

OCT 14 2011

CONSERVATION DIVISION  
WICHITA, KS

THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

Before Commissioners: Mark Sievers, Chairman  
Ward Loyd  
Thomas E. Wright

In the Matter of Establishing Rules for ) Docket No. 12-CONS-117-CEXC  
Horizontal Wells Drilled in the )  
Mississippi Formation in the State of ) CONSERVATION DIVISION  
Kansas. )

**APPLICATION TO ESTABLISH RULES FOR HORIZONTAL  
WELLS DRILLED IN THE MISSISSIPPI FORMATION**

COMES NOW the Staff of the State Corporation Commission of the State of Kansas ("Staff") and requests that the State Corporation Commission of the State of Kansas ("Commission" or "KCC") establish and adopt rules governing horizontal wells drilled in the Mississippi formation in Kansas. In support of its application, Staff states the following.

1. Horizontal drilling in the Mississippi formation is increasing in the state at a rapid pace. Staff expects horizontal drilling operations to continue to accelerate for the foreseeable future. Staff has determined that many of the Commission's regulations, which were adopted primarily for vertical wells, are not appropriate for horizontal wells and horizontal drilling operations.

2. Staff held a series of meetings with industry and other interested parties to discuss appropriate rules to regulate horizontal wells and horizontal drilling operations in the Mississippi formation. Based on consensus reached at those meetings, Staff is recommending that the following rules be adopted to regulate horizontal wells drilled in the Mississippi formation.

### I. Notice of Intent to Drill

3. Provided a horizontal well drilled in the Mississippi formation meets all statewide or special field rules setback requirements, the Notice of Intent to Drill may be approved by Staff without the operator having filed an application pursuant to K.A.R. 82-3-103a.

4. The Notice of Intent to Drill a horizontal well in the Mississippi formation shall be submitted on a form prescribed by the Commission, and each operator filing the form shall comply with all accompanying instructions.

5. The Notice of Intent to Drill form and accompanying instructions is attached and included in this application as Exhibit A.

6. Operators are not prohibited from filing an application for a well location exception, when necessary, pursuant to K.A.R. 82-3-108.

### II. Oil & Gas Allowables

7. Horizontal wells classified as oil wells pursuant to K.A.R. 82-3-101(a)(81)(I) shall be assigned a production allowable of 200 barrels of oil per day for each 660 feet of the wells horizontal completion interval. Any remainder of less than 660 feet should result in a corresponding proportionate addition to the calculated allowable.

8. Horizontal wells classified as gas wells pursuant to K.A.R. 82-3-101(a)(81)(E) shall be assigned a production allowable of three (3) million cubic feet per day.

9. Operators are not prohibited from filing an application for a special allowable, when appropriate, pursuant to K.A.R. 82-3-203 or K.A.R. 82-3-312.

### III. Testing Gas Wells

10. Horizontal gas wells cannot be tested in the conventional manner for testing vertical gas wells and shall be exempt from the gas well testing requirements contained in K.A.R. 82-3-303 and K.A.R. 82-3-304. Furthermore, the testing of horizontal gas wells is unnecessary based on the method established in Paragraph 8 for assigning an allowable to these wells.

### IV. Gas Flaring

11. Flaring of gas from a horizontal well drilled into the Mississippi formation is authorized under the following conditions:

- a. An affidavit on a form prescribed by the Commission shall be filed within five (5) days after commencement of flaring. A copy of the affidavit form is attached and included in this application as Exhibit B.
- b. Prior to flaring, the operator shall ensure that the site is inspected and approved by the appropriate district office.
- c. Gas may be flared for a period not to exceed 30 producing days following the initial horizontal completion or recompletion.
- d. Flaring may be authorized by Staff upon written request for an additional 30 producing day period, if necessary.
- e. If flaring is necessary beyond the initial period and one extension period, the operator shall request any additional flaring pursuant to K.A.R. 82-3-208 or K.A.R. 82-3-314.
- f. All flared gas shall be continuously metered, measured, or monitored, and the chart or record shall be retained by the operator for two years and furnished to Commission staff within five business days of any request.

