

For KCC Use:  
Effective Date: \_\_\_\_\_  
District # \_\_\_\_\_  
SGA?  Yes  No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form C-1  
July 2014

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: \_\_\_\_\_  
month day year

OPERATOR: License# \_\_\_\_\_  
Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_

CONTRACTOR: License# \_\_\_\_\_  
Name: \_\_\_\_\_

Well Drilled For:	Well Class:	Type Equipment:
<input type="checkbox"/> Oil	<input type="checkbox"/> Enh Rec	<input type="checkbox"/> Infield
<input type="checkbox"/> Gas	<input type="checkbox"/> Storage	<input type="checkbox"/> Pool Ext.
	<input type="checkbox"/> Disposal	<input type="checkbox"/> Wildcat
<input type="checkbox"/> Seismic ; _____ # of Holes	<input type="checkbox"/> Other	<input type="checkbox"/> Mud Rotary
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Air Rotary
		<input type="checkbox"/> Cable

If OWWO: old well information as follows:

Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Original Completion Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

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

Spot Description: \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  E  W  
(Q/Q/Q/Q) \_\_\_\_\_ feet from  N /  S Line of Section  
\_\_\_\_\_ feet from  E /  W Line of Section

Is SECTION:  Regular  Irregular?  
*(Note: Locate well on the Section Plat on reverse side)*

County: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_  
Field Name: \_\_\_\_\_

Is this a Prorated / Spaced Field?  Yes  No  
Target Formation(s): \_\_\_\_\_

Nearest Lease or unit boundary line (in footage): \_\_\_\_\_  
Ground Surface Elevation: \_\_\_\_\_ 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: \_\_\_\_\_  
Depth to bottom of usable water: \_\_\_\_\_

Surface Pipe by Alternate:  I  II  
Length of Surface Pipe Planned to be set: \_\_\_\_\_

Length of Conductor Pipe (if any): \_\_\_\_\_  
Projected Total Depth: \_\_\_\_\_

Formation at 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: \_\_\_\_\_

**AFFIDAVIT**

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

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: \_\_\_\_\_ Signature of Operator or Agent: \_\_\_\_\_ Title: \_\_\_\_\_

<p><b>For KCC Use ONLY</b></p> <p>API # 15 - _____</p> <p>Conductor pipe required _____ feet</p> <p>Minimum surface pipe required _____ feet per ALT. <input type="checkbox"/> I <input type="checkbox"/> II</p> <p>Approved by: _____</p> <p><b>This authorization expires:</b> _____ <i>(This authorization void if drilling not started within 12 months of approval date.)</i></p> <p>Spud date: _____ Agent: _____</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**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: \_\_\_\_\_

**For KCC Use ONLY**

API # 15 - \_\_\_\_\_

**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: \_\_\_\_\_

Lease: \_\_\_\_\_

Well Number: \_\_\_\_\_

Field: \_\_\_\_\_

Number of Acres attributable to well: \_\_\_\_\_

QTR/QTR/QTR/QTR of acreage: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Location of Well: County: \_\_\_\_\_

