

	!
For KCC Use: KANSAS CORPO	RATION COMMISSION 1264878 Form C-1
	March 2010
District #	Form must be Signed
<b>—</b> — —	NTENT TO DRILL All blanks must be Filled
Must be approved by KCC five Form KSONA-1, Certification of Compliance with the Kansas	e (5) days prior to commencing well Surface Owner Noulication Act, MUST be submitted with this form.
Expected Spud Date: 9/30/2015	Spot Description:
month day year	NE - NW - NW - NW Sec. 8 Twp. 24 S. R. 19 XE W
33977	(2002) 5200 feet from N / X S Line of Section
OPERATOR: License#	4900 Feet from XE / W Line of Section
Address 1: 12220 SW COLONY RD	Is SECTION: Regular Irregular?
Address 2: PO BOX 267	
City: COLONY State: KS Zip: 66015 + 4017	(Note: Locate well on the Section Plat on reverse side)  County: Allen
Contact Person: DAVID KIMZEY	Lease Name: KERR Well #: WD-1
Phone: 620-496-6257	Field Name: IOLA
CONTRACTOR: License#	Is this a Prorated / Spaced Field?
Name: Advise on ACO-1 - Must be licensed by KCC	Target Formation(s): ARBUCKLE
	Nearest Lease or unit boundary line (in footage): 80
Well Drilled For: Well Class; Type Equipment:	Ground Surface Elevation: 1000 Estimated feet MSL
Oil Enh Rec Infield Mud Rotary	Water well within one-quarter mile:
Gas Storage Pool Ext. Air Rotary	Public water supply well within one mile:
	Depth to bottom of fresh water: 50
Seismlc ; # of Holes   Other   Other; # of Holes   Other; # of Holes   Other   Other; # of Holes   Other   Ot	Depth to bottom of usable water: 100
	Surface Pipe by Alternate: XIII
If OWWO; old well information as follows:	Length of Surface Pipe Planned to be set: 20
Operator:	Length of Conductor Pipe (if any):
Well Name:	Projected Total Depth;1700
Original Completion Date: Original Total Depth:	Formation at Total Depth: ARBUCKLE
	Water Source for Drilling Operations:
Directional, Deviated or Horizontal wellbore?	Well Farm Pond Other:
If Yes, true vertical depth:	DWR Permit #:
KCC DKT #:	(Note: Apply for Permit with DWR
	Will Cores be taken?
	If Yes, proposed zone:
AF  The undersigned hereby affirms that the drilling, completion and eventual place.	FIDAVIT KANSAS CORPORATION COMMISSION
It is agreed that the following minimum requirements will be met:	DEC 0 7 2016
Notify the appropriate district office <i>prior</i> to spudding of well;	
2. A come of the approved notice of intent to drill shall be nosted on each	h drilling rig: CONSERVATION DIVISION
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	e underlying formation.
<ol> <li>If the well is dry note, an agreement between the operator and the dis</li> <li>The appropriate district office will be notified before well is either plug</li> </ol>	trict office on plug length and placement is necessary prior to plugging;
	ed from below any usable water to surface within 120 DAYS of spud date.
	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	e plugged. In all cases, NOTIFY district office prior to any cementing.
Submitted Electronically	
<u> </u>	Remember to:
For KCC Use ONLY	- File Certification of Compliance with the Kansas Surface Owner Notification
API # 15 - 15-001-31410-00-00	Act (KSONA-1) with Intent to Drill;

Conductor pipe required	feet
Minimum surface pipe requixed20	feet per ALTI 🔀 I
Approved by: Rick Hestermann 09/23/ This authorization expires: 09/23/2016	120 15
(This authorization void if drilling not started within Spud date: Agent:	·

- 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.
	12-5 11.

Well will not be drilled or Permit Expired	Date:
Signature of Operator or Agent	
Signature of Operator or Agent:	