#### V. High Volume Pumps

12. The use of high volume pumps on horizontal wells drilled in the Mississippi formation are authorized and are exempt from the application filing requirements of K.A.R. 82-3-131.

#### VI. Well Completion Report

13. A well completion report, including compliance with all instructions, must be filed within the time frame specified in K.A.R. 82-3-106(e) for each horizontal well drilled in the Mississippi formation on a form prescribed by the Commission.

14. The well completion report form and accompanying instructions is attached and included in this application as Exhibit C.

#### VII. Staff's Recommendation

15. Staff believes it is necessary to adopt special rules for horizontal drilling into the Mississippi formation because of the rapid increase in the number of Mississippian horizontal wells being drilled and the amount of activity Staff anticipates will occur over the next several years. The special rules will allow for the wells to be permitted and operated in an expeditious manner, without the need for multiple applications for exceptions to regulations that were adopted with a purpose to regulate vertical wells.


16. Based on the discussions and experience of the horizontal drilling workgroup, and all of the related subcommittees, Staff believes these rules will not conflict with the Commission's statutory duties of preventing waste, protecting correlative rights, and protecting water resources.

17. A copy of this Application and Notice of Hearing has been sent U.S. mail postage-prepaid to the current members of the Oil & Gas Advisory Committee, designated pursuant to

K.S.A. 55-153, Kansas Independent Oil & Gas Association (KIOGA), Eastern Kansas Oil & Gas Association (EKOGA), Kansas Petroleum Counsel (KPC), Southwest Kansas Royalty Owners Association (SWKROA), Eastern Kansas Royalty Owners Association (EKROA), and to known interested parties. Notice of the Application is being published in *The Wichita Eagle* newspaper, *The Kansas Register*, and the official county newspapers of the 12 counties where the most activity is currently occurring. Staff requests that the Commission find that this notice is adequate and satisfies due process and to waive any other notice requirements.

WHEREFORE, for the reasons set forth in this Application, Staff asks the Commission to adopt the rules requested herein for all horizontal wells drilled in the Mississippi formation in the state.

Respectfully submitted,

  
John McCannon, KS Bar No. 08277  
Litigation Counsel  
Kansas Corporation Commission  
Conservation Division  
Finney State Office Building  
130 S. Market, Room 2078  
Wichita, Kansas 67202-3802  
(316) 337-6200 (telephone)  
(316) 337-6106 (facsimile)

Attorney for the Conservation Division of the  
State Corporation Commission of the State of  
Kansas and the Public Generally

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

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form C-1  
March 2010  
Form must be Typed  
Forms 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: \_\_\_\_\_

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

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  
\_\_\_\_\_ 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 Privileged / 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:     
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. 85 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 #133,801-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 PR Application (form COP-1) with Intent to Drill;
- File Completion Form ACC-1 within 120 days of spud date;
- File acreage attribution plat according to field production orders;
- Notify appropriate district office 48 hours prior to workover or re-entry;
- Submit plugging report (CP-4) after plugging is completed (within 30 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: \_\_\_\_\_

Mail to: KCC - Conservation Division,  
130 S. Market - Room 2073, Wichita, Kansas 67202

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: \_\_\_\_\_

\_\_\_\_\_ East from  N /  S Line of Section  
 \_\_\_\_\_ East from  E /  W Line of Section  
 Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  E  W

