipe required	None	<u>2</u> f∈	eet] -	File Drill Pit Application (form CDP-1) with Intent	
Minimum surface pipe re	equired 20	O feet	t per ALT. 🔲 I 🛂	1 -	File Completion Form ACO-1 within 120 days of	-
Approved by: 244 8-26-2010				File acreage attribution plat according to field pro		
	(2.71. 00	11		1 -	Notify appropriate district office 48 hours prior to Submit plugging report (CP-4) after plugging is c	
This authorization expire			of approval J-4- \		Obtain written approval before disposing or inject	
(This authorization void if	unuing not started wi	uin 12 months	or approval date.)	-	If well will not be drilled or permit has expired (Se	1
Crud data:	A				please check the box below and return to the add	•
Spud date:	Agent:			1	<u> </u>	
					Well will not be drilled or Permit Expired Signature of Operator or Agent:	Date:
Mail to	: KCC - Conserv	ation Divisio	on,		organicate of operator of Agent.	¥

For KCC Use ONLY
API # 15 - 065-23673-00-00

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

ator: Sentinel Petroleum, Inc.		Location of \	Location of Well: County: Graham		
e: Sparks		760		feet from N / X S Line of Section	
Number: 6		2,995			
Vesper		Sec. 26	Twp. 9 S. R. 23	⊠ w	
ber of Acres attributable to well:					
/QTR/QTR/QTR of acreage:	- E/2 - SE/4 - SW/-		Is Section; 🔀 Regular or 🔲 irregular		
		If Section is Section corr	s irregular, locate well from nearest corner to the used: NE NW SE SW	ooundary.	
	ipelines and electrical lines, a		ndary line. Show the predicted locations of sas Surface Owner Notice Act (House Bill 203 sired.	2).	
	······································				
			LEGEND		
	: : : : : : : : : : : : : : : : : : : :	· ········ · ·························	O Well Location		
			Tank Battery Locati	on	
	:		Pipeline Location		
	;	: :	Electric Line Location	on	
			Lease Road Location		
	·				
;	: :	: :			
			EXAMPLE : :		
			1 LACIVIELE		
	: :	<u>:</u> :	- LANGE E	-	
			- EXAMPLE		
			- LXAWIFEE		
			- Loawing E		
	orick L	a He a			
	existing b	a tkry			
	existing b	alkry			
Hw1	existing b existing local flow + e	alkry e.r.c.(extric lines to	0-7	1980' FSL	
Hw4 283	existing be flow + e	attery e roc.(lestric lines to relations side	O-7	1980' FSL	
18 d m d 28 d	existing be but 1335 lease	alkry Le roc. (lectric lines to relalongside road	O=1	1980' FSL	
283	existing be but leave	alkny e roc. (lectric lines to relalongside road	SEWARD CO. 3390' FEL	1980' FSL	

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).
- 5. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

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KCC WICHITA

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CDP-1 May 2010 Form must be Typed

APPLICATION FOR SURFACE PIT

Submit In Duplicate

Operator Name: Sentinel Petroleum, I	nc.	License Number: 33823			
Operator Address: 101 N. Robinson, Suite 910			Oklahoma City OK 73102		
Contact Person: Suzanne Rogers		Phone Number: 405-239-2150, ext 15			
Lease Name & Well No.: Sparks	6		Pit Location (QQQQ):		
Type of Pit:	Pit is:		<u>E/2</u> <u>SE/4</u> <u>SW/4</u>		
Emergency Pit Burn Pit	X Proposed	Existing	Sec. 26 Twp. 9 R. 23 East X West		
Settling Pit X Drilling Pit	If Existing, date co	nstructed:	760 Feet from North / X South Line of Section		
Workover Pit Haul-Off Pit (If WP Supply API No. or Year Drilled)	Pit capacity: 3,000	(bbls)	2,995 Feet from 🔀 East / West Line of Section Graham County		
Is the pit located in a Sensitive Ground Water A	Area? Yes 🔀	No	Chloride concentration:mg/l (For Emergency Pits and Settling Pits only)		
Is the bottom below ground level? XYes No	Artificial Liner?	No	How is the pit lined if a plastic liner is not used? Native Clay		
Pit dimensions (all but working pits):	O Length (fee	et) 70	Width (feet) N/A: Steel Pits		
Depth fro	om ground level to dee	epest point:	5 (feet) No Pit		
If the pit is lined give a brief description of the I material, thickness and installation procedure.	mei		AUG 2 6 2010 KCC WICHITA		
Distance to nearest water well within one-mile	of pit:		west fresh water 42 feet.		
926feet Depth of water well	120 feet	Source of information measured	mation: well owner electric log KDWR		
Emergency, Settling and Burn Pits ONLY:		Drilling, Workover and Haul-Off Pits ONLY: Type of material utilized in drilling/workover: premix/fresh water 3			
Producing Formation:		Type of material utilized in drilling/workover:premix/fresh water			
Number of producing wells on lease:	·	Number of working pits to be utilized:			
Barrels of fluid produced daily:		Abandonment procedure: evaporation & cover			
Does the slope from the tank battery allow all s flow into the pit? Yes No	pilled fluids to	Drill pits must be closed within 365 days of spud date. rect to the best of my knowledge and belief.			
I hereby certify that the above staten	nents are true and con	rect to the best of	my knowledge and belief.		
B/24/2010 Date Signature of Applicant or Agent					
KCC OFFICE USE ONLY Liner Steel Pit RFAC RFAS					
Date Received: 8-26-10 Permit Number: Permit Date: 8-26-10 Lease Inspection: Yes X No					

15-065-23673-000

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1 July 2010 Form Must Be Typed Form must be Signed All blanks must be Filled

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (C	Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License # 33823 Name: Sentinel Petroleum, Inc.	Well Location: <u>E/2_se/4_sw/4_Sec26Twp9sR23</u> Eas West			
Address 1: 101 N. Robinson, Suite 910	County: Graham			
Address 2:	Lease Name: Sparks Well #: 6			
City: Oklahoma City State: OK 7in: 73102	If filing a Form T-1 for multiple wells on a lease, enter the legal description of			
Contact Person: Suzanne Rogers	the lease below:			
Phone: (405) 239-2150, Ext 15 Fax: (405) 235-3778				
Name: Sentinel Petroleum, Inc. Address 1: 101 N. Robinson, Suite 910 Address 2: City: Oklahoma City State: OK Zip: 73102 + Contact Person: Suzanne Rogers Phone: (405) 239-2150, Ext 15 Fax: (405) 235-3778 Email Address: Suzanne@sandstone-ok.com				
Surface Owner Information: Name: Wilbur & Barbara Stites Address 1: 1547 290th Ave.	When filing a Form T-1 involving multiple surface owners, attach an additional			
Address 1: 1547 290th Ave.	sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.			
Address 2:				
City: Value State: NS Zip: 0/0/2 + 5017				
 the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered or Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be located CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). I acknowledged the required to send this information to the surface owner(s). 	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. cknowledge that, because I have not provided this information, the mer(s). To mitigate the additional cost of the KCC performing this			
task, I acknowledge that I am being charged a \$30.00 handling If choosing the second option, submit payment of the \$30.00 handling	fee with this form. If the fee is not received with this form, the KSONA-1			
form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	I will be returned.			
I hereby certify that the statements made herein are true and correct to				
Date: 8/24/2010 Signature of Operator or Agent:	nnlifty Title: Operations Manager			

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