\_\_\_\_\_ feet from  N /  S Line of Section

\_\_\_\_\_ feet from  E /  W Line of Section

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  E  W

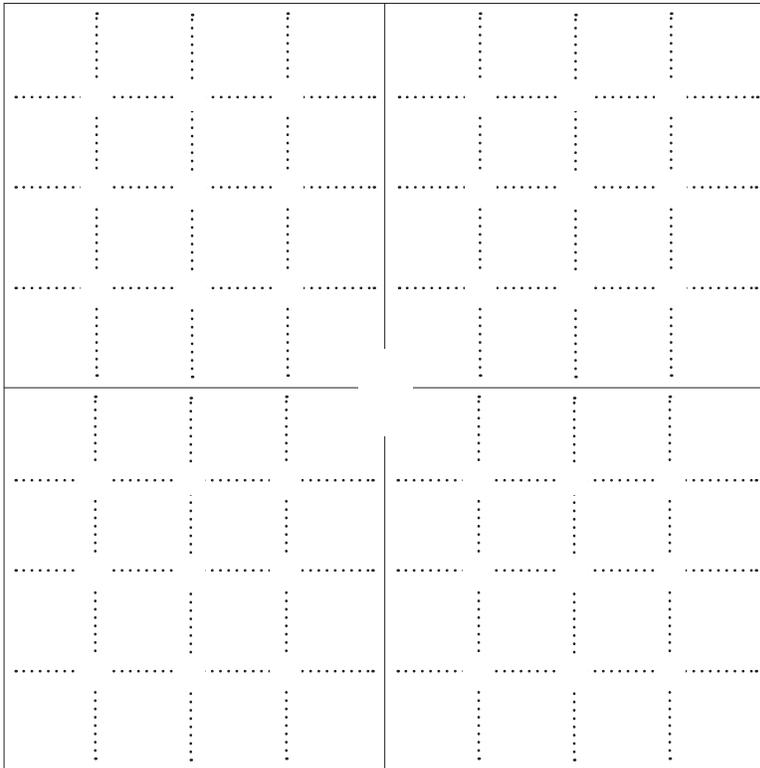
Is Section:  Regular or  Irregular

**If Section is Irregular, locate well from nearest corner boundary.**

Section corner used:  NE  NW  SE  SW

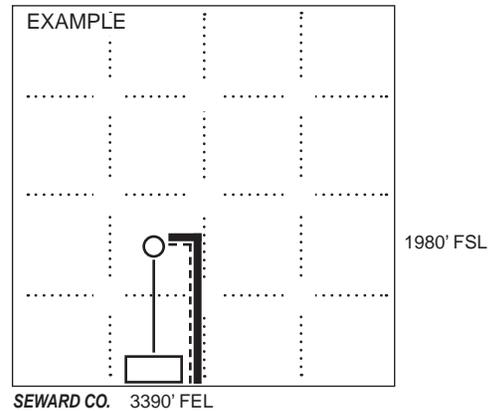
**PLAT**

Show location of the 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 locaton.**

**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: (C0-7 for oil wells; CG-8 for gas wells).
5. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
APPLICATION FOR SURFACE PIT**

Form CDP-1  
July 2014  
Form must be Typed

*Submit in Duplicate*

Operator Name: _____		License Number: _____	
Operator Address: _____			
Contact Person: _____		Phone Number: _____	
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 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 type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: _____ (bbls)	Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West _____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section _____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section _____ County	
Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		Chloride concentration: _____ mg/l <i>(For Emergency Pits and Settling Pits only)</i>	
Is the bottom below ground level? <input type="checkbox"/> Yes <input type="checkbox"/> No	Artificial Liner? <input type="checkbox"/> Yes <input type="checkbox"/> No	How is the pit lined if a plastic liner is not used?	
Pit dimensions (all but working pits):    _____ Length (feet)    _____ Width (feet) <input type="checkbox"/> N/A: Steel Pits Depth from ground level to deepest point: _____ (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: _____ feet    Depth of water well _____ feet		Depth to shallowest fresh water _____ feet. Source of information: <input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input type="checkbox"/> KDWR	
<b>Emergency, Settling and Burn Pits ONLY:</b> 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		<b>Drilling, Workover and Haul-Off Pits ONLY:</b> Type of material utilized in drilling/workover: _____ Number of working pits to be utilized: _____ Abandonment procedure: _____ _____ 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.			
_____ Date		_____ Signature of Applicant or Agent	

<b>KCC OFFICE USE ONLY</b>			
<input type="checkbox"/> Liner <input type="checkbox"/> Steel Pit <input type="checkbox"/> RFAC <input type="checkbox"/> RFAS			
Date Received: _____ Permit Number: _____ Permit Date: _____ Lease Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Mail to: KCC - Conservation Division, 266 N Main St, Ste 220, Wichita, KS 67202-1513**

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form KSONA-1  
July 2014  
**Form Must Be Typed**  
**Form must be Signed**  
**All blanks must be Filled**

**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 # \_\_\_\_\_  
Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. R. \_\_\_\_  East  West  
County: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

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

**Surface Owner Information:**

Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ 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.*

*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 must provide the name and address of the surface owner by filling out the top section of this form and 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: \_\_\_\_\_ Signature of Operator or Agent: \_\_\_\_\_ Title: \_\_\_\_\_

## NOTICE OF INTENT TO DRILL (FORM C-1) Instructions

### General Instructions.

1. Form must be typed.
2. Form must be signed.
3. All applicable blanks must be completed.
4. Form must be submitted with a completed Form KSONA-1.