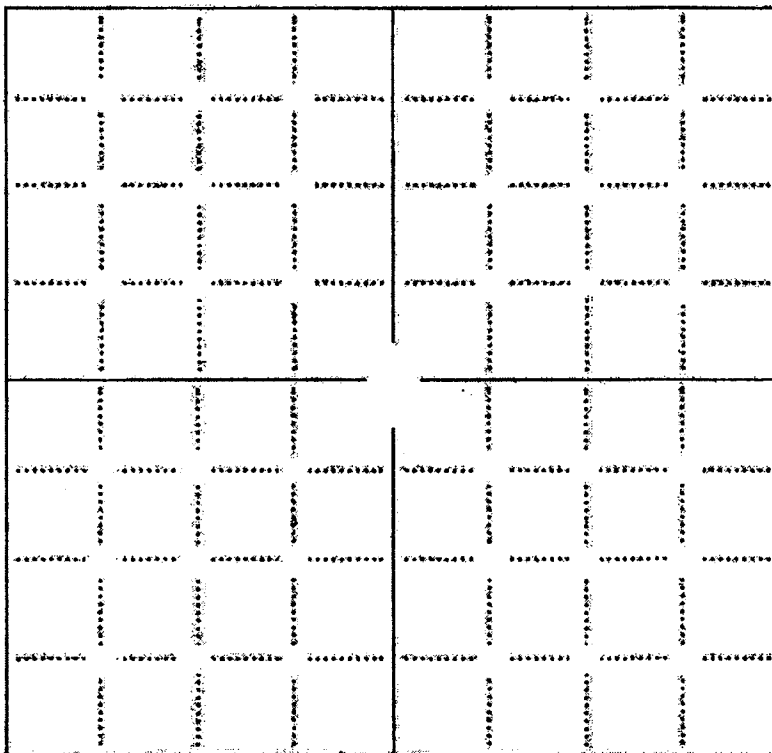
Is Section:  Regular or  Irregular

If Section is irregular, locate well from nearest corner boundary.

Section corner used:  NE  NW  SE  SW

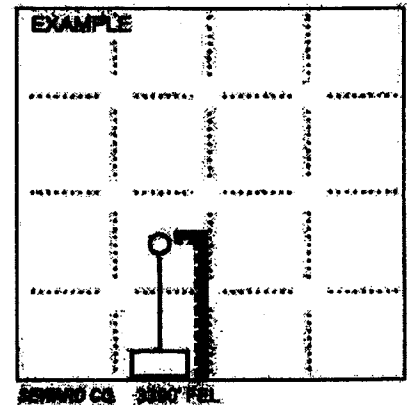
### PLAT

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 location.

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

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

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form C-1  
March 2010  
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# 29  
Name: 29  
Address 1: 29  
Address 2: 29  
City: 29 State: 29 Zip: 29 + 29  
Contact Person: 29  
Phone: 29  
CONTRACTOR: License# 38  
Name: 38

Spot Description: 29  
Sec. 29 Twp. 29 S. R. 29  E  W  
\_\_\_\_\_ feet from  N /  S Line of Section  
\_\_\_\_\_ feet from  E /  W Line of Section

Is SECTION:  Regular  Irregular? 29  
(Note: Locate well on the Section Plat on reverse side)

County: 29  
Lease Name: 29 Well #: 29  
Field Name: 29

Is this a Fractured / Special Field? 29  Yes  No  
Target Formation(s): 29

Nearest Lease or unit boundary line (in footage): 29  
Ground Surface Elevation: 29 feet MSL

Water well within one-quarter mile: 29  Yes  No  
Public water supply well within one mile: 29  Yes  No

Depth to bottom of fresh water: 29  
Depth to bottom of usable water: 29

Surface Pipe by Alternate:  I  II  III  
Length of Surface Pipe Planned to be set: 29

Length of Conductor Pipe Planned: 29  
Projected Total Depth: 29

Formation at Total Depth: 29  
Water Source for Drilling Operations: 29

Well  Farm Pond  Other: \_\_\_\_\_  
DWR Permit #: 29

Will Consent be taken? 29  Yes  No  
Please Apply for Permit with DWR

Proposed zone: 29

APPENDIX 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 beginning 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 #139,891-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 PL Application (form GDP-1) with Intent to Drill;
  - File Completion Form ACC-1 within 120 days of spud date;
  - File acreage distribution plat according to field production orders;
  - Notify appropriate district office 48 hours prior to wellbore 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: \_\_\_\_\_

