

For KCC Use: Effective Date: 12/16/2013 District # 3	i	_	Kansas Corporation Commissio Oil & Gas Conservation Division				
SGA? Yes No	SONA-1, Certifica		NOTICE OF approved by KCC fi pliance with the Kansa	ve (5) days p	rior to	comn	ner
Expected Spud Date:	12/12/2013			Spot Description:			
	month	day	year	NW _	NW _	SE	_ 5
ODEDATOR: U#	5150			(<u>a/a/a/a</u>)	1116	-	
OPERATOR: License# _				_	1485		

Form C-1 March 2010 Form must be Typed Form must be Signed All blanks must be Filled

Form KS				re (5) days prior to comme s Surface Owner Notification		th this form.	
5 . 10 . 15 .	12/12/2013			0.15			
Expected Spud Date:	month	day	year	Spot Description: NW NW SE	F)M 4 - 24	10 57 5	
	5150			(0/0/0/0)	Sec. 4 Twp. 24		_
OPERATOR: License# _	3130			1485	feet from		
Name: Colt Energy Inc					feet from	JE / X W Line of Se	ction
Address 1: PO BOX 388				Is SECTION: Regi	ular Irregular?		
Address 2:	C + K		740 0388	· (Note: Lo	ocate will on the Section Plat o	n reverse side)	
City: IOLA Contact Person: Dennis I		Ζίρ: <u>- ου</u>	<u> </u>	County: Allen			
Phone: 620-365-3111	M.			ease Name: Bake		Well #: BF-4b	
				Field Name: lola			
CONTRACTOR: Licenser				Is this Prorated / Spa-		Yes X	No
Name: Advise on ACO-1	Must be licensed by Ki	-c /		arget Formation(s): _B			
Well Drilled For:	Well Class:	X pe	Equipment:		oundary line (in footage): 16	<u></u>	
⊠Oil □Enh	Rec Infield		Mud Rotary	Ground Surface Elevati		feet I	
Gas Stor	age XPool E		Air Rotary	Water well within one-q		Yes X	
Disp	osal Wildca		Cable	Public water supply wel		☐Yes ∑	∑ No
Seismic ;#	of Holes Other			Depth to bottom of fresi			
Other:				Depth to bottom of usal			
If OWWO: old well	II information as follo	Me.		Surface Pipe by Alterna			
	a mormation as lono	W3.					
Operator:				~\\	pe (if any):		
Well Name:	· -			Projected Total Depth:		<u> </u>	
Original Completion D	Jate: (Original Total I	Depth:	Formation at Total Dept			
Directional, Deviated or H	orizontal welibore?	1	Yes X y6	Water Source for Drillin	· · ——		
If Yes, true vertical depth:				DWR Paynit #:	PondOther:		
Bottom Hole Location:					Note: Apply for Permit with DW	/R []	
KCC DKT #:			~ <i> </i>	- Will Cores be taken?	reate. Appropriate and armit ment are	Yes [٦ _{No}
	(, ,	J //	If Yes, proposed zage:	Bartlesville		
						KCC WIC	VTITA
			100	FIDAVIT		IVOC ANIC	/TI11/-
		,	/	lugging of this well will comp	ly with K.S.A. 55 et. seq.	IAM 20	2047
It is agreed that the follow						JAN 28 2	2014
Notify the appropr	iate district office p	rior to spude	ling of well;			מבטריי	/ ED
2. A copy of the appr				ch drilling rig; t by circulating cement to the		RECEI	VED
				t by circulating cement to the he underlying formation.	top; in all cases surface pi	pe snall be set	
If the well is dry ho	ole, an agreement b	etween the	perator and the dis	strict office on plug length an	d placement is necessary	orior to plugging;	
5. The appropriate d	istrict office will be	notified befor	e well is either plug	ged or production casing is	cemented in;		
				ed from below any usable wa f133,891-C, which applies to			
				e plugged. <i>In all cases, NO</i>			
·	•	,		, 00	•	,	
Submitted Electro	nically						
				Remember to:			
For KCC Use ONLY					pliance with the Kansas Surfa	aco Owner Notification	1.6
API # 15 - 15-001-308	396-00-00			Act (KSONA-1) with Intel	•	NORSHINGE HARMON	4
Conductor pipe required	_	fee			form CDP-1) with Intent to Dr	rill;	
				, , ,	CO-1 within 120 days of spud	•	24
Minimum surface pipe re	guired <u>20 — </u>		per ALT. 🔲 I 🔀 II	- ,	lat according to field proratio	· ·	4
I Applyoved by: KICK HI	estermann 12/11	HZU13	i	- Notify appropriate dietric	t office 48 hours prior to work	cover or re-entry	1

Mail to. KCC - Conservation Division, 160 S. Market - Room 2078, Wichita, Kansas 67202

(This authorization voil if drilling not started within 12 months of approval date.)

. Agent:

This authorization expires: 12/11/2014

Spud date:

- 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: 24 10
signature of Operator or Agent:	" Janjir