### Section 1: Expected Spud Date.

Enter the Month, Day, and Year when the operator expects to drill the subject well.

### Section 2: Operator Information.

- 2a. **License #.** Enter the operator's license number. To verify KCC operator license information, check the Commission's website at [http://kcc.ks.gov/conservation/oil\\_license.cgi](http://kcc.ks.gov/conservation/oil_license.cgi) or contact the Conservation Division's Licensing Department at (316) 337-6194.
- 2b. **Name.** Enter the operator's full name as it appears on operator's license.
- 2c. **Address.** Enter the operator's street or P.O. Box mailing address.
- 2d. **City/State/Zip.** Enter the operator's city, state, and zip code.
- 2e. **Contact Person.** Enter the name of the individual who will be the operator's contact person for this Intent, should Conservation Division Staff need to contact the operator about the Intent. The contact person may be the operator or the operator's agent.
- 2f. **Phone.** Enter the phone number of the contact person, so Conservation Division Staff may easily reach the contact person if necessary to discuss the Intent.

### Section 3: Drilling Contractor.

The drilling contractor is the operator that will be performing the physical operations of drilling the well. The contractor may or may not be the same as the operator listed in Section 2.

- 3a. **License #.** Enter the contractor's license number. To verify KCC operator license information, check the Commission's website at [http://kcc.ks.gov/conservation/oil\\_license.cgi](http://kcc.ks.gov/conservation/oil_license.cgi), or contact the Conservation Division's Licensing Department at (316) 337-6200.
- 3b. **Name.** Enter the contractor's full name as it appears on its operator's license.

### Section 4: Well Purpose; Well Class; and Type of Equipment.

- 4a. **Well Drilled For.**
  - 4a(1). Mark the appropriate box for the purpose the well is being drilled. Mark all that apply.
  - 4a(2). **For only OWWO** Intents to reenter a plugged well bore or deepen an existing well bore, complete this section with the following information for the existing well:
    - 4a(2)(a). **Operator.** The name of the last operator of the existing well.
    - 4a(2)(b). **Name.** The name under which the well was last operated.
    - 4a(2)(c). **Original Completion Date.** The date on which the existing well was originally completed.
    - 4a(2)(d). **Original Total Depth.** Original total depth of the existing well.
- 4b. **Well Class.** Mark the appropriate box for the class of well for which drilling authority is sought.
- 4c. **Type Equipment.** Mark the appropriate box for the type of drilling equipment the contractor will use to drill the well.

### Section 5: Directional, Deviated or Horizontal Wellbore.

Mark the appropriate box to indicate whether the well for which the operator is seeking drilling authority will be a directional, deviated, or horizontal wellbore. Commission Regulation K.A.R. 82-3-103a(a) provides that the operator must notify the Commission for any hole where intended deviation from the surface to the top of the producing formation exceeds seven degrees (7). If the answer is no, the operator may proceed

to Section 6. A separate application pursuant to K.A.R. 82-3-103a is not necessary for horizontal wells drilled in the Mississippi formation if:

- i. the operator certifies that all points of the effective completion interval will comply with statewide setback rules established in K.A.R. 82-3-108,
- ii. attach the information listed below in vi.,
- iii. certifies that a blowout preventer will be utilized during drilling operations, and
- iv. certifies that a directional survey and all other requested information will be provided with the ACO-1 Well Completion form.
- v. **Effective Completion Interval.** For open hole horizontal wellbore completions, the effective completion interval is the point at which the well bore contacts the producing formation until the wellbore terminates, including any isolation packers. For cased horizontal well bore completions, the effective completion interval is from the first perforation to the last perforation.
- vi. **Information to attach to the Intent to Drill for Horizontal Mississippi Wells:**
  - i. A brief description of the leased acreage, including a statement regarding the unitization of leased interests if necessary, and
  - ii. A plat map that clearly depicts each lease or unit boundary, the surface location of the well bore (include the footages from the nearest lease or unit boundary), the proposed horizontal path of the well bore and its terminus (including the footages from the nearest lease or unit boundary).

### 5a. True Vertical Depth.

True vertical depth is the bottom hole depth, as measured from the point at the surface directly above the proposed bottom hole location.