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



For KCO 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

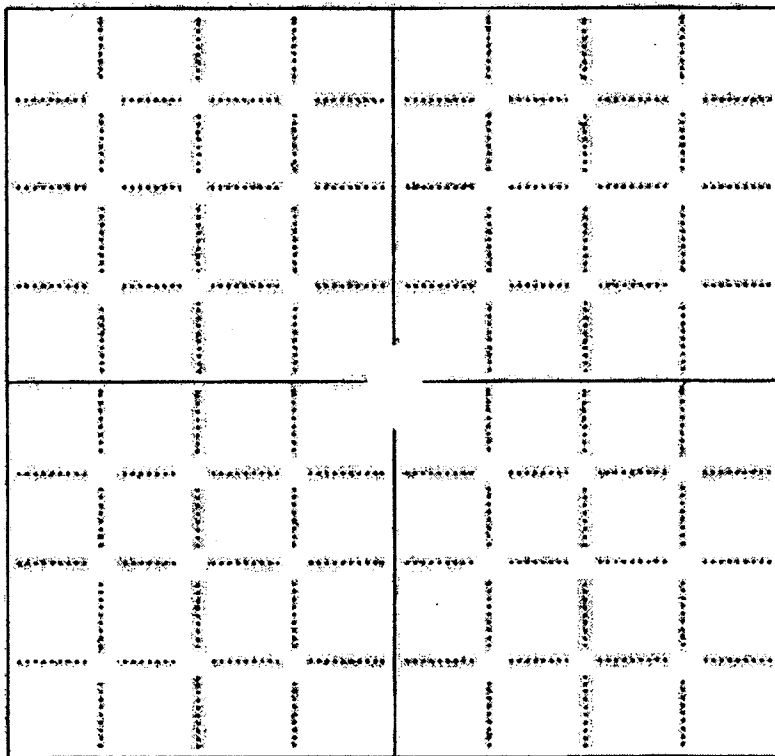
If Section is Irregular, locate well from nearest corner boundary.

Section corner used:  NE  NW  SE  SW 8m

### 8 PLAT

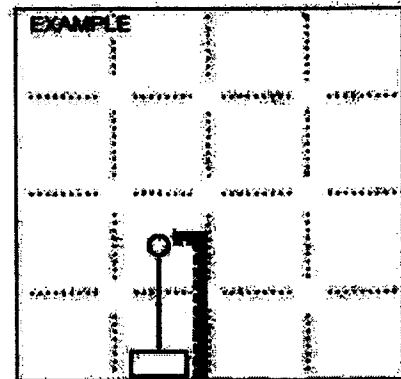
Show location of the well. Show footage to the nearest lease or unit boundary line. Show the predicted locations of lease roads, tank batteries, pipelines, and electrical lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032).

You may attach a separate plat if desired.



#### LEGEND

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



REWARD CO. 3300' FEL

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

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

## 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 and the required plat map.

**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 of the well is being drilled. Mark all that apply.

4a(2). For only OWWO Intents to reenter a plugged wellbore or deepen an existing wellbore, 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 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. provides the information listed below in .pdf format along with this intent on KOLAR,
- 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.

5a. **True Vertical Depth.** True vertical depth is that depth at the point of entry perpendicular to the surface as measured from the elevation of the kelly bushing on the drilling rig.

5b. **Bottom Hole Location.** The geographic location of the proposed bottom hole location (¼ ¼ ¼ ¼ Section, Township, Range).

5c. **KCC DKT #.** If the operator has filed an application under K.A.R. 82-3-103a(a), enter the application's Docket Number.

