

For KCC Use: 9-24-2011
Effective Date: 4
District # _____
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: 09 month 19 day 2011 year

OPERATOR: License# 32593 ✓
Name: Dan Haffner
Address 1: RR #2, Box 49
Address 2: _____
City: Hoxie State: KS Zip: 67740 + _____
Contact Person: Dan Haffner
Phone: 785-657-1299
CONTRACTOR: License# 33350 ✓
Name: Southwind Drilling, Inc.

Spot Description: _____
SU SE - NE - NE Sec. 27 Twp. 9 S. R. 25 E W
(or (or (or))
1,160 feet from N / S Line of Section
500 feet from E / W Line of Section

Is SECTION: Regular Irregular?
(Note: Locate well on the Section Plat on reverse side)
County: Graham
Lease Name: Spies Well #: #1-27
Field Name: Emor North
Is this a Prorated / Spaced Field? Yes No
Target Formation(s): Lansing-Kansas City

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

→ Nearest Lease or unit boundary line (in footage): 505'
Ground Surface Elevation: 2640 est 2587 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: 220 180
Depth to bottom of usable water: 450 1350
Surface Pipe by Alternate: I II
Length of Surface Pipe Planned to be set: 220
Length of Conductor Pipe (if any): _____
Projected Total Depth: 4150
Formation at Total Depth: Kansas City

If OWWO: old well information as follows:
Operator: _____
Well Name: _____
Original Completion Date: _____ Original Total Depth: _____

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: _____

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

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq. SEP 14 2011

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: 09/13/2011 Signature of Operator or Agent: Jennifer Heape Title: Office Manager

For KCC Use ONLY
API # 15 - 065-23777-00-00
Conductor pipe required None feet
Minimum surface pipe required 230 feet per ALT. I II
Approved by: Kus 9-19-2011
This authorization expires: 9-19-2012
(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

KCC WICHITA

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API # 15 - 065-23777-0000

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: Dan Haffner
Lease: Spies
Well Number: #1-27
Field: Emor North

Location of Well: County: Graham
1,160 feet from N / S Line of Section
500 feet from E / W Line of Section
Sec. 27 Twp. 9 S. R. 25 E W

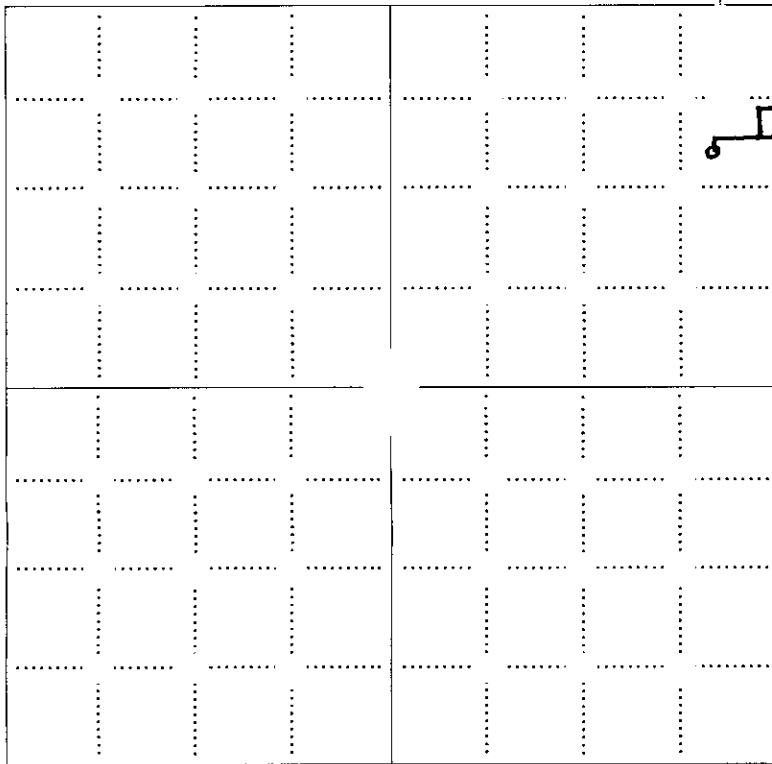
Number of Acres attributable to well: _____
QTR/QTR/QTR/QTR of acreage: _____ - _____ - NE - NE