### 5b. Bottom Hole Location.

The geographic location of the proposed bottom hole location (given as footages from the nearest outside section lines, Section, Township, Range and Range Direction).

### 5c. KCC DDT #.

If the operator has filed an application under K.A.R. 82-3-103a(a), enter the application's Docket Number.

### Section 6: Proposed Well Location and Other Information.

- 6a. **Spot Description.** Enter the spot location of the proposed well ( $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ).
- 6b. **Sec., Twp., R.** Enter the Section, Township and Range in which the proposed well is located, and mark the appropriate box to indicate if the range is East or West of the Sixth Principal Meridian.
- 6c. **Footage Location.** This is where the operator reports the location of the proposed well from the North or South section line and the East or West section line. The operator should enter the number of feet the proposed well is located from the North or South section line and mark the appropriate box for the measurement to indicate if the footage is from the North or South section line. Follow the same procedure for the location of the proposed well from the East or West section line.
- 6d. **Regular or Irregular Section.** Mark the appropriate box to indicate whether the section is regular or irregular.
- 6e. **County.** Enter the county in which the proposed well is located.
- 6f. **Lease Name and Well Number.** Enter the name of the lease and the well number.
- 6g. **Field Name.** List the name of the field from which the well will produce. Field names are available on the KGS web site <http://www.kgs.ku.edu/Magellan/Field/index.html>.
- 6h. **Prorated/Spaced Field.** Mark the appropriate box to indicate whether the targeted field is spaced or prorated by Commission Order. See [http://kcc.ks.gov/conservation/summary\\_prorated\\_fields.pdf](http://kcc.ks.gov/conservation/summary_prorated_fields.pdf) for a list of spaced or prorated oil and gas fields.
- 6i. **Target Formation(s).** Enter the name of the target geologic formation or formations.

- 6j. **Nearest Lease or Unit Boundary.** Enter the distance from the proposed well to the nearest lease or unit boundary.
- 6k. **Ground Surface Elevation.** Enter the elevation (from sea level) of the proposed well location.
- 6l. **Water Well Within One-Quarter Mile.** Review water well records with the Kansas Geological Survey and mark the appropriate box to indicate whether there is a water well within a ¼-mile radius of the proposed well location. Water well information is available on the Survey's website, <http://www.kgs.ku.edu/Magellan/WaterWell/index.html>.
- 6m. **Public Water Supply Well Within One Mile.** Review water well records with the Kansas Geological Survey and mark the appropriate box to indicate whether a public water supply well is within one mile of the proposed well.
- 6n. **Depth to Bottom of Fresh Water.** Enter the number of feet from the surface to the bottom of the deepest fresh water zone in the proposed well. This number is subject to change upon review by Conservation Division Staff.
- 6o. **Depth to Bottom of Usable Water.** Enter the number of feet from the surface to the bottom of the deepest usable water zone in the proposed well. This number is subject to change upon review by Conservation Division Staff.
- 6p. **Surface Pipe By Alternate 1 or 2.** Mark the appropriate box to indicate whether Alternate 1 or 2 surface casing requirements will be followed. This selection is subject to change upon review by Conservation Division Staff.
- 6q. **Length of Surface Pipe Planned to be Set.** Enter the length of surface pipe to be set in the proposed well. This number is subject to change upon review by Conservation Division Staff.
- 6r. **Length of Conductor Pipe Required.** Enter the length of conductor pipe required in the proposed well. This number is subject to change upon review by Conservation Division Staff.
- 6s. **Projected Total Depth.** Enter the projected total depth of the proposed well.
- 6t. **Formation at Total Depth.** Enter the name of the geologic formation present at the projected total depth of the proposed well.
- 6u. **Water Source for Drilling Operations.** If the water source for drilling operations at the proposed well is a well or farm pond, mark the appropriate box. If another water source will be utilized, mark the "Other" box and enter the water source for the proposed well's drilling operations in the blank provided to the right of that box.
- 6v. **DWR Permit #.** Enter the permit number given by the Division of Water Resources office. If the operator will obtain DWR Permit in the future, mark the "Note: Apply for Permit with DWR" box.
- 6w. **Cores.**  
6w(1). Mark the appropriate box to indicate whether core samples will be taken.  
6w(2). If yes, provide the proposed zone from which core samples will be taken.
- 8c. **Lease.** Enter the name of the lease upon which the proposed well is to be located.
- 8d. **Well Number.** Enter the number of the proposed well.
- 8e. **Field.** Enter the oil or gas field in which the proposed well is located.
- 8f. **Number Acres Attributable to the Well.** Enter the number of acres attributable to the well. An acreage attribution plat must be attached to the Intent for wells located in spaced or prorated fields (Form CO-7 for oil wells and Form CG-8 for gas wells).
- 8g. **QTR/QTR/QTR/QTR of Acreage.** Operator should enter the ¼ ¼ ¼ ¼ Section location of the acreage attributable to the well.
- 8h. **Location of Well: County.** Enter the county in which the proposed well is located.
- 8i. **Feet from North/South Section Line.** Enter the proposed well's location, in feet, from the North or South section line and mark the appropriate box to indicate the section line used.
- 8j. **Feet from East/West Section Line.** Enter the proposed well's location, in feet, from the East or West section line and mark the appropriate box to indicate the section line used.
- 8k. **Section, Township, Range.** Enter the Section, Township, and Range in which the proposed well is to be located, and mark the appropriate box to indicate whether the range number is East or West.
- 8l. **Regular or Irregular Section.** Mark the appropriate box to indicate whether the section in which the proposed well is located is a regular or irregular section.
- 8m. **Nearest Corner Boundary (For Irregular Sections Only).** Mark the appropriate box to indicate which corner boundary of the irregular section is nearest to the proposed well.