5d. **Effective Completion Interval.** For open hole horizontal wellbore completions, the effective completion interval is the point at which the wellbore contacts the producing formation until the wellbore terminates, including any isolation packers. For cased horizontal wellbore completions, the effective completion interval is from the first perforation to the last perforation.

5e. **Information to upload as .pdf file in KOLAR:**

- 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 wellbore (include the footages from the nearest lease or unit boundary), the proposed horizontal path of the wellbore and its terminus (including the footages from the nearest lease or unit boundary).

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

- 6a. **Spot Description.** Enter the spot location of the proposed well (¼ ¼ ¼ ¼).
- 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, at <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.

**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.
- 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  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  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.

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

Form COP-1  
May 2010  
Form must be Typed

*Submit in Duplicate*

|                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Operator Name: _____                                                                                                                                                                                                                                                                                                |                                                                               | License Number: _____                                                                                                                                                                                                                                                                                                                           |  |
| Operator Address: _____                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                                                                                                                                                                                                                                                                                 |  |
| Contact Person: _____                                                                                                                                                                                                                                                                                               |                                                                               | Phone Number: _____                                                                                                                                                                                                                                                                                                                             |  |
| Lease Name & Well No.: _____                                                                                                                                                                                                                                                                                        |                                                                               | Pit Location (GQQQ):<br>_____<br>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West<br>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br>_____ County |  |
| Type of Pit:<br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit<br><input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit<br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit<br><i>(If WP Supply API No. or Year Drilled)</i>             |                                                                               | Pit is:<br><input type="checkbox"/> Proposed <input type="checkbox"/> Existing<br>If Existing, date constructed: _____<br>Pit capacity: _____ (bbls)                                                                                                                                                                                            |  |
| Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                       |                                                                               | Chloride concentration: _____ mg/l<br><i>(For Emergency Pits and Settling Pits only)</i>                                                                                                                                                                                                                                                        |  |
| Is the bottom below ground level?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                       | Artificial Liner?<br><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<br>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 procedure for periodic maintenance and determining liner integrity, including any special monitoring.                                                                                                                                                                                                                                  |  |
| Distance to nearest water well within one-mile of pit:<br>_____ feet    Depth of water well _____ feet                                                                                                                                                                                                              |                                                                               | Depth to shallowest fresh water _____ feet.<br>Source of information:<br><input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input type="checkbox"/> KQWR                                                                                                                              |  |
| <b>Emergency, Settling and Burn Pits ONLY:</b><br>Producing Formation: _____<br>Number of producing wells on lease: _____<br>Barrels of fluid produced daily: _____<br>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><br>Type of material utilized in drilling/workovers: _____<br>Number of working pits to be utilized: _____<br>Abandonment procedure: _____<br>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.                                                                                                                                                                                                             |                                                                               |                                                                                                                                                                                                                                                                                                                                                 |  |
| _____<br>Date                                                                                                                                                                                                                                                                                                       |                                                                               | _____<br>Signature of Applicant or Agent                                                                                                                                                                                                                                                                                                        |  |
| <b>KCC OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                          |                                                                               |                                                                                                                                                                                                                                                                                                                                                 |  |
| <input type="checkbox"/> Liner <input type="checkbox"/> Steel Pit <input type="checkbox"/> REAC <input type="checkbox"/> RRAS                                                                                                                                                                                       |                                                                               |                                                                                                                                                                                                                                                                                                                                                 |  |
| Date Received: _____                                                                                                                                                                                                                                                                                                |                                                                               | Permit Number: _____                                                                                                                                                                                                                                                                                                                            |  |
| Permit Date: _____                                                                                                                                                                                                                                                                                                  |                                                                               | Lease Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                      |  |

Mail to: KCC - Conservation Division, 130 S. Market - Room 2075, Wichita, Kansas 67202

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form GDP-1  
May 2010  
Form must be Typed

APPLICATION FOR SURFACE PIT

Submit in Duplicate

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

KCC OFFICE USE ONLY

Liner     Steel Pit     RFAC     REAS

Date Received: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Permit Date: \_\_\_\_\_ Lease Inspection:  Yes  No

Mail to: KCC - Conservation Division, 130 S. Market - Room 2076, Wichita, Kansas 67202

**APPLICATION FOR SURFACE PIT (FORM GDP-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 GDP-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) 937-8184.
- 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 Section.** The operator should list the location of the pit by 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 testing 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/Mapdata/WaterWellIndex.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 signer's knowledge and belief.

