OMMO

| For KCC Use: | 9-13-2010 |
|-----------------|-----------|
| Effective Date: | 7-13-2010 |
| District # | 4 |
| SGA2 Type | VINO |

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

March 2010 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

| | 40 | on of Compl 5 | liance with the Kans 2010 | sas Surface Owner Notification Act, MUST be submitted with this form. | |
|---|--|--|--|---|-------------|
| Expected Spud Date: | month | day | year | Spot Description: | |
| | 33937 🗸 | • | • | - SW - SW - SW Sec. 33 Twp. 9 S. R. 19 E | _ |
| OPERATOR: License# | | | | feet from \[\] N / \[\] S Line of S | |
| Name: Meridian Energy In | | | | | ection |
| Address 1: 1475 N. Ward | Cr. | | | Is SECTION: Regular Irregular? | |
| Address 2: | | | | (Note: Locate well on the Section Plat on reverse side) | |
| | State: _C | <u>○ Zip: _8</u> | 10116 + | County: Rooks | |
| Contact Person: Neal LaF | on, President | | | Lease Name: Hamel Well #: #1 | |
| Phone: 303-688-4022 | | | | Field Name: Lynd Vveil #: " | |
| CONTRACTOR: License# | Must be licensed | by KCC | | | 7./ |
| Name: Advise on ACO-1 | | | | — Is this a Prorated / Spaced Field? — Yes Yes Yes Yes Yes Yes Yes | ∑ No |
| ranic. | | | | Target Formation(s): Arbuckle | |
| Well Drilled For: | Well Class: | Typ | e Equipment: | Nearest Lease or unit boundary line (in footage): 330 | |
| X Oil | Rec XInfield | ĺ × | Mud Rotary | Ground Surface Elevation: 2211feet | MSL. |
| Gas Stora | | | Air Rotary | Water well within one-quarter mile: | No |
| Dispo | _ | t 🗀 | Cable | Public water supply well within one mile: | Z K0 |
| Seismic ;# | of Holes Other | <u> </u> | | Depth to bottom of fresh water: | |
| Other: | | | | Depth to bottom of usable water: | |
| | | | | Surface Pipe by Alternate: | |
| If QWWO: old well | information as follo | ws: | | Length of Surface Pipe Planned to be set: 8 5/8 @ 205 5 1/2 @ 3741 | |
| Operator: L. B. Stable | eford and Kand E | | | Length of Conductor Pipe (if any): | |
| Well Name: #1 Hamel | | | | Projected Total Depth: 3740 | |
| Original Completion Da | | aciainal Tata | Il Depth: 3744 | Formation at Total Depth: Arbuckle | |
| Original Completion Da | 1(g (| Jilginai Tota | ii Deptri. | | |
| Directional, Deviated or Ho | rizontal wellhore? | | ☐Yes X No | Water Source for Drilling Operations: | |
| If Yes, true vertical depth: _ | | | | | |
| Bottom Hole Location: | | | | DWR Permit #: | |
| KCC DKT #: | | | | (Note: Apply for Permit with DWR | - |
| | | | | Will Cores be taken? | X No |
| | | | | If Yes, proposed zone: | |
| | | | Δ | FFIDAVIT | |
| The undersigned hereby | affirms that the dri | llina, compl | | | |
| It is agreed that the follow | | | | SEP 0 7 2010 | |
| Notify the appropria | | | | | |
| A copy of the appro The minimum amore through all unconst If the well is dry ho The appropriate dis If an ALTERNATE I Or pursuant to App | oved notice of inter unt of surface pipe olidated materials p le, an agreement b strict office will be r II COMPLETION, p pendix "B" - Easterr | nt to drill sh as specifie plus a minir petween the notified befo production p n Kansas su | nall be posted on each do below shall be some of 20 feet into be operator and the doore well is either pludippe shall be cementarface casing order | Ach drilling rig; set by circulating cement to the top; in all cases surface pipe shall be set the underlying formation. district office on plug length and placement is necessary prior to plugging; agged or production casing is cemented in; attended from below any usable water to surface within 120 DAYS of spud date. #133,891-C, which applies to the KCC District 3 area, alternate II cementing be plugged. In all cases, NOTIFY district office prior to any cementing. | |
| I hereby certify that the st | atements made he | erein are tru | ie and to the best o | of my kyrowledge and belief. | |
| - 0/3/10 | | | / | VILA (TA Procident | |
| Date: 9/3/10 | Signature of | Operator o | r Agent: | Title: President | |
| | | | · *** | Remember to: | |
| For KCC Use ONLY | 01000 | 00-0 | \1 | - File Certification of Compliance with the Kansas Surface Owner Notification | افنا |
| API # 15 - 163 - C | <u> </u> | 00-0 | <u> </u> | Act (KSONA-1) with Intent to Drill; | S C |
| Conductor pipe required _ | No | ne " | eet | - File Drill Pit Application (form CDP-1) with Intent to Drill; | 1 |
| | 2~ | | | - File Completion Form ACO-1 within 120 days of spud date; | (C |
| Minimum surface pipe req | , | feet | t per Al.T, 🔲 I 🛂 ii | File acreage attribution plat according to field proration orders; | |
| Approved by: [44 9- | | | | Notify appropriate district office 48 hours prior to workover or re-entry; | 1 |
| This authorization expires | 78-2011 | | | Submit plugging report (CP-4) after plugging is completed (within 60 days); | <u> </u> |
| (This authorization void if dr | illing not started with | in 12 months | of approval date.) | - Obtain written approval before disposing or injecting salt water. | " |
| | | | | - If well will not be drilled or permit has expired (See: authorized expiration date) | <u> </u> |
| Spud date: | Agent: | | | please check the box below and return to the address below. | ᆫ |
| | | | | Well will not be drilled or Permit Expired Date: | <u></u> |
| Mail to: | KCC - Conservat | tion Divisio | on, | Signature of Operator or Agent: | ¥ |