Is Section: Regular or Irregular

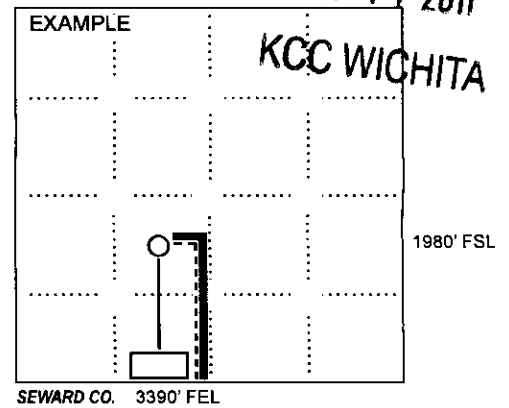
If Section is irregular, locate well from nearest corner boundary.
Section corner used: NE NW SE SW

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.

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Fall & Associates
 Stake and Elevation Service
 719 W. 5th Street
 P.O. Box 404
 Concordia, KS. 66901
 1-800-536-2821

15065-23777-000

Date 9-13-11

Invoice Number 0912111

DAN HAFFNER
Operator

1-27
Number

Spies
Farm Name

Graham-KS
County-State

27 9s 25w
S T R

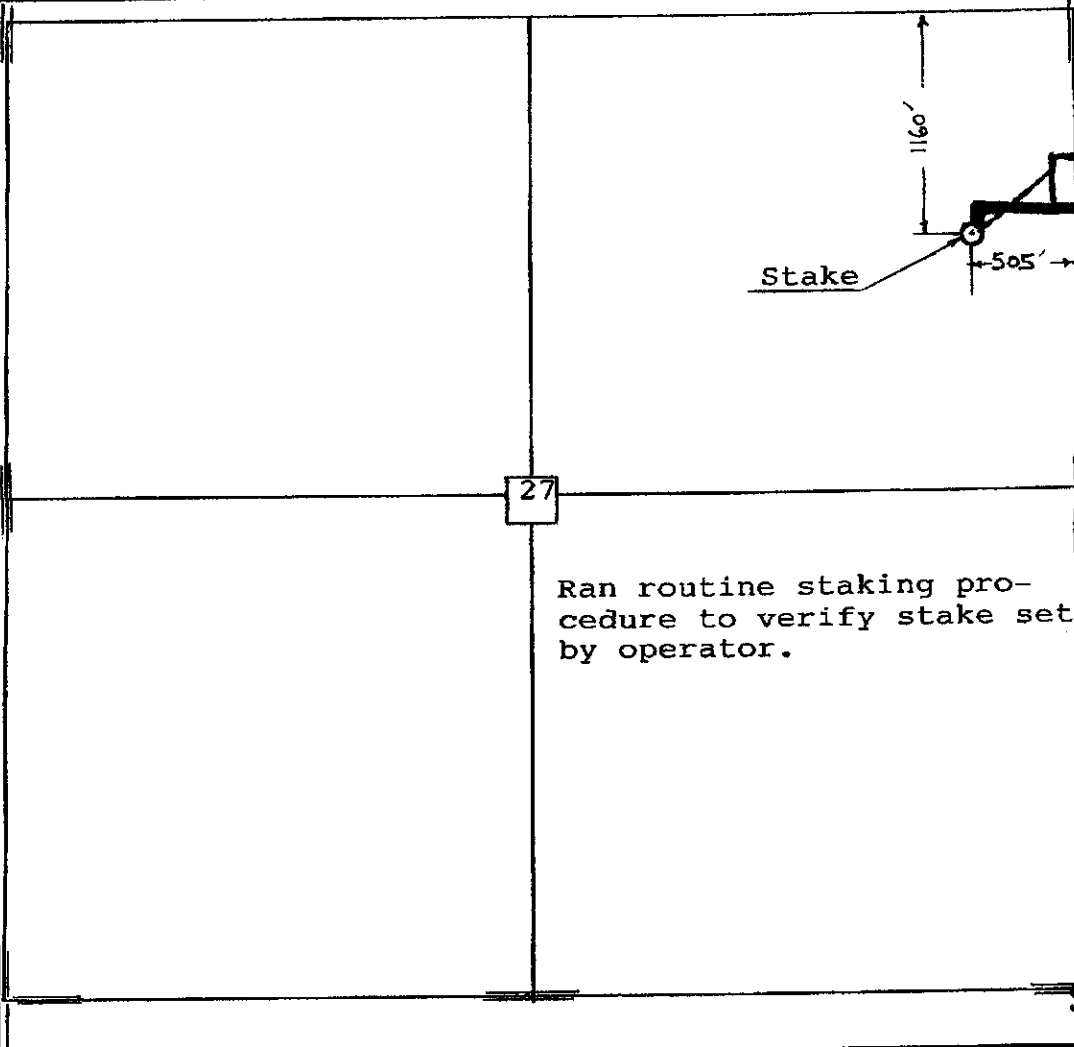
1160' FNL 505' FEL
Location

Elevation 2590 Gr.

Ordered By: Dan

Dan Haffner
 Rt. 2 Box 49
 Hoxie, KS. 67740

Scale 1"=1000'