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form KSONA-1  
July 2010  
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 in 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 \$3000 handling fee, payable to the KCC, which is enclosed with this form.

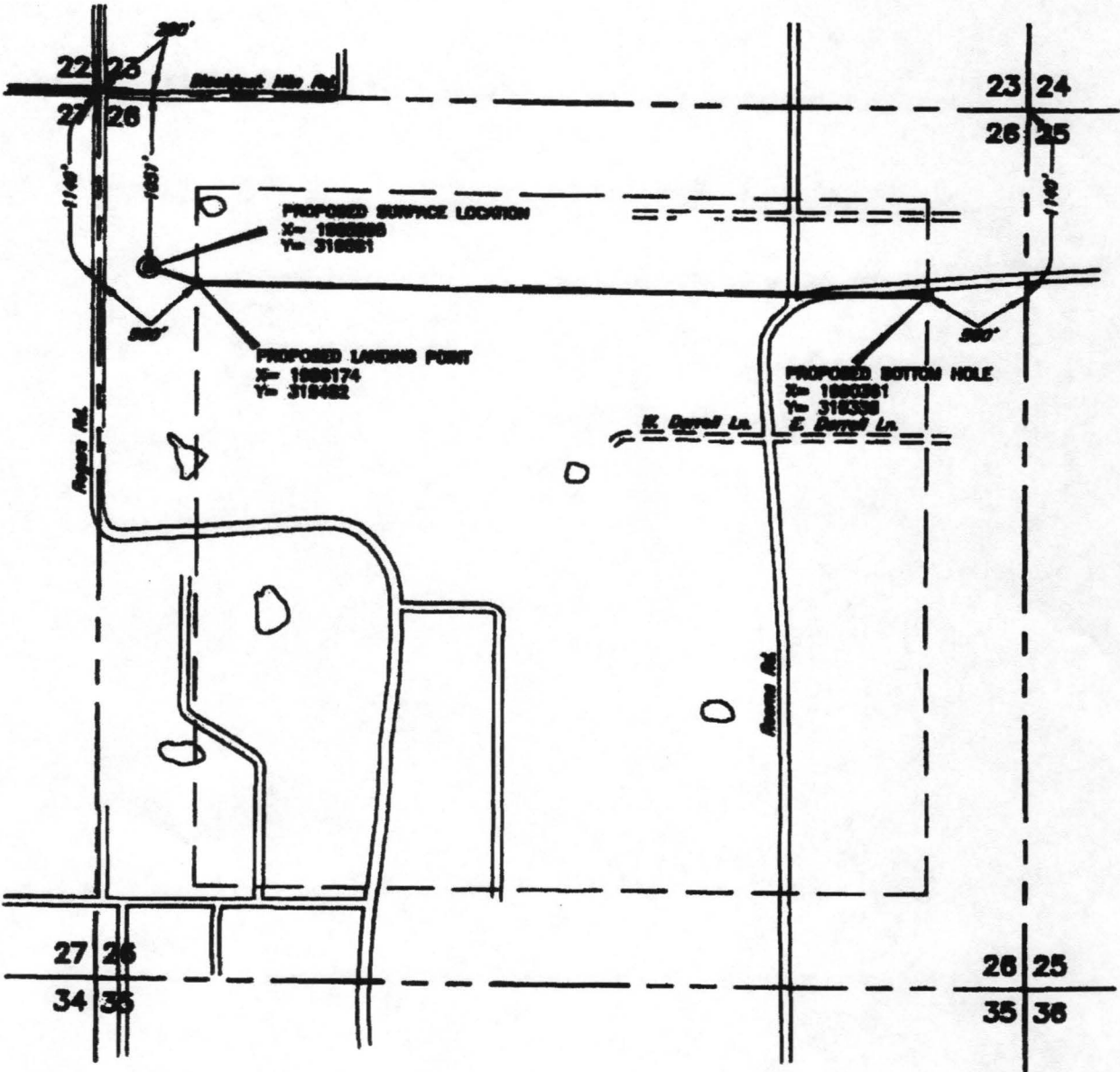
*If choosing the second option, submit payment of the \$3000 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.*

