For KCC Use:	11-13-2011
Effective Date:	11 13 6011
District #	_4
CCA2 The	a IXINa

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form C-1 March 2010 Form must be Typed Form must be Signed

### NOTICE OF INTENT TO DOLL

SGA?wes		All b t (5) days prior to commencing well	lanks must be Filled
Form KSONA-1, Certific	cation of Compliance with the Kansas	Surface Owner Notification Act, MUST be submitted with this f	orm.
Expected Spud Date: Novembe	er 10 2011	Spot Description:	
month	day year	N/2-SW NW NE Sec. 13 Twp.9 S. R.	21  EXW
OPERATOR: License# 5285		929 feet from [V] N / [	S Line of Section
	sen Trust		W Line of Section
Address 1: P. O. Box 187		Is SECTION: X Regular Irregular?	_
Address 2:		(Note: Locate well on the Section Plat on revers	e side)
City: Logan State		County: Graham	
Contact Person: Richard L. W Phone: 785-689-8400	aligren, Sr.	Lease Name: Eichman	Vell #: 16
		Field Name: More1	
	ing The	Is this a Prorated / Spaced Field?	Yes X No
Name: Discovery Drill	ing, Inc.	Target Formation(s): <u>Arbuckle</u>	
Well Drilled For: Well Cl	lass: Type Equipment:	Nearest Lease or unit boundary line (in footage): 929	N N
X Oil Enh Rec X Inf	field X Mud Rotary	Ground Surface Elevation: 2148.1	
	ool Ext. Air Rotary	Water well within one-quarter mile:	Yes X No
DisposalWi		Public water supply well within one mile:  Depth to bottom of fresh water: 250	Yes X No
Seismic ; # of Holes Ot		Depth to bottom of fresh water: 250°  Depth to bottom of usable water: 880°	
Other:		Surface Pipe by Alternate: XII	······································
f OWWO: old well information as	follows:	Length of Surface Pipe Planned to be set: 250'	
Operator	тууу түү түү түү түү туу туу туу туу туу	Length of Conductor Pipe (if any): Notice	
Well Name:		Projected Total Depth:3/50	
Original Completion Date:		Formation at Total Depth: Arbuck1	е
	/	Water Source for Drilling Operations:	
Directional, Deviated or Horizontal wellbook		X Well Farm Pond Other:	
If Yes, true vertical depth:		DWR Permit #:	
KCC DKT #:		(Note: Apply for Permit with DWR Will Cores be taken?	□\4. 181v.
		If Yes, proposed zone:	Yes XNo
	·		RECEIVED
The undersigned hereby affirms that the		FIDAVIT  ugging of this well will comply with K.S.A. 55 et. seq.	-COLIVED
It is agreed that the following minimum		Nagaring of this well will comply with K.O.A. 35 et. seq.	OV 0 8 2011
Notify the appropriate district offi	,		
	intent to drill shall be posted on each	n drilling rig; KC	C WICHITA
		by circulating cement to the top; in all cases surface pipe sha	li be set
	rials plus a minimum of 20 feet into th	e underlying formation. trict office on plug length and placement is necessary <i>prior t</i> o	
5. The appropriate district office will	If he notified before well is either plug	ged or production casing is cemented in;	plugging;
<ol><li>If an ALTERNATE II COMPLETION</li></ol>	ON, production pipe shall be cemente	d from below any usable water to surface within 120 DAYS of	spud date.
Or pursuant to Appendix "B" - Ea	astern Kansas surface casing order #	133,891-C, which applies to the KCC District 3 area, alternate	II cementing
		e plugged. In all cases, NOTIFY district office prior to any co	ementing.
I hereby certify that the statements ma	de herein are true and to the best of	ny knowledge and belief.	<i>-</i>
Date: //-4-201/ Signatu	ire of Operator or Agent	Title: (Luc)	upt
		Rememberto: L. Wallgren, Sr.	/
For KCC Use ONLY API # 15 - 065-237	86-0000	- File Certification of Compliance with the Kansas Surface Ow	ner Notification
API# 13 - 92 92 92		Act (KSONA-1) with Intent to Drill;	
	one teet	<ul> <li>File Drill Pit Application (form CDP-1) with Intent to Drill;</li> <li>File Completion Form ACO-1 within 120 days of spud date;</li> </ul>	Ì
The state of the s	200 feet per ALT. 1 1	- File acreage attribution plat according to field proration order	s;
Approved by: funt 11-8-20		<ul> <li>Notify appropriate district office 48 hours prior to workover or</li> </ul>	re-entry;
	2012	Submit plugging report (CP-4) after plugging is completed (w     Obtain written approval before dispensing or injection and unit	
(This authorization void if drilling not starte	a within 12 months of approval date.)	<ul> <li>Obtain written approval before disposing or injecting salt wat</li> <li>If well will not be drilled or permit has expired (See: authorized)</li> </ul>	
Spud date: Agent	<u>.</u>	please check the box below and return to the address below	
- P		Well will not be drilled or Permit Expired Date:	
	servation Division,	Signature of Operator or Agent:	

130 S. Market - Room 2078, Wichita, Kansas 67202

For KCC Use ONLY API # 15 - 065-23780-0000

### 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: The DANE G HANSEN / RUST  Lease: EICHMAN  Well Number: #/6  Field: MOREL	Location of Mall: County: SRAHAM  929 feet from N / S Line of Section  2205 feet from E / W Line of Section  Sec. /3 Twp. 9 S. R. 2 / E X W
Number of Acres attributable to well:	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.