#### Section 7: Affidavit.

The Affidavit is the operator's oath that the drilling, completion, and eventual plugging of the proposed well will comply with Chapter 55 of the Kansas Statutes Annotated. The operator or its agent must read all six requirements of the Affidavit, date and sign the agreement, and provide their title/position with the operator in the appropriate blanks.

#### Section 8: Plat.

**For all wells**, complete 8a through 8m described below, and complete the plat map showing the location of the proposed well and the preliminary estimated locations of tank batteries, pipelines, electrical lines, and lease roads. Refer to the Legend to the right of the plat map for the symbols to be used. Surrounding wells are not required on the plat map. **For wells subject to a basic proration order**, complete the plat map on the Intent and also provide the plat map on Form CG-8 or CO-7 as required by K.A.R. 82-3-103(a)(2)(K).

- 8a. **API Number.** To be left blank. Conservation Division Staff will assign the API Number for the proposed well.
- 8b. **Operator.** Enter the operator's full name as it appears on the operator's license.

For KCC Use:  
Effective Date: \_\_\_\_\_  
District # \_\_\_\_\_  
SGA?  Yes  No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form C-1  
July 2014

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: 1 \_\_\_\_\_  
month day year

OPERATOR: License# 2a  
Name: 2b  
Address 1: 2c  
Address 2: 2c  
City: 2d State: 2d Zip: 2d + 2d  
Contact Person: 2e  
Phone: 2f

CONTRACTOR: License# 3a  
Name: 3b

**4a Well Drilled For:** **4b Well Class:** **4c Type Equipment:**  
**4a(1)**  Oil  Enh Rec  Infield  Mud Rotary  
 Gas  Storage  Pool Ext.  Air Rotary  
 Disposal  Wildcat  Cable  
**4a(2)**  Seismic; \_\_\_\_\_ # of Holes  Other  
 Other: \_\_\_\_\_  
 If OWWO: old well information as follows:

Operator: 4a(2)(a)  
Well Name: 4a(2)(b)  
Original Completion Date: 4a(2)(c) Original Total Depth: 4a(2)(d)

Directional, Deviated or Horizontal wellbore? 5  Yes  No  
If Yes, true vertical depth: 5a  
Bottom Hole Location: 5b  
KCC DKT #: 5c

Spot Description: 6a  
6a - \_\_\_\_\_ - \_\_\_\_\_ Sec. 6b Twp. 6b S. R. 6b  E  W  
(a/a/a/a) 6c feet from  N /  S Line of Section  
6c feet from  E /  W Line of Section

Is SECTION:  Regular  Irregular? 6d  
(Note: Locate well on the Section Plat on reverse side)

