

Owwo

For KCC Use: 4-18-2011  
Effective Date: \_\_\_\_\_  
District #: 4  
SGA?  Yes  No

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

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: 4-11-2011  
month day year

OPERATOR: License# 6509  
Name: Cia-Mar Oil Company  
Address 1: PO Box 1197  
Address 2: \_\_\_\_\_  
City: Hays State: KS Zip: 67601 + 1197  
Contact Person: Jim Clark  
Phone: 785 623-1700

CONTRACTOR: License# 6426  
Name: Express Well Service & Supply, Inc

Well Drilled For:  Oil  Gas  
Well Class:  Infield  Pool Ext.  Wildcat  Other  
Type Equipment:  Mud Rotary  Air Rotary  Cable

If OWWO: old well information as follows:  
Operator: Kedco Management Corp  
Well Name: #1 Schumacher Trust  
Original Completion Date: 9-10-1976 Original Total Depth: 3851'

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

Spot Description: 70N - N/2 - SW - SW Sec. 21 Twp. 13 S. R. 20  
1,080 feet from N / S Line of Section  
660 feet from E / W Line of Section

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

County: Ellis  
Lease Name: Schumacher Trust Well #: 1  
Field Name: WC-Pleasant NW

Is this a Prorated / Spaced Field?  Yes  No  
Target Formation(s): Arbuckle

Nearest Lease or unit boundary line (in footage): 660  
Ground Surface Elevation: 2225 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: 130  
Depth to bottom of usable water: 900

Surface Pipe by Alternate:  I  II  
Length of Surface Pipe Planned to be set: NA 222

Length of Conductor Pipe (if any): \_\_\_\_\_  
Projected Total Depth: 3845'

Formation at Total Depth: Arbuckle

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: 4-6-2011 Signature of Operator or Agent: \_\_\_\_\_ Title: Owner

For KCC Use ONLY  
API # 15- 051-21205-0001  
Conductor pipe required None feet  
Minimum surface pipe required 222 feet per ALT.  I  II  
Approved by: Jim Clark 4-13-2011  
This authorization expires: 4-13-2012  
(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

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21 13 20  
 E  W

For KCC Use ONLY

API # 15 - 057212050001

**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: Cla-Mar Oil Company  
 Lease: Schumacher Trust  
 Well Number: 1  
 Field: WC-Pleasant NW

Location of Well: County: Ellis  
 1,060 feet from  N /  S Line of Section  
 660 feet from  E /  W Line of Section  
 Sec. 21 Twp. 13 S. R. 20  E  W

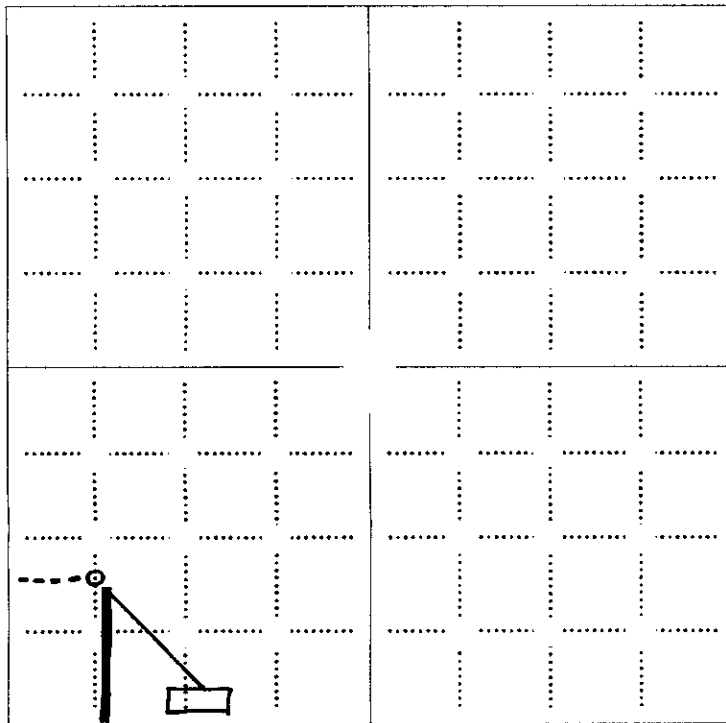
Number of Acres attributable to well: \_\_\_\_\_  
 QTR/QTR/QTR/QTR of acreage: 70N - N/2 - SW - SW

Is Section:  Regular or  Irregular

If Section is Irregular, locate well from nearest corner boundary.  
 Section corner used:  NE  NW  SE  SW

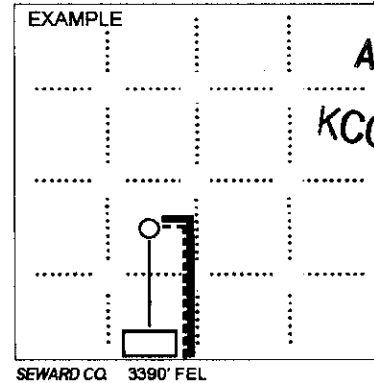
**PLAT**

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, 1/4 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.

