

For KCC Use: 4-4-2011  
Effective Date: 4-4-2011  
District # 4  
SGA?  Yes  No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Owwo

Form C-1  
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  
Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

Expected Spud Date: 4/20/2011  
month day year

OPERATOR: License# 31000  
Name: Prater Oil & Gas Operations, Inc.  
Address 1: 1303 N. Main  
Address 2: \_\_\_\_\_  
City: Pratt State: KS Zip: 67124 + \_\_\_\_\_  
Contact Person: Dale Chrisler  
Phone: 785-672-2867

CONTRACTOR: License# 34233  
Name: Maverick Drilling, LLC

Well Drilled For:  Oil  Gas  Seismic; # of Holes \_\_\_\_\_  
 Enh Rec  Storage  Disposal  Other: \_\_\_\_\_  
Well Class:  Infield  Pool Ext.  Wildcat  Other: \_\_\_\_\_  
Type Equipment:  Mud Rotary  Air Rotary  Cable

If OWWO: old well information as follows:  
Operator: Donald C. Slawson  
Well Name: Shea "B" #1  
Original Completion Date: 5/8/1987 Original Total Depth: 4685

Directional, Deviated or Horizontal wellbore?  Yes  No  
If Yes, true vertical depth: \_\_\_\_\_  
Bottom Hole Location: \_\_\_\_\_  
KCC DKT #: \_\_\_\_\_

Spot Description: NE - SW - NW - SW Sec. 14 Twp. 10 S. R. 31  E  W  
1,930 feet from  N /  S Line of Section  
4,660 feet from  E /  W Line of Section

Is SECTION:  Regular  Irregular?  
(Note: Locate well on the Section Plat on reverse side)

County: Thomas  
Lease Name: Shea B Well #: 1 OWWO

Field Name: Triangle Northwest  
Is this a Prorated / Spaced Field?  Yes  No

Target Formation(s): LKC, Miss  
Nearest Lease or unit boundary line (in footage): 620

Ground Surface Elevation: 2974' feet MSL

Water well within one-quarter mile:  Yes  No

Public water supply well within one mile:  Yes  No

Depth to bottom of fresh water: 120' / 180'

Depth to bottom of usable water: 180' / 1700'

Surface Pipe by Alternate:  I  II

Length of Surface Pipe Planned to be set: 280' in place **Alt II**

Length of Conductor Pipe (if any): none

Projected Total Depth: 4685'

Formation at Total Depth: Mississippian

Water Source for Drilling Operations:  Well  Farm Pond  Other: \_\_\_\_\_

DWR Permit #: \_\_\_\_\_

(Note: Apply for Permit with DWR)

Will Cores be taken?  Yes  No

If Yes, proposed zone: \_\_\_\_\_

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq.  
It is agreed that the following minimum requirements will be met:

1. Notify the appropriate district office **prior** to spudding of well;
2. A copy of the approved notice of intent to drill **shall be** posted on each drilling rig;
3. The minimum amount of surface pipe as specified below **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.
4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary **prior to plugging**;
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within **120 DAYS** of spud date.  
Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. **In all cases, NOTIFY district office** prior to any cementing.

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

Date: 3/28/2011 Signature of Operator or Agent: [Signature] Title: Agent

For KCC Use ONLY  
API # 15 - 193-20435-00-01  
Conductor pipe required None feet  
Minimum surface pipe required 280 feet per ALT.  I  II  
Approved by: [Signature] 3-30-2011  
This authorization expires: 3-30-2012  
(This authorization void if drilling not started within 12 months of approval date.)  
Spud date: \_\_\_\_\_ Agent: \_\_\_\_\_

- Remember to:
- File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill;
  - 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 (within 60 days);
  - Obtain written approval before disposing or injecting salt water.
  - If well will not be drilled or permit has expired (See: authorized expiration date) please check the box below and return to the address below.

Well will not be drilled or Permit Expired Date: \_\_\_\_\_  
Signature of Operator or Agent: \_\_\_\_\_

Mail to: KCC - Conservation Division,  
130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED  
MAR 30 2011

KCC WICHITA

14  
10  
31  
 E  
 W

For KCC Use ONLY

API # 15 - 193-20435-00-01

**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.

Operator: Prater Oil & Gas Operations, Inc.