County: 6e  
Lease Name: 6f Well #: 6f

Field Name: 6g  
Is this a Prorated / Spaced Field? 6h  Yes  No

Target Formation(s): 6i  
Nearest Lease or unit boundary line (in footage): 6j

Ground Surface Elevation: 6k feet MSL  
Water well within one-quarter mile: 6l  Yes  No

Public water supply well within one mile: 6m  Yes  No

Depth to bottom of fresh water: 6n  
Depth to bottom of usable water: 6o

Surface Pipe by Alternate:  I  II 6p  
Length of Surface Pipe Planned to be set: 6q

Length of Conductor Pipe (if any): 6r  
Projected Total Depth: 6s  
Formation at Total Depth: 6t

Water Source for Drilling Operations: 6u  
 Well  Farm Pond  Other: \_\_\_\_\_

DWR Permit #: 6v  
(Note: Apply for Permit with DWR )

Will Cores be taken? 6w(1)  Yes  No  
If Yes, proposed zone: 6w(2)

AFFIDAVIT 7

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

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: \_\_\_\_\_ Signature of Operator or Agent: \_\_\_\_\_ Title: \_\_\_\_\_

**For KCC Use ONLY**  
API # 15 - \_\_\_\_\_  
Conductor pipe required \_\_\_\_\_ feet  
Minimum surface pipe required \_\_\_\_\_ feet per ALT.  I  II  
Approved by: \_\_\_\_\_  
**This authorization expires:** \_\_\_\_\_  
(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: \_\_\_\_\_

E  
 W

For KCC Use ONLY

API # 15 - 8a

### 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: 8b

Lease: 8c

Well Number: 8d

Field: 8e

Number of Acres attributable to well: 8f

QTR/QTR/QTR/QTR of acreage: 8g - - - - -

Location of Well: County: 8h

8i feet from  N /  S Line of Section

8j feet from  E /  W Line of Section

Sec. 8k Twp. 8k S. R. 8k  E  W

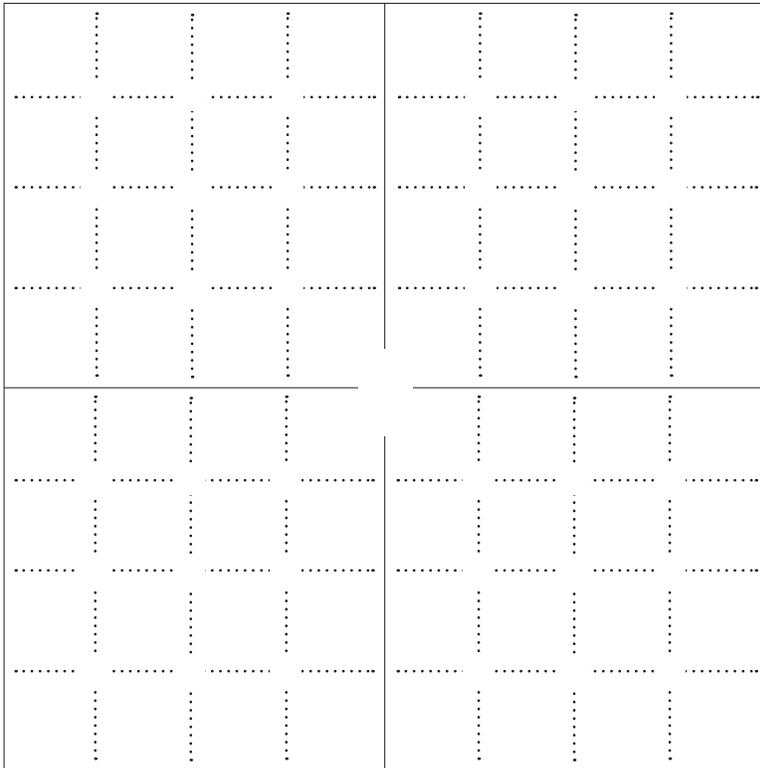
Is Section:  Regular or  Irregular 8l

**If Section is Irregular, locate well from nearest corner boundary.**

Section corner used:  NE  NW  SE  SW 8m

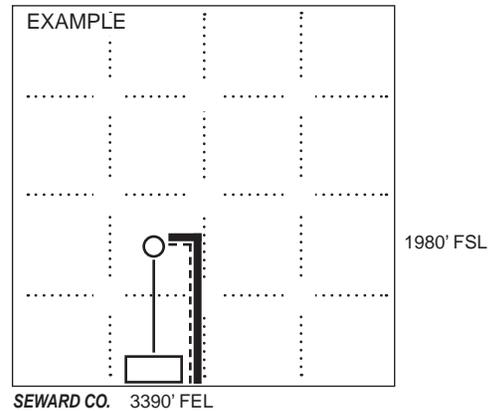
### 8 PLAT

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 locaton.**

#### 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: (C0-7 for oil wells; CG-8 for gas wells).
5. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