130 S. Market - Room 2078, Wichita, Kansas 67202

For KCC Use ONLY
API # 15 - 163-01708-00-01

Operator: Meridian Energy Inc

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.

Location of Well: County: Rooks

KCC WICHITA

| se: Hamei | | 330 | feet from N / X S Line of Se |
|--|---------------------------------------|-------------------------|---|
| Number: #1 | | 330 | feet from 🔲 E / 🔀 W Line of Se |
| d: Lynd | | Sec. <u>33</u> Tw | /p. 9 S. R. <u>19</u> E W |
| nber of Acres attributable to well: | | Is Section: 🔀 R | legular or I Irregular |
| R/QTR/QTR/QTR of acreage: <u>SW</u> - | | is dection. | regular or megular |
| | | | ular, locate well from nearest corner boundary. |
| | | Section corner use | d: NE NW SE SW |
| | | | |
| | PI | .AT | |
| Show location of the well. Show foo | | | ne. Show the predicted locations of |
| lease roads, tank batteries, pipelines and e | electrical lines, as requ | uired by the Kansas Su | urface Owner Notice Act (House Bill 2032). |
| | | parate plat if desired. | |
| | | | |
| | | : | |
| | | | LEGEND |
| | •••••• | | O Well Location |
| | | | Tank Battery Location |
| | ······· · · · · · · · · · · · · · · · | | Pipeline Location |
| | | | Electric Line Location |
| | | | Lease Road Location |
| | | | |
| | | | |
| 33 | | | EXAMPLE |
| | : : | | |
| | | | |
| | | ••••• | |
| | | | |
| | : : | | : <u>-</u> : : |
| | : : | : | 1980' |
| | | | |
| :336 | * | | Drawl. |

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.

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

- 3. The distance to the nearest lease or unit boundary line (in footage).
- 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.