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		\$			******	*********	***************************************		EXAMPL				
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				••••••	-1	********					•••••		
	* * * * *	4 6 6 7 8					* * * * * * * * * * * * * * * * * * *		SEWARD CO.	3390' FE	•	<u> </u>	RECEIVEL
NOTE: In	ali cases	locate the	e spot of the	nnonna	ed drillin	a locaton							

#### In piotting 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).
- If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat must be attached: (C0-7 for oil wells; CG-8 for gas wells).
- 5. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

NOV 0 8 2011 KCC WICHITA

#### 15-065-23286-0000 KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

CERTIFICATION OF COMPLIANCE WITH THE

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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.

KANSAS SURFACE OWNER NOTIFICATION ACT

Select the corresponding form being filed: C-1 (Intent) CB-1 (C	athodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License # 5285	Well Location:				
Name: The Dane G. Hansen Trust	N/2. SW- NW NE Sec. 13 Twp. 9 S. R.21 Eas West				
Address 1: P. O. Box 187	County: Graham				
Address 2:	Lease Name: Eichman Well #: 16				
City: Logan State: KS zip: 67646 + 0187  Contact Person: Richard L. Wallgren, Sr.	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:				
Phone: (785 ) 689-8400 Fax: (785) 689-4833					
Email Address: richtr@ruraltel.net					
Surface Owner Information:					
Name: Wayne Newell	When filing a Form T-1 involving multiple surface owners, attach an additional				
Address 1: 2510 Felton Dr.	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				
Address 2:	county, and in the real estate property tax records of the county treasurer.				
City: <u>Hays</u> State: <u>KS</u> Zip: <u>67601</u> +					
are preliminary non-binding estimates. The locations may be entered on Select one of the following:	the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.				
I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be lo CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, and	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this				
I have not provided this information to the surface owner(s). I acknowledge that I am being charged a \$30.00 handling to	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.				
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	fee with this form. If the fee is not received with this form, the KSONA-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://- 4-20// Signature of Operator or Agent	Title: Rod Supt				
	RECEIVED				

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

NOV 0 8 2011

KCC WICHITA

# 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: The Dane G. Hansen Trust			License Number: 5285				
Operator Address: P. O. Box 187, Logan, KS 67646							
Contact Person: Richard L. Wall	gren, Sr.	Phone Number: 785-689-8400					
Lease Name & Well No.: Eichman #16			Pit Location (QQQQ):				
Type of Pit:	Pit is:		NE . Sw. NW. NE				
Emergency Pit Burn Pit	X Proposed	Existing	Sec. <u>13 Twp. 9 R. 21 East X</u> West				
Settling Pit X Drilling Pit	If Existing, date cor	nstructed:	929_Feet from X North / South Line of Section				
Workover Plt Haul-Off Pit (If WP Supply API No. or Year Drilled)	Pit capacity:	<del></del>					
	600	(bbis)	Graham County				
is the pit located in a Sensitive Ground Water A	rea? Yes K	<b>К</b> о	Chloride concentration: N/A mg/l  (For Emergency Pits and Settling Pits only)				
Is the bottom below ground level?  XYes No	Artificial Liner?	lo	How is the pit lined if a plastic liner is not used? Bentonite Clay-Drilling & Native Mud				
Pit dimensions (all but working pits):10	O Length (fee	et) 100	Width (feet) N/A: Steel Pits				
Depth fro	om ground level to dee	epest point:	4 (feet) 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.							
		Visual Inspection					
Distance to nearest water well within one-mile of	of oit	Denth to shallo	west fresh water 47 feet.				
Distance to nearest water west within one-time t	•	Source of infor					
4189 feet Depth of water well		measured	well owner electric log X KDWR				
Emergency, Settling and Burn Pits ONLY:		Drilling, Workover and Haul-Off Pits ONLY:					
Producing Formation:	yddidd Menefagen gyfrei y y cedir a genar gan gaellag a gaellag a g	Type of material utilized in drilling/workover: Ben/Chem Mud					
Number of producing wells on lease:		Number of working pits to be utilized: 4					
Barrels of fluid produced daily:  Does the slope from the tank battery allow all s		Abandonment procedure: Allow to dry & level &					
flow into the pit? Yes No	pilicu ilizius tu	Backfill 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							
11-4-201 NOV 0 8 2011							
Date Signature of Applicant or Agent KCC IMIO							
HCC OFFICE USE ONLY							
Data Pagahadi // 75// Dan-114	har.	<b>.</b>	Liner Steel Pit RFAC RFAS				
Date Received: 11-8-11 Permit Number: Permit Date: 11-8-11 Lease Inspection: Yes X No							