## APPLICATION FOR SURFACE PIT (FORM CDP-1) Instructions

### General Instructions.

1. All Notices of Intent to Drill must include an Application for Surface Pit, even if steel pits will be used.
2. Operators need to submit two copies of all CDP-1s.
3. Form must be typed.

### Section 1: Operator Information.

- 1a. **Operator Name.** Enter the operator's full name as it appears on operator's license.
- 1b. **License Number.** Enter the operator's license number. To verify KCC operator license information check the Commission's website at [http://kcc.ks.gov/conservation/oil\\_license.cgi](http://kcc.ks.gov/conservation/oil_license.cgi) or contact the Conservation Division's Licensing Department at (316) 337-6194.
- 1c. **Operator Address.** Enter the operator's mailing address.
- 1d. **Contact Person.** Enter the name of the individual who will be the operator's contact person for this Application for Surface Pit, should Conservation Division Staff need to contact the operator about the Application for Surface Pit. The contact person may be the operator or the operator's agent.
- 1e. **Phone Number.** Enter the phone number of the contact person, so that Conservation Division Staff may easily reach the contact person if necessary.

### Section 2: Lease/Well/Pit Information.

- 2a. **Lease Name & Well No.** Enter the name of the lease, and if applicable the well number, at which the pit is or will be located.
- 2b. **Type of Pit.** Mark the appropriate box to indicate the type of pit. Note—if the pit is a workover pit, the operator must enter the API No. or Year Drilled of the well which is to be worked over.
- 2c. **Proposed or Existing Pit.** Operator should mark the appropriate box to indicate if the pit is proposed or already exists.
  - 2c(1). **Existing Pits.** The operator should provide the date pit was constructed.
  - 2c(2). **Proposed and Existing Pits.** The operator must provide the pit capacity.
- 2d. **Pit Location.**
  - 2d(1). **¼ ¼ ¼ ¼ Section.** The operator should list the location of the pit by ¼ ¼ ¼ ¼ Section.
  - 2d(2). **Sec., Twp., and R.** The operator should enter the Section, Township and Range Number in which the pit is located, and should mark either the "East" or "West" box to indicate if the Range # is East or West.
  - 2d(3). **Footage Location.** This is where the operator reports the location of the pit from the North or South section line and the East or West section line. Enter in the blank provide the number of feet the pit is or will be from the North or South section line and then mark the appropriate box for the measurement to indicate if the footage is from the North or South section line. Follow the same procedure with respect to the location of the pit from the East or West section line.
  - 2d(4). **County.** Enter the county in which the pit is or will be located.
- 2e. **Sensitive Groundwater Area.** Mark the appropriate box as to whether or not the pit is located in a Sensitive Groundwater Area. Operators may find a listing of Sensitive Groundwater Areas in Table III of the Conservation Division's Rules and Regulations. The Commission's rules and regulations for the conservation of oil and gas, including Table III, are available in an Adobe pdf file from the Conservation Division's website at <http://kcc.ks.gov/conservation/index.htm>.
- 2f. **Chloride Concentration (for emergency and settling pits only).** Indicate the chloride concentration level of fluids which the pit is or will be used to contain. A sample should be taken from the salt water tank. This information is needed to determine the potential for contamination should the salt water tank discharge into the emergency pit.

- 2g. **Below Ground Level.** Mark the appropriate box to indicate whether the bottom of the pit is below ground level.
- 2h. **Artificial Liner.** Mark the appropriate box to indicate whether the pit is or will be constructed with an artificial liner.
- 2i. **Other Liner.** Explain how the pit is constructed if a plastic liner is not used.
- 2j. **Pit Dimensions (all but working pits).** For all but steel pits, enter the length, width, and depth (from ground level to the deepest point) in feet of the pit. If the pit is a steel pit, the operator only needs to mark the "steel pits" box. If no pits will be used, mark the "No Pit" box.