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15-051-21205-0001

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 Plt 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 # 6509  
Name: Cla-Mar Oil Company  
Address 1: PO Box 1197  
Address 2: \_\_\_\_\_  
City: Hays State: KS Zip: 67601 + 1197  
Contact Person: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
70°N N/2 SW SW Sec. 21 Twp. 13 S. R. 20  East  West  
County: Ellis  
Lease Name: Schumacher Trust 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: Danier & Dorothy Schumacher  
Address 1: 916 Adobe  
Address 2: Leoti KS 67861  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

*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: 4-6-2011 Signature of Operator or Agent: [Signature] Title: Owner/Operator

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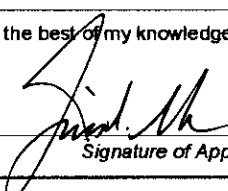
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KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-1  
May 2010  
Form must be Typed

APPLICATION FOR SURFACE PIT

Submit in Duplicate

Operator Name: <b>Cla-Mar Oil Company</b>		License Number: <b>6509</b>
Operator Address: <b>PO Box 1197</b>		<b>Hays KS 67601</b>
Contact Person: <b>Jim Clark</b>		Phone Number: <b>785 623-1700</b>
Lease Name & Well No.: <b>Schumacher Trust 1</b>		Pit Location (QQQQ): <b>70'N N/2 SW SW</b> Sec. <b>21</b> Twp. <b>13</b> R. <b>20</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>1,060</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>660</b> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <b>Ellis</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 checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit <small>(If WP Supply API No. or Year Drilled)</small> <b>15-051-21,205</b>	Pit is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: <b>160</b> (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?
Pit dimensions (all but working pits): <u>25</u> Length (feet) } <u>        </u> Width (feet) <input type="checkbox"/> N/A: Steel Pits Depth from ground level to deepest point: <u>5</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>6 mil plastic lining sides and bottom</b>		Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring.
Distance to nearest water well within one-mile of pit: <u>2634</u> feet Depth of water well <u>24</u> feet		Depth to shallowest fresh water <u>45</u> feet. Source of information: <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> 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: <u>water</u> Number of working pits to be utilized: <u>1</u> Abandonment procedure: <u>let air dry</u> 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>4-6-2011</u> Date <span style="float:right"> Signature of Applicant or Agent</span>		
<b>KCC OFFICE USE ONLY</b>		
<input type="checkbox"/> Liner <input type="checkbox"/> Steel Pit <input type="checkbox"/> RFAC <input type="checkbox"/> RFAS		
Date Received: <u>4-13-11</u> Permit Number: _____ Permit Date: <u>4-13-11</u> Lease Inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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**APR 13 2011**  
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STATE OF KANSAS  
STATE CORPORATION COMMISSION  
200 Colorado Derby Building  
Wichita, Kansas 67202

WELL PLUGGING RECORD  
K.A.R.-82-3-117

API NUMBER 15-051-21,205-0000

LEASE NAME Schumacher

WELL NUMBER #1

SPOT LOCATION 70' N of N1/2 SW

SEC. 21 TWP. 13S RGE. 20W (E) or (W) SW

COUNTY Ellis

Date Well Completed \_\_\_\_\_

Plugging Commenced 5-5-86

Plugging Completed 5-5-86

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

LEASE OPERATOR K & E Drilling, Inc.

ADDRESS 100 S. Main 300 Hardage Center, Wichita, Ks. 67202

PHONE # (316) 264-4301 OPERATORS LICENSE NO. 5266

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

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? Yes

Which KCC/KDHE Joint Office did you notify? Hays, Kansas

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

Producing formation \_\_\_\_\_ Depth to top \_\_\_\_\_ bottom T.D. 3853'

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
				8-5/8"	222'	none
				5-1/2"	3845'	none

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.

Plug Job Only - No Pipe Recovery

Ran 5 sacks hulls and 175 sacks econolite w/2 sacks hulls down 5-1/2" casing

Plugging Complete

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

Name of Plugging Contractor Kelso Casing Pulling License No. 6050

Address P.O. Box 347 Chase, Kansas 67524

STATE OF Kansas COUNTY OF Rice, ss.

R. Darrell Kelso (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) [Signature]

(Address) Box 347 Chase, Ks. 67524

SUBSCRIBED AND SWORN TO before me this 7th day of May, 1986

My Commission expires:



[Signature]  
Notary Public

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