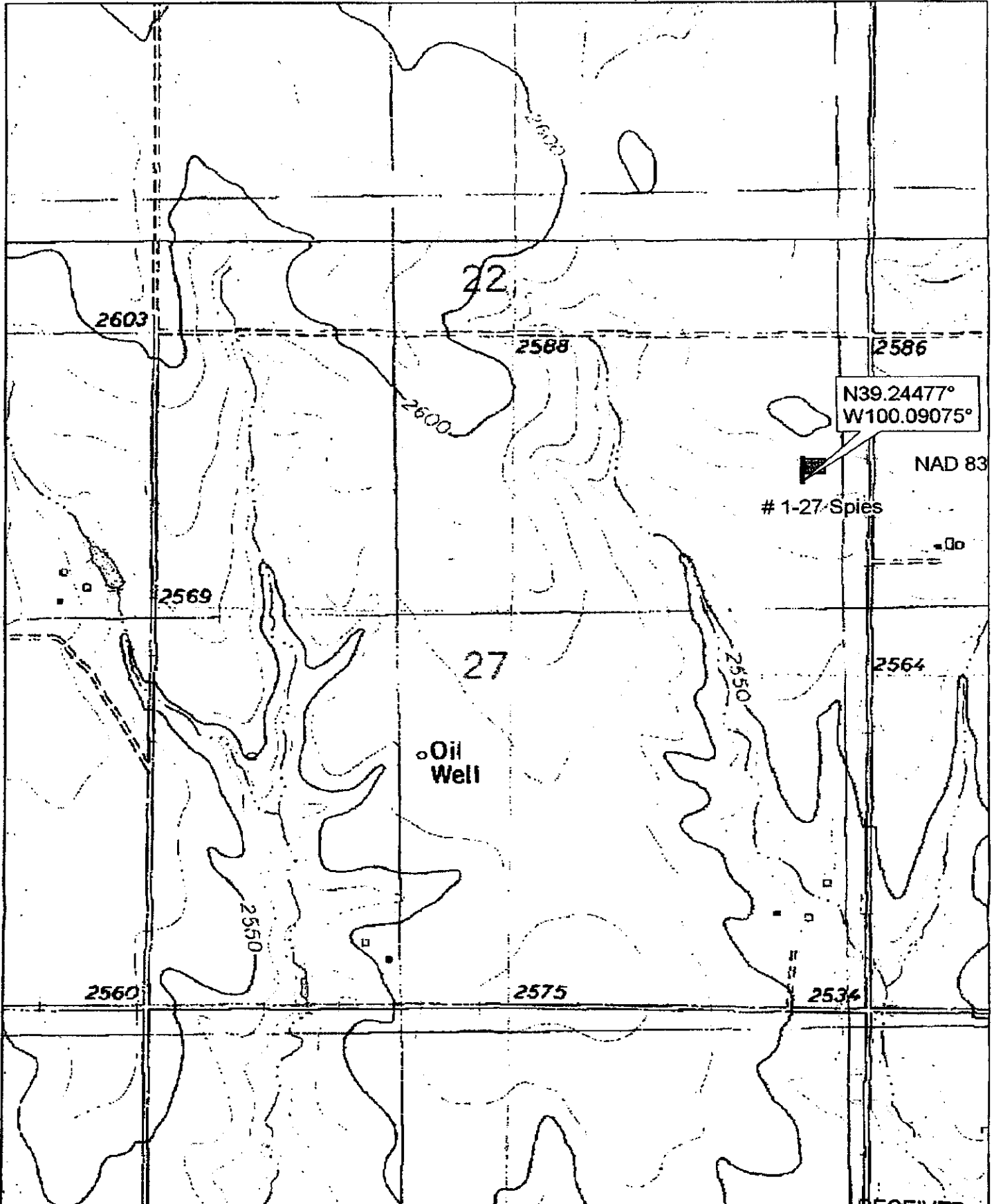


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15065-23777-0000



N39.24477°
W100.09075°

NAD 83

1-27 Spies

Oil Well

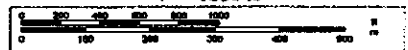
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SEP 13 2011



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www.delorme.com

Scale 1 : 12,000
1" = 1000 ft



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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 # 32593
Name: Dan Haffner
Address 1: RR #2, Box 49
Address 2: _____
City: Hoxie State: KS Zip: 67740 + _____
Contact Person: Dan Haffner
Phone: (785) 657-1299 Fax: (_____) _____
Email Address: dhaffner@ruraltel.net

Well Location: _____ NE NE Sec. 27 Twp. 9 S. R. 25 East West
County: Graham
Lease Name: Spies Well #: #1-27

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

Surface Owner Information:

Name: August Spies
Address 1: _____
Address 2: _____
City: St. Peter State: KS 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.

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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.

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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: 09/13/2011 Signature of Operator or Agent: Jennifer Hoop Title: Office Manager


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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: Dan Haffner		License Number: 32593	
Operator Address: RR #2, Box 49		Hoxie KS 67740	
Contact Person: Dan Haffner		Phone Number: 785-657-1299	
