

For KCC Use ONLY

API # 15 - 189-22774-00-00

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: ONEOK PARTNERS
Facility Name: ONEOK
Borehole Number: 01

Location of Well: County: STEVENS
1,560 feet from N / S Line of Section
32 feet from E / W Line of Section
Sec. 25 Twp. 32 S. R. 35 E W

Is Section: Regular or Irregular

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

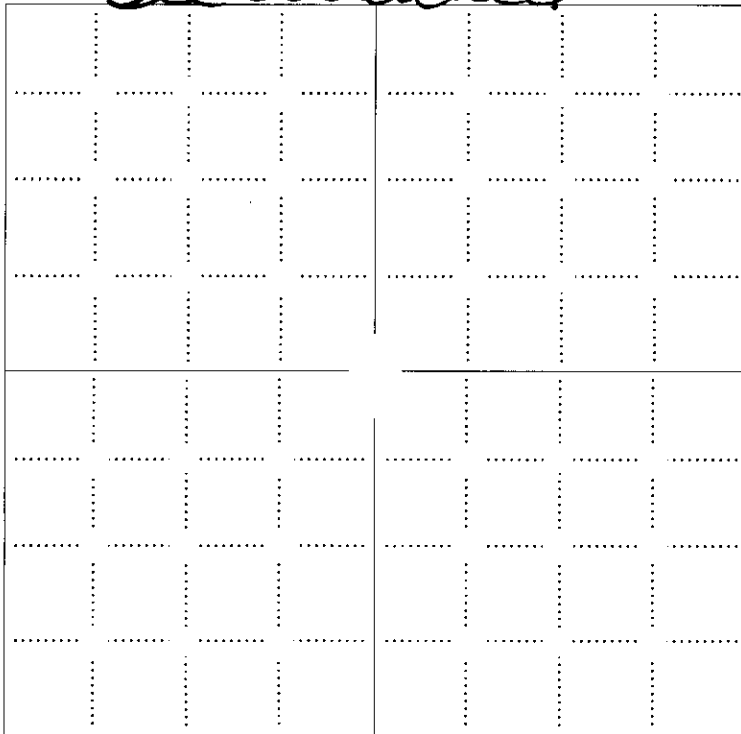
Section corner used: NE NW SE SW

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).

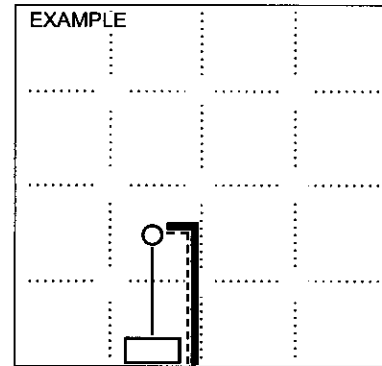
You may attach a separate plat if desired.

See attached



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:

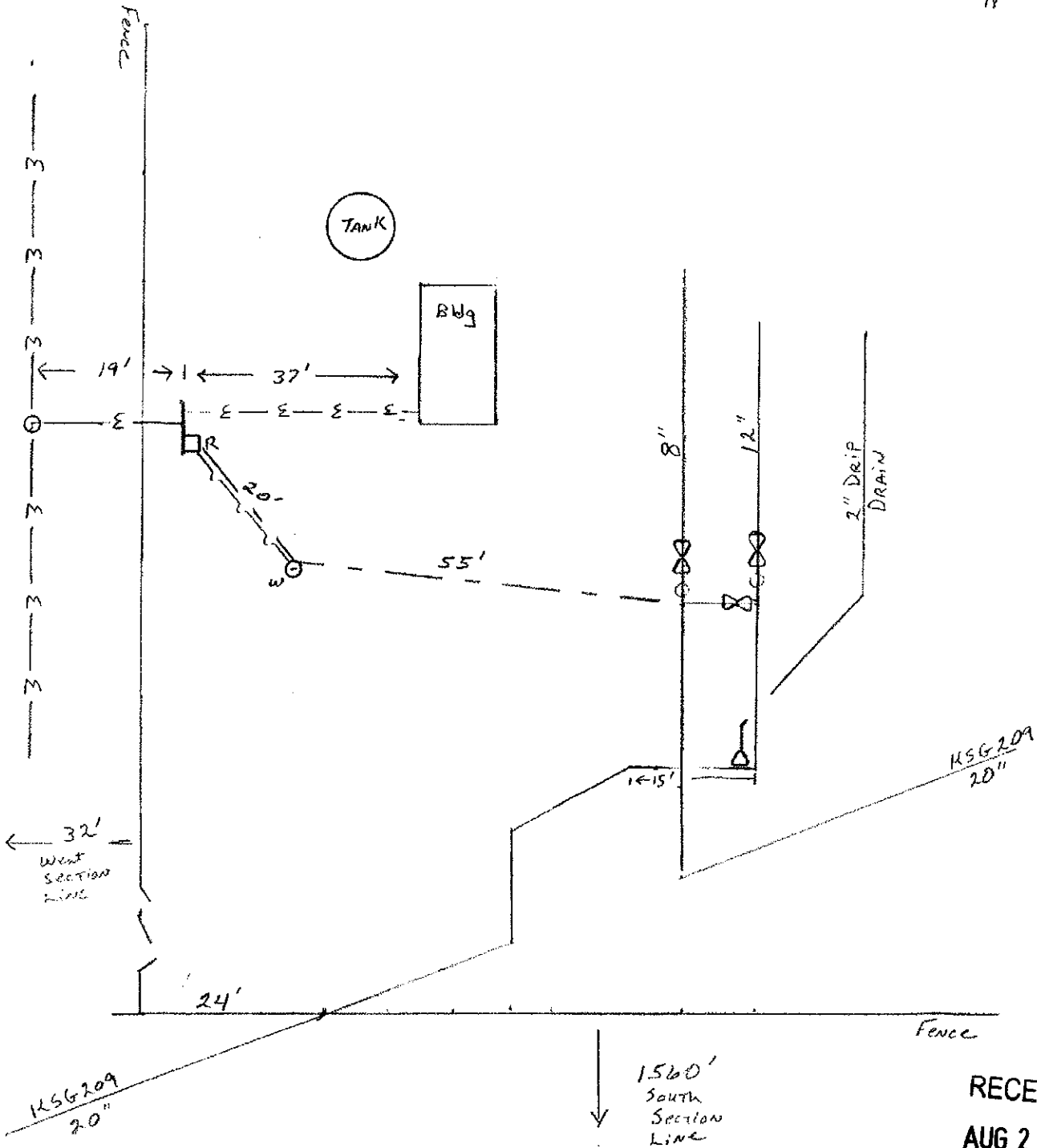
1. The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.;
2. The distance of the proposed drilling location from the section's south / north and east / west; line.
3. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

