



For KCC Use:
 Effective Date: 11/14/2011
 District # 1
 SGA? Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CB-1
 March 2010

Form must be Typed
 Form must be Signed
 All blanks must be Filled

CATHODIC PROTECTION BOREHOLE INTENT

Must be approved by the KCC sixty (60) 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: 11/16/2011
month day year

OPERATOR: License# 5447
 Name: OXY USA Inc.
 Address 1: 5 E GREENWAY PLZ
 Address 2: PO BOX 27570
 City: HOUSTON State: TX Zip: 77227 + 7570
 Contact Person: LAURA BETH HICKERT
 Phone: 620-629-4253

CONTRACTOR: License# 473
 Name: Destal Tyler Water Well Service
 Type Drilling Equipment: Mud Rotary Cable
 Air Rotary Other

Construction Features

Length of Cathodic Surface (*Non-Metallic*) Casing
 Planned to be set: 20 feet
 Length of Conductor pipe (*if any*): 0 feet
 Surface casing borehole size: 14 inches
 Cathodic surface casing size: 8 inches
 Cathodic surface casing centralizers set at depths of: 0 ; _____ ; _____ ; _____ ; _____
 Cathodic surface casing will terminate at:
 Above surface Surface Vault Below Surface Vault
 Pitless casing adaptor will be used: Yes No Depth _____ feet
 Anode installation depths are: 150 ; 160 ; 170 ; 180 ; 190 ;
200 ; 210 ; 220 ; 230 ; 240 ; 250 ; _____ ; _____ ; _____ ; _____

Spot Description:
 SW - SE - SE - SE Sec. 29 Twp. 28 S. R. 35 E W
(Q, Q, Q, Q) 60 feet from N / S Line of Section
440 feet from E / W Line of Section
 Is SECTION: Regular Irregular?
(Check directions from nearest outside corner boundaries)

County: Grant
 Facility Name: UGGS
 Borehole Number: 12U
 Ground Surface Elevation: 3055 Estimated MSL
 Cathodic Borehole Total Depth: 300 feet
 Depth to Bedrock: 500 feet

Water Information

Aquifer Penetration: None Single Multiple
 Depth to bottom of fresh water: 500
 Depth to bottom of usable water: 660
 Water well within one-quarter mile: Yes No
 Public water supply well within one mile: Yes No
 Water Source for Drilling Operations:
 Well Farm Pond Stream Other

Water Well Location: _____
 DWR Permit # _____
 Standard Dimension Ratio (SDR) is = 21.33

(Cathodic surface csg. O.D. in inches / MWT in inches = SDR)
 Annular space between borehole and casing will be grouted with:
 Concrete Neat Cement Bentonite Cement Bentonite Clay
 Anode vent pipe will be set at: 3 feet above surface
 Anode conductor (*backfill*) material TYPE: PETROLEUM COKE
 Depth of BASE of Backfill installation material: 300
 Depth of TOP of Backfill installation material: 140
 Borehole will be Pre-Plugged? Yes No

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55-101 et. seq.

It is agreed that the following minimum requirements will be met:

1. Notify the appropriate District office prior to spudding and again before plugging the well. An agreement between the operator and the District Office on plugs and placement is necessary prior to plugging. In all cases, notify District Office prior to any grouting.
2. Notify appropriate District Office 48 hours prior to workover or re-entry.
3. A copy of the approved notice of intent to drill shall be posted on each drilling rig.
4. The minimum amount of cathodic surface casing as specified below shall be set by grouting to the top when the cathodic surface casing is set.
5. File all required forms: a. File Drill Pit Application (form CDP-1) with Intent to Drill (form CB-1). b. File Certification of Compliance with Kansas Surface Owner Notification Act (form KSONA-1) with Cathodic Protection Borehole Intent (CB-1) c. File Completion Form (ACO-1) within 30 days from spud date. d. Submit plugging report (CP-4) within 30 days after final plugging is completed.

Submitted Electronically

For KCC Use ONLY

API # 15 - 15-067-21728-00-00

Conductor pipe required 0 feet

Minimum Cathodic Surface Casing Required: 20 feet

Approved by: Rick Hestermann 11/09/2011

This authorization expires: 11/09/2012
(This authorization void if drilling not started within 12 months of approval date.)

Spud date: _____ Agent: _____

If this permit has expired or will not be drilled, check a box below, sign, date and return to the address below.