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: \_\_\_\_\_



WHITE County, Arkansas  
 1051'EWL - 280'FWL Section 26 Township 7N Range 10W P.M.



This location has been very carefully staked on the ground according to the best official survey records, maps, and photographs available to us, but its accuracy is not guaranteed. Review this plot and notify us immediately of any possible discrepancy.

( The following information was gathered using a GPS receiver Accuracy 2-3 Meters. ) Scale: 1" = 1000'

Operator:  
 Lease Name:

Well No.: 1-26H

ELEVATION:  
 549' Gr. at State

Topography & Vegetation Loc. fell in rolling pasture. Powerline to the West

Good Drill Site? Yes

Reference Stakes or Alternate Location  
 Stakes Set None

PROPOSED LANDING POINT AND PROPOSED BOTTOM HOLE INFORMATION PROVIDED BY OPERATOR UNDER NO WARRANTY. BEARING AND/OR DISTANCE TO LANDING POINT AND BOTTOM HOLE ARE CALCULATED. POSITION & ELEVATION WERE DETERMINED WITH GPS RECEIVER USING NAD-83/98 BASE STATION

Best Accessibility to Location From North

Distance & Direction from Hwy Jct or Town From Jct. of Hwy 31 & Hwy 5 in Romance AR, go ±0.75 mi. South on Hwy 5, then ±1.37 mi. East on Blackfoot Mtn Rd., then ±800' South on Recess Rd. Well is East of Recess Rd.

SURFACE LOCATION  
 1051' FROM NORTH SEC. LINE  
 280' FROM WEST SEC. LINE  
 DATUM: NAD-27  
 LAT: 35°12'40.9"N  
 LONG: 92°02'50.0"W  
 LAT: 35.211385478  
 LONG: 92.047217831

STATE PLANE COORDINATES:  
 ZONE: AR-NORTH  
 X: 199588  
 Y: 319581

LANDING POINT  
 1140' FROM NORTH SEC. LINE  
 580' FROM WEST SEC. LINE  
 DATUM: NAD-27  
 LAT: 35.211093838  
 LONG: 92.048283900

Invoice # 184084 Date Staked: JAN. 28, 2011 JP

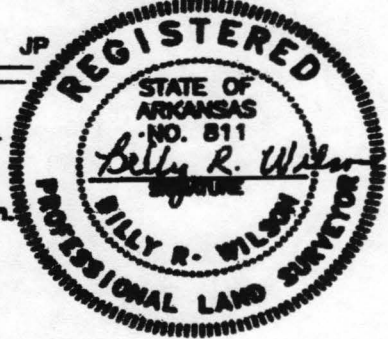
**CERTIFICATE:**

I, Billy R. Wilson a Registered Land Surveyor and an authorized agent of Topographic Land Surveyors, do hereby certify that the above described well location was surveyed and staked on the ground as shown herein.