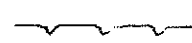

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OKE47

STEVENS 10
SW/4 25-732S-R35W
STEVENS COUNTY, KS



-  Anode Cables
-  Negative Cable
- R Rectifier
- W Deep Well Anodes

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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 # 33851
Name: ONEOK PARTNERS
Address 1: 1407 E OKLAHOMA
Address 2: _____
City: ULYSSES State: KS Zip: 67880 + _____
Contact Person: ROGER JONES
Phone: (620) 424-1549 Fax: (_____) _____
Email Address: _____

Well Location:
SW NW SW Sec. 25 Twp. 32 S. R. 35 East West
County: STEVENS
Lease Name: ONEOK Well #: 01

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

Surface Owner Information:

Name: ONEOK PARTNERS
Address 1: 1407 E. OKLAHOMA AVE
Address 2: _____
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.

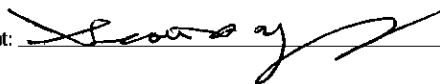
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary 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: 8/22/11 Signature of Operator or Agent:  Title: OPERATIONS MANAGER

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15-189-22774-0000

4520 State Hwy 136, Amarillo, TX 79108-7617 • tel. 806-383-5047 • fax 806-383-1716

August 23, 2011

OneOK Partners
1407 E Oklahoma
Ulysses, KS 67880

Dear Sir:

This is a copy of the Kansas Corporation Commission Cathodic Protection Borehole Intent. We are now required by the state to notify you of any drilling that will be taken place on your property. A OneOK Partners right-of-way agent should have contacted you concerning this matter. If you should have any questions please do not hesitate to give me a call.

Sincerely,

A handwritten signature in black ink that reads "Tina M. Granger". The signature is written in a cursive, flowing style.

Tina M. Granger
McLean's CP Installation, Inc.
Office Manager

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AUG 26 2011
KCC WICHITA

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: ONEOK PARTNERS		License Number: 33851
Operator Address: 1407 E OKLAHOMA		ULYSSES KS 67880
Contact Person: CARL GIBSON		Phone Number: 580-651-6884
Lease Name & Well No.: ONEOK 01		Pit Location (QQQQ): SW - NW - SW -
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: 60 (bbls)	Sec. 25 Twp. 32 R. 35 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 1,560 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 32 Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section STEVENS County
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>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. 6M BLACKPLASTIC LINER LAYED IN PIT & EDGES SECURED TO PIT.		Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring. PIT WILL ONLY BE USED FOR 2-3 DAY PERIOD, THEN PIT WILL BE BACKFILLED.
Distance to nearest water well within one-mile of pit: <u>844</u> feet Depth of water well <u>345</u> feet		Depth to shallowest fresh water <u>158</u> feet. Source of information: <input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input checked="" type="checkbox"/> BGDWR
Emergency, Settling and Burn Pits ONLY: 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		Drilling, Workover and Haul-Off Pits ONLY: Type of material utilized in drilling/workover: <u>Dolg mud</u> Number of working pits to be utilized: <u>1</u> Abandonment procedure: <u>Remove Pits + back</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.		RECEIVED AUG 26 2011 KCC WICHITA
<u>8/22/11</u> Date		 Signature of Applicant or Agent

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KCC OFFICE USE ONLY			
Date Received: <u>8-26-11</u>	Permit Number: _____	Permit Date: <u>8-29-11</u>	Lease Inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> Liner <input type="checkbox"/> Steel Pit <input type="checkbox"/> RFAC <input type="checkbox"/> RFAS	