Lease: Shea B

Well Number: 1 OWWO

Field: \_\_\_\_\_

Number of Acres attributable to well: \_\_\_\_\_

QTR/QTR/QTR/QTR of acreage: \_\_\_\_\_ - \_\_\_\_\_ - NW - SW

Location of Well: County: Thomas

1,930 feet from  N /  S Line of Section

4,660 feet from  E /  W Line of Section

Sec. 14 Twp. 10 S. R. 31  E  W

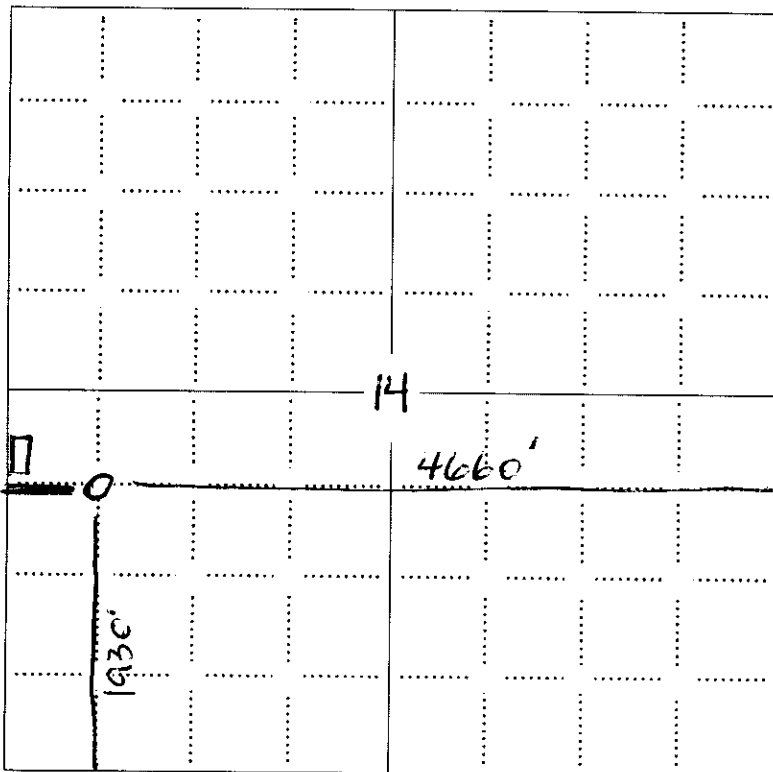
Is Section:  Regular or  Irregular

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

Section corner used:  NE  NW  SE  SW

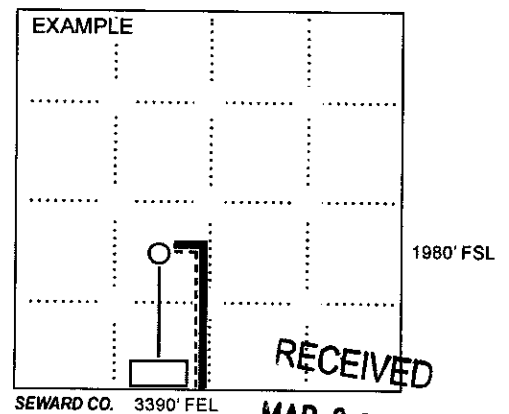
**PLAT**

Show location of the well. 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 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: (CO-7 for oil wells; CG-8 for gas wells).
5. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

RECEIVED  
MAR 30 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 # 31000  
Name: Prater Oil & Gas Operations, Inc.  
Address 1: 1303 N. Main  
Address 2: \_\_\_\_\_  
City: Pratt State: KS Zip: 67124 + \_\_\_\_\_  
Contact Person: Dale Chrisler  
Phone: ( 785 ) 672-2667 Fax: ( 620 ) 672-7601  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_\_ NW SW Sec. 14 Twp. 10 S. R. 31  East  West  
County: Thomas  
Lease Name: Shea B Well #: 1 OWWO

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

**Surface Owner Information:**

Name: Eileen Shea  
Address 1: 824 Crown Drive  
Address 2: \_\_\_\_\_  
City: Bartlesville State: OK Zip: 74006 + \_\_\_\_\_

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: 3/28/2011 Signature of Operator or Agent:  Title: Agent **KCC WICHITA**