Arkansas Reg. No. 811

STATE PLANE COORDINATES:  
 ZONE: AR-NORTH  
 X: 1999174  
 Y: 319482

BOTTOM HOLE  
 1140' FROM NORTH SEC. LINE  
 580' FROM EAST SEC. LINE  
 DATUM: NAD-27  
 LAT: 35.210702784  
 LONG: 92.032267089





**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1  
June 2008  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- |                                                |                                                           |                                     |                               |
|------------------------------------------------|-----------------------------------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> New Well              | <input type="checkbox"/> Re-Entry                         | <input type="checkbox"/> Workover   |                               |
| <input type="checkbox"/> Oil                   | <input type="checkbox"/> WSW                              | <input type="checkbox"/> SWD        | <input type="checkbox"/> SLOW |
| <input type="checkbox"/> Gas                   | <input type="checkbox"/> D&A                              | <input type="checkbox"/> ENHR       | <input type="checkbox"/> SIGW |
| <input type="checkbox"/> OG                    | <input type="checkbox"/> GSW                              | <input type="checkbox"/> Temp. Abd. |                               |
| <input type="checkbox"/> CM (Coal Bed Methane) |                                                           |                                     |                               |
| <input type="checkbox"/> Cathodic              | <input type="checkbox"/> Other (Core, Expl., etc.): _____ |                                     |                               |

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- |                                           |                                   |                                        |                                       |
|-------------------------------------------|-----------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Deepening        | <input type="checkbox"/> Re-perf. | <input type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
|                                           |                                   | <input type="checkbox"/> Conv. to GSW  |                                       |
| <input type="checkbox"/> Plug Back: _____ | Plug Back Total Depth _____       |                                        |                                       |
| <input type="checkbox"/> Commingled       | Permit #: _____                   |                                        |                                       |
| <input type="checkbox"/> Dual Completion  | Permit #: _____                   |                                        |                                       |
| <input type="checkbox"/> SWD              | Permit #: _____                   |                                        |                                       |
| <input type="checkbox"/> ENHR             | Permit #: _____                   |                                        |                                       |
| <input type="checkbox"/> GSW              | Permit #: _____                   |                                        |                                       |

|                                   |                 |                                         |
|-----------------------------------|-----------------|-----------------------------------------|
| Spud Date or<br>Recompletion Date | Date Reached TD | Completion Date or<br>Recompletion Date |
|-----------------------------------|-----------------|-----------------------------------------|

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE  NW  SE  SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

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

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ ex cmt.

**Drilling Fluid Management Plan**

(Date must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

**AFFIDAVIT**

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**KCC Office Use ONLY**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
  - Confidential Release Data: \_\_\_\_\_
  - Wireline Log Received
  - Geologist Report Received
  - UIC Distribution
- ALT  I  #  M Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br/><i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No<br/><i>(If no, Submit Copy)</i></p> <p>List All E. Logs Run:</p> | <p><input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</p> <p>Name Top Datum</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

| CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used  |                   |                           |                   |               |                |              |                            |
|---------------------------------------------------------------------------|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Report all strings set-conductor, surface, intermediate, production, etc. |                   |                           |                   |               |                |              |                            |
| Purpose of String                                                         | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs. / Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
|                                                                           |                   |                           |                   |               |                |              |                            |
|                                                                           |                   |                           |                   |               |                |              |                            |
|                                                                           |                   |                           |                   |               |                |              |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD                                                                                                                            |                  |                |              |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|--------------|----------------------------|
| Purpose:                                                                                                                                                         | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone |                  |                |              |                            |
|                                                                                                                                                                  |                  |                |              |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------|
|                |                                                                                           |                                                                                          |       |
|                |                                                                                           |                                                                                          |       |
|                |                                                                                           |                                                                                          |       |
|                |                                                                                           |                                                                                          |       |

**TUBING RECORD:** Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

|                                                 |                                                                                                                                                                         |         |             |                       |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|-----------------------|
| Date of First, Resumed Production, SWD or ENHR. | Producing Method:<br><input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ |         |             |                       |
| Estimated Production Per 24