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: Meridian Energy Inc. | | | License Number: 33937 | | | | | |
|---|--|--------------|--|-----------------|--|--|--|--|
| Operator Address: 1475 N. Ward Cr. | | | Franktown | CO 80116 | | | | |
| Contact Person: Neal LaFon, President | | | Phone Number: 303-688-4022 | | | | | |
| Lease Name & Well No.: Hamel | me & Well No.: Hamel #1 | | Pit Location (QQQQ): | | | | | |
| Type of Pit: | Pit is: | | <u>SW</u> SWSW | | | | | |
| Emergency Pit Burn Pit | × Proposed | Existing | Sec. 33 Twp. 9 R. 19 East West | | | | | |
| Settling Pit Drilling Pit | If Existing, date co | enstructed: | | | | | | |
| X Workover Pit Haul-Off Pit (If WP Supply API No. or Year Drilled) | Pit capacity: | | | | | | | |
| | | (bbls) | Rooks | | | | | |
| Is the pit located in a Sensitive Ground Water A | ırea? Yes 📝 | No | Chloride concentration: mg/l (For Emergency Pits and Settling Pits only) | | | | | |
| is the bottom below ground level? XYes No | Artificial Liner? X Yes 1 | No | How is the pit lined if a plastic liner is r | not used? | | | | |
| Pit dimensions (all but working pits): | Length (fe | et) 15 | Width (feet) | N/A: Steel Pits | | | | |
| Depth fro | m ground level to de | epest point: | 6 (feet) | No Pit | | | | |
| If the pit is lined give a brief description of the line material, thickness and installation procedure. | ner | | dures for periodic maintenance and dete | rmining | | | | |
| | | | oit, visual monitoring | | | | | |
| temperary pit, violati memering | | | | _ | | | | |
| | | | | | | | | |
|) | | | allowest fresh water <u>35</u> feet. | | | | | |
| 4977 feet Depth of water well | measured well owner electric log CXDWR | | | | | | | |
| Emergency, Settling and Burn Pits ONLY: Drill | | | ver and Haul-Off Pits ONLY: | | | | | |
| Producing Formation: Type of mate | | | pe of material utilized in drilling/workover: | | | | | |
| Number of producing wells on lease: Number | | | Number of working pits to be utilized: | | | | | |
| Barrels of fluid produced daily: Abandonme | | | evaporate or dispose liner and b | | | | | |
| Does the slope from the tank battery allow all spilled fluids to flow into the pit? Yes No Drill pits must b | | | pe 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. RECEIVED | | | | | | | | |
| 9/3/10 Men A lu In SEP 07 2010 | | | | | | | | |
| Date Signature of Applicant or Agent KCC WICHITA | | | | | | | | |
| KCC OFFICE USE ONLY Liner Steel Pit RFAC RFAS | | | | | | | | |
| Date Received: 9-7-10 Permit Numb | per: | Permit | Date: 9-7-10 Lease Inspect | | | | | |