Permit Expired Well Not Drilled

 Date Signature of Operator or Agent

29
28
35
 E
 W



1032269

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API # 15 - 15-067-21728-00-00

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: OXY USA Inc.
Facility Name: UGGS
Borehole Number: 12U

Location of Well: County: Grant
60 feet from N / S Line of Section
440 feet from E / W Line of Section
Sec. 29 Twp. 28 S. R. 35 E W

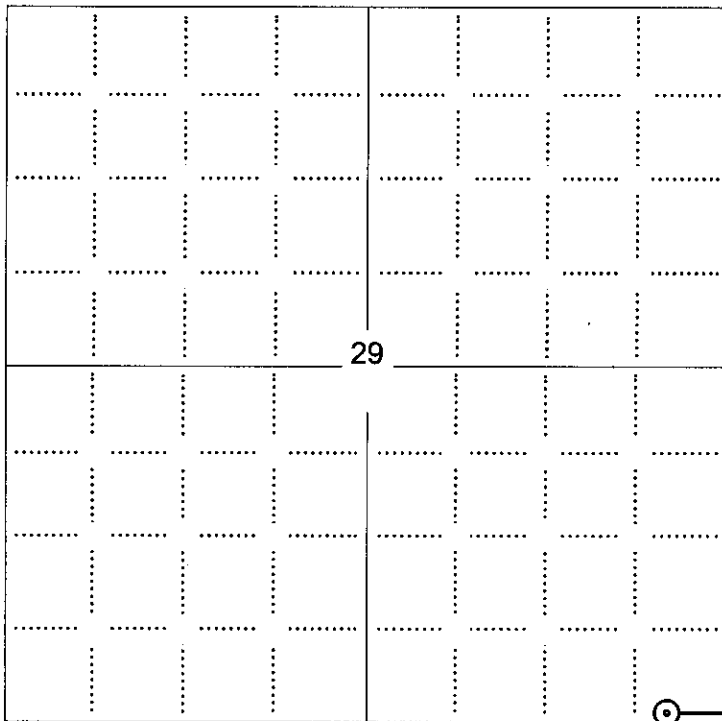
Is Section: Regular or Irregular

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.

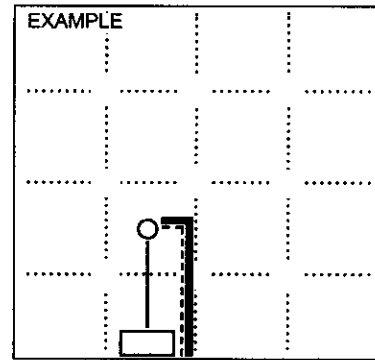


NOTE: In all cases locate the spot of the proposed drilling locaton.

60 ft.

LEGEND

- Well Location
- Tank Battery Location
- Pipeline Location
- Electric Line Location
- Lease Road Location



SEWARD CO. 3390' FEL

1980' FSL

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.



KANSAS CORPORATION COMMISSION 1032269
OIL & GAS CONSERVATION DIVISION

Form CDP-1
May 2010
Form must be Typed

APPLICATION FOR SURFACE PIT

Submit in Duplicate

Operator Name: OXY USA Inc.		License Number: 5447	
Operator Address: 5 E GREENWAY PLZ		PO BOX 27570 HOUSTON TX 77227	
Contact Person: LAURA BETH HICKERT		Phone Number: 620-629-4253	
Lease Name & Well No.:		Pit Location (QQQQ):	
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 <i>(If WP Supply API No. or Year Drilled)</i>		Pit is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: 35 _____ (bbls)	
		SW - SE - SE - SE Sec. 29 Twp. 28 R. 35 <input type="checkbox"/> East <input type="checkbox"/> West 60 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 440 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Grant _____ County _____	
Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Chloride concentration: _____ mg/l <i>(For Emergency Pits and Settling Pits only)</i>	
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? BENTONITE AND CUTTINGS	
Pit dimensions (all but working pits): 4 Length (feet) 12 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: 356 feet Depth of water well 460 feet		Depth to shallowest fresh water 310 feet. Source of information: <input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input checked="" 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: WATER Number of working pits to be utilized: 1 Abandonment procedure: EVAPORATION AND BACKFILL Drill pits must be closed within 365 days of spud date.	
Submitted Electronically			

KCC OFFICE USE ONLY			
Date Received: 11/09/2011	Permit Number: 15-067-21728-00-00	Permit Date: 11/09/2011	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	

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



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 # 5447
Name: OXY USA Inc.
Address 1: 5 E GREENWAY PLZ
Address 2: PO BOX 27570
City: HOUSTON State: TX Zip: 77227 + 7570
Contact Person: LAURA BETH HICKERT
Phone: (620) 629-4253 Fax: (620) 624-7014
Email Address: beth_hickert@oxy.com

Well Location:
SW SE SE SE Sec. 29 Twp. 28 S. R. 35 East West
County: Grant
Lease Name: UGGS Well #: 12U

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

Surface Owner Information:

Name: YOUNG PARTNERS LLC
Address 1: 829 McCALL ST
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.

Submitted Electronically