RECEIVED  
MAR 30 2011

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: Prater Oil & Gas Operations, Inc.  |  | License Number: 31000  |  |
| Operator Address: 1303 N. Main  |  | Pratt KS 67124   |  |
| Contact Person: Dale Chrisler   |  | Phone Number: 785-672-2667   |  |
| Lease Name & Well No.: Shea B 1 OWWO  |  | Pit Location (QQQQ):<br>_____ - _____ - NW - SW<br>Sec. 14 Twp. 10 R. 31 <input type="checkbox"/> East <input checked="" type="checkbox"/> West<br>1,930 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section<br>4,660 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br>Thomas _____ County |  |
| Type of Pit:<br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit<br><input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit<br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit<br>(If WP Supply API No. or Year Drilled)         |  | Pit is:<br><input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing<br>If Existing, date constructed: _____<br>Pit capacity:<br>4,000 _____ (bbls)   |  |
| Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Chloride concentration: _____ mg/l<br>(For Emergency Pits and Settling Pits only)  |  |
| Is the bottom below ground level?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  | Artificial Liner?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| How is the pit lined if a plastic liner is not used?<br>Bentonite and native clays in drilling mud.   |  |  |  |
| Pit dimensions (all but working pits): _____ 75 _____ Length (feet) _____ 75 _____ Width (feet)   |  | <input type="checkbox"/> N/A: Steel Pits   |  |
| Depth from ground level to deepest point: _____ 4 _____ (feet)  |  | <input type="checkbox"/> No Pit  |  |
| 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:<br>_____ 442 _____ feet    Depth of water well _____ 176 _____ feet  |  | Depth to shallowest fresh water _____ 100 _____ feet.<br>Source of information:<br><input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input checked="" type="checkbox"/> KDWR  |  |
| <b>Emergency, Settling and Burn Pits ONLY:</b><br>Producing Formation: _____<br>Number of producing wells on lease: _____<br>Barrels of fluid produced daily: _____<br>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><br>Type of material utilized in drilling/workover: Fresh water gel mud.<br>Number of working pits to be utilized: _____ 3 _____<br>Abandonment procedure: Allow pits to dry naturally and backfill as conditions allow.<br>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.   |  |  |  |
| _____<br>3/28/2011<br>Date  |  | _____<br>Signature of Applicant or Agent   |  |
| RECEIVED<br>MAR 30 2011<br>KCC WICHITA  |  |  |  |
| KCC OFFICE USE ONLY   |  |  |  |
| Date Received: 3-30-11  |  | Permit Number: _____   |  |
| Permit Date: 3-30-11  |  | Lease Inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |

15-193-20435000-D

API NUMBER 15-193-20,435-00-00

LEASE NAME Shea "B"

TYPE OR PRINT  
 NOTICE: Fill out completely  
 and return to Cons. Div.  
 office within 30 days.

WELL NUMBER 1

1980 Ft. from S Section Line

4640 Ft. from E Section Line

SEC. 14 TWP. 10SRGE. 31W(X)or(W)

COUNTY Thomas

LEASE OPERATOR Donald C. Slawson

ADDRESS 104 S. Broadway Wichita, KS 67202

PHONE#(316) 263-3201 OPERATORS LICENSE NO. 5181

Character of Well D&A

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

Date Well Completed 5-8-87

Plugging Commenced 5-8-87

Plugging Completed 5-8-87

Did you notify the KCC District Office prior to plugging this well? \_\_\_\_\_

Which KCC Office did you notify? \_\_\_\_\_

Is ACO-1 filed? Yes If not, is well log attached? \_\_\_\_\_

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. \_\_\_\_\_

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS | CASING RECORD

| Formation | Content | From    | To   | Size   | Put In | Pulled out |
|-----------|---------|---------|------|--------|--------|------------|
|           |         | Surface | 280' | 8-5/8" |        |            |
|           |         |         |      |        |        |            |
|           |         |         |      |        |        |            |
|           |         |         |      |        |        |            |

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from feet to feet each set.  
1st plug @ 2560' w/ 20 sx. 2nd plug @ 1675' w/ 100 sx + 1 sx Flocele. 3rd plug @ 330' w/ 40 sx. 4th plug @ 40' w/ 10 sx. 10 sx in rathole.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor B.J. Titan License No. \_\_\_\_\_

Address Box 169 Great Bend, KS 67530

STATE OF Kansas COUNTY OF Sedgwick, ss.

William R. Horigan (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) WR Horigan

(Address) 104 Broadway Wichita, KS 67202

SUBSCRIBED AND SWORN TO before me this 29<sup>th</sup> day of May, 19 87

My Commission Expires: \_\_\_\_\_  
 Notary Public  
Elizabeth Cochran  
 STATE CORPORATION COMMISSION



6-8-87  
 JUN 8 1987  
 Form CP-4  
 Revised 07-86