| STATE OF KANSAS STATE CORPORATION COMM 200 Colorado Derby Bul Wighita, Kansas 67202 | lding | K.A.R | PLUGG 82-; | | # / AF | PI NUMBER <u>(5-7/</u> EASE NAME <u>H</u> ELL NUMBER | ıme l | |
|--|--|---------------------------------|------------------|-------------------------------------|---------------------------------------|--|---------|---------------------------------------|
| | an | TICE:FII | i out | complete | SF | OT LOCATION_ | SW SW | SW |
| LEASE OPERATOR OF | cmar Oil Compa | any | | | | C. 33 TWP. 9 | | (E) or (64 |
| ADDRESS BOX | 723 Hays, I | Ks. 6760 |)1 | | CC | OUNTY ROO | KS | |
| | | | | | | ite Well Comp | loted | |
| PHONE # 913 628 6101 | OPERATO | ORS LICE | NSE NO | o. <u>5245</u> | P(| ugging Comme | nced | 7-29-8 8 |
| Character of Well ()i] | | nbbia Me | 113 | | Pi | ugging Comple | eted | 7-29- 88 |
| Did you notify the KCC | /KDHE Joint D | istrict | Office | prlor t | o plugging | this well? | Yes | <u></u> |
| Which KCC/KDHE Joint O | ffice did you | not I fy? | | Hays, | Ks. | | | |
| is ACO-1 filed? Yes | lf not, | is well | log | attached? | | | | |
| Producing formation | | | | | | | | |
| Show depth and thickne | | | | | | 12 | - | |
| OIL, GAS OR WATER RECO | RDS | | | | CASING F | ECCRD | | |
| Formation | Content | From | ĪO | Size | Put iņ | Pulled or | ı† | |
| | Surface | n | 209 | | | | | |
| | Casing | -0 | 3740 | -5 ¹ 2 | | | | |
| Describe in detail the the mud fluid was place the hole. If cament or depth placed, from fe nulls down annulus Shut in at 1000#, | ed and the me other plugs of at to feet of | thod or were use each set | method d stat | is used i te, the c ked and p | n introduc haracter o umb 100 s | ing it into f same and Ks. thrifty r | nix and | d 5 and |
| (If additio | nal descriptio | on is ne | cessar | y, use B | ACK of thi | s form.) | | |
| Name of Plugging Contr Address <u>Box 723 Hay</u> | actor <u>Okmar O</u> s, Kansas 676 | il Co. | · | | | _License No | 5245 | · · · · · · · · · · · · · · · · · · · |
| BJ TItan (co | ement) | | | · · | | | | |
| STATE OF Kansas | CC | DUNTY OF | - | E.111\$ | | ,5\$. | | |
| Mr. Ted Crawford | | | | (empl | oyes of op | erator) or | | |
| (cperator) of above-de- l have Cod Lodge and the the lightening fill above-de- lightening fill me Go | e facts, state escribed well | ements, | and ma | itters he: ' the same | rein conta a are true | Ined and | // | 1 |
| AUG 1 5 1988 | . a0 : | | | (Signa | \overline{v}_{i} | 3.000 | reffe | h |
| 8-15-80 DIVISION | SUBSCRIBE | ED AND SI | WORN T | Addre) +age 0 | | 3 day of Que | wet. | 1988 |
| CONSERVATION Kansas | • | | | | omas | y Smak | ز: | |
| My Commission expires: | 5-/- | 1991 | | | | Prary Public | | |

Form CP-4

15-16 3-01708-02-01 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 | (Cathodic Protection Borehole Intent) T-1 (Transfer) | CP-1 (Plugging Application) | | | |
|--|---|--|--|--|--|
| OPERATOR: License # 33937 Meridian Energy Inc. | Well Location: | 10 | | | |
| Name: Meridian Energy Inc. Address 1: 1475 N. Ward Cr. | <u>SW_SW_Sec. 33</u> _Twp. 9 | _S. REasWest | | | |
| | County: Rooks | | | | |
| Address 2: | Lease Name: Hamel | Well #: #1 | | | |
| City: Franktown State: CO Zip: 80116 + | If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: | | | | |
| Contact Person: Neal LaFon | the lease below: | | | | |
| Phone: (303) 688-4022 Fax: () | | | | | |
| Email Address: | | | | | |
| Surface Owner Information: | | ****** | | | |
| Name:Renoe M. Bass, Trustee of the M.R.K. Trust dated 12-1-09 | When filing a Form T-1 involving multiple surface owners, attach an additional 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 1: 1123 Rd. M | | | | | |
| Address 2: | | | | | |
| City: Emporia State: KS Zip: 66801 + | | | | | |
| the KCC with a plat showing the predicted locations of lease roads, tar are preliminary non-binding estimates. The locations may be entered a Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). It is KCC will be required to send this information to the surface of task Lagrangiand as \$20.00 hardling. | Act (House Bill 2032), I have provided the follocated: 1) a copy of the Form C-1, Form CE being filed is a Form C-1 or Form CB-1, the and email address. acknowledge that, because I have not provided wher(s). To mitigate the additional cost of the | parate plat may be submitted. pllowing to the surface 3-1, Form T-1, or Form plat(s) required by this ed this information, the e 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 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP | g fee with this form. If the fee is not received | with this form, the KSONA-1 | | | |
| | | RECEIVED | | | |
| I hereby certify that the statements made herein are true and correct to Date: 9/3/10 Signature of Operator or Agent: | He let | SEP 0 7 2010 | | | |
| Signature of Operator or Agent: | Title: Freside | KCC WICHITA | | | |