### Section 3: Description of Liner.

If the pit is lined, enter a brief description of the liner material, thickness, and installation procedure.

### Section 4: Description of Maintenance.

Enter a brief description of the procedures used for periodic maintenance and determining liner integrity, including any special monitoring.

### Section 5: Distance to Nearest Water Well Within One Mile of Pit.

Enter the distance to the nearest water well within one mile of the pit location and the total depth of the water well. If there are not any water wells within a one-mile radius of the pit location, the space should be left blank. Water well information is available from the Kansas Geological Survey's website, at <http://www.kgs.ku.edu/Magellan/WaterWell/index.html>.

### Section 6: Shallowest Freshwater Depth.

Enter the depth to the shallowest fresh water in the area of the pit and mark the appropriate box as the source of the freshwater information.

### Section 7: Emergency, Settling, and Burn Pits ONLY.

Enter the formation from which wells on the lease are producing, the number of producing wells on the lease, and the number of barrels of fluids produced daily on the lease. The operator should also mark the appropriate box to indicate if the slope of the tank battery allows all spilled fluids to flow in the pit.

### Section 8: Drilling, Workover, and Haul-Off Pits ONLY.

Enter the type of material utilized in the drilling or workover of the well, the number of working pits to be utilized, and the procedure to be used for abandoning the pits after work at the well is complete.

### Section 9: Affidavit.

Date and sign the certification that the above statements are true and correct to the best of the signee's knowledge and belief.

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
APPLICATION FOR SURFACE PIT**

Form CDP-1  
July 2014  
Form must be Typed

*Submit in Duplicate*

Operator Name: <b>1a</b>		License Number: <b>1b</b>
Operator Address: <b>1c</b>		
Contact Person: <b>1d</b>		Phone Number: <b>1e</b>
Lease Name & Well No.: <b>2a</b>		Pit Location (QQQQ): <b>2d</b>
Type of Pit: <b>2b</b> <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input 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: <b>2c</b> <input type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: <b>2c(1)</b> _____ Pit capacity: <b>2c(2)</b> _____ (bbls)
		<b>2d(1)</b> - _____ - _____ - _____ Sec. <b>2d(2)</b> Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West _____ <b>2d(3)</b> Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section _____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>2d(4)</b> _____ County
Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>2e</b>		Chloride concentration: <b>2f</b> _____ mg/l <i>(For Emergency Pits and Settling Pits only)</i>
Is the bottom below ground level? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>2g</b>	Artificial Liner? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>2h</b>	How is the pit lined if a plastic liner is not used? <b>2i</b>
Pit dimensions (all but working pits): _____ <b>2j</b> Length (feet) _____ <b>2j</b> Width (feet) <input type="checkbox"/> N/A: Steel Pits Depth from ground level to deepest point: _____ <b>2j</b> (feet) <input type="checkbox"/> No Pit		
If the pit is lined give a brief description of the liner material, thickness and installation procedure. <b>3</b>		Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring. <b>4</b>
Distance to nearest water well within one-mile of pit: _____ <b>5</b> feet    Depth of water well _____ <b>5</b> feet		Depth to shallowest fresh water _____ <b>6</b> feet. Source of information: <input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input type="checkbox"/> KDWR
<b>Emergency, Settling and Burn Pits ONLY:</b> Producing Formation: _____ <b>7</b> Number of producing wells on lease: _____ <b>7</b> Barrels of fluid produced daily: _____ <b>7</b> Does the slope from the tank battery allow all spilled fluids to flow into the pit? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>7</b>		<b>Drilling, Workover and Haul-Off Pits ONLY:</b> Type of material utilized in drilling/workover: _____ <b>8</b> Number of working pits to be utilized: _____ <b>8</b> Abandonment procedure: _____ <b>8</b> _____ 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.		
_____ <b>9</b> Date		_____ <b>9</b> Signature of Applicant or Agent

<b>KCC OFFICE USE ONLY</b>			
<input type="checkbox"/> Liner <input type="checkbox"/> Steel Pit <input type="checkbox"/> RFAC <input type="checkbox"/> RFAS			
Date Received: _____ Permit Number: _____ Permit Date: _____ Lease Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No			