Lease Name & Well No.: Spies #1-27		Pit Location (QQQQ): _____ - _____ NE - NE Sec. <u>27</u> Twp. <u>9</u> R. <u>25</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1,160</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>500</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Graham 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: 4,500 (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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
How is the pit lined if a plastic liner is not used?			
Pit dimensions (all but working pits): <u>80</u> Length (feet) <u>80</u> Width (feet)		<input type="checkbox"/> N/A: Steel Pits	
Depth from ground level to deepest point: <u>4</u> (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.	
		RECEIVED SEP 14 2011 KCC WICHITA	
Distance to nearest water well within one-mile of pit: <u>1320</u> feet Depth of water well <u>210</u> feet		Depth to shallowest fresh water <u>120</u> feet. Source of information: <input type="checkbox"/> measured <input checked="" type="checkbox"/> well owner <input type="checkbox"/> electric log <input type="checkbox"/> KDWR	
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>Chemical Drilling Mud</u> Number of working pits to be utilized: <u>3</u> Abandonment procedure: <u>Empty, let dry then backfill</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 SEP 19 2011 KCC WICHITA	
<u>9/13/11</u> Date		 Signature of Applicant or Agent	
KCC OFFICE USE ONLY			
Date Received: <u>9-19-11</u> Permit Number: _____		Permit Date: <u>9-19-11</u> Lease Inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

15-065-23777-0900