



For KCC Use ONLY

API # 15 - 067-21724-0000

**IN ALL CASES, PLEASE FULLY COMPLETE THIS SIDE OF THE FORM.**

In all cases, please fully complete this side of the form. Include items 1 through 3 at the bottom of this page.

Operator: CITY OF ULYSSES  
Facility Name: CITY OF ULYSSES  
Borehole Number: 1

Location of Well: County: GRANT  
800 feet from  N /  S Line of Section  
2,052 feet from  E /  W Line of Section  
Sec. 27 Twp. 28 S. R. 37  E  W

Is Section:  Regular or  Irregular

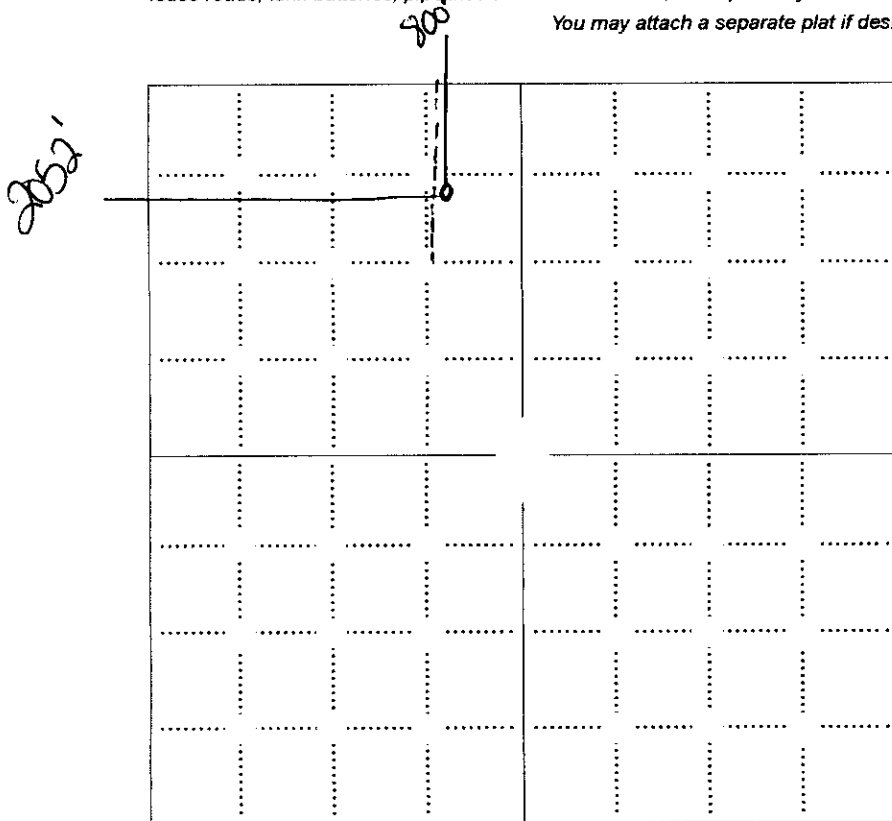
If Section is Irregular, locate well from nearest corner boundary.

Section corner used:  NE  NW  SE  SW

**PLAT**

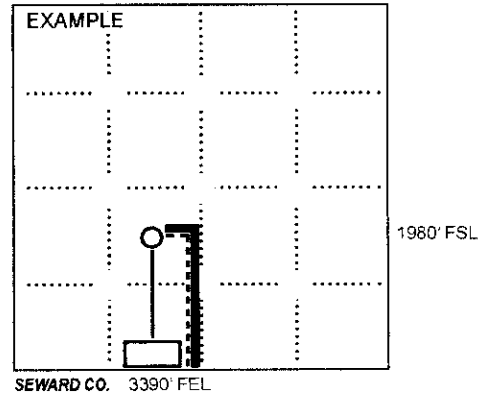
Show location of the Cathodic Borehole. Show footage to the nearest lease or unit boundary line. Show the predicted locations of lease roads, tank batteries, pipelines and electrical lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032).

You may attach a separate plat if desired.



**LEGEND**

- Well Location
- Tank Battery Location
- Pipeline Location
- Electric Line Location
- Lease Road Location



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 section's south / north and east / west, line.
3. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

RECEIVED  
MAR 14 2011  
KCC WICHITA

## 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 # 31062  
Name: CITY OF ULYSSES  
Address 1: 115 W GRANT AVE  
Address 2: \_\_\_\_\_  
City: ULYSSES State: KS Zip: 67880 + \_\_\_\_\_  
Contact Person: RUBEN FLORES  
Phone: ( 620 ) 356-1271 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
SE NE NW Sec. 27 Twp. 28 S. R. 37  East  West  
County: GRANT  
Lease Name: CITY OF ULYSSES Well #: 1

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

### Surface Owner Information:

Name: GRANT COUNTY CLERK  
Address 1: ATTN SHELIA BROWN  
Address 2: 108 S. GLENN  
City: ULYSSES State: KS Zip: 67880 + \_\_\_\_\_

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.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

### Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

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 will be returned.

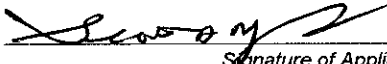
I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: MARCH 10, 2011 Signature of Operator or Agent:  Title: OPERATIONS MANAGER

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

Form CDP-1  
May 2010  
Form must be Typed

*Submit in Duplicate*

Operator Name: <b>CITY OF ULYSSES</b>		License Number: <b>31062</b>
Operator Address: <b>115 W GRANT AVE</b>		<b>ULYSSES KS 67880</b>
Contact Person: <b>RUBEN FLORES</b>		Phone Number: <b>320-356-1271</b>
Lease Name & Well No.: <b>CITY OF ULYSSES 1</b>		Pit Location (QQQQ): <b>SE - NE - NW -</b> Sec. <u>27</u> Twp. <u>28</u> R. <u>37</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>800</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>2,052</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <b>GRANT</b> 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: <u>60</u> (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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How is the pit lined if a plastic liner is not used? <b>6M BLACK PLASTIC LINER</b>
Pit dimensions (all but working pits): <u>15</u> Length (feet) <u>6</u> Width (feet) <input type="checkbox"/> N/A: Steel Pits Depth from ground level to deepest point: <u>6</u> (feet) <input type="checkbox"/> No Pit		
If the pit is lined give a brief description of the liner material, thickness and installation procedure. <b>6M BLACK PLASTIC LINER LAYED IN PIT AND EDGES SECURED TO PIT</b>		Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring. <b>PIT WILL ONLY BE USED FOR A 2-3 DAY PERIOD, THEN PIT WILL BE BACKFILLED</b>
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
<b>Emergency, Settling and Burn Pits ONLY:</b> 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		<b>Drilling, Workover and Haul-Off Pits ONLY:</b> Type of material utilized in drilling/workover: _____ Number of working pits to be utilized: <u>1</u> Abandonment procedure: <b>BACKFILL</b> 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.		
<u>MARCH 10, 2011</u> Date	 Signature of Applicant or Agent	<b>RECEIVED MAR 14 2011 KCC WICHITA</b>
<b>KCC OFFICE USE ONLY</b>		
Date Received: <u>3/14/11</u>	Permit Number: _____	Permit Date: <u>3/14/11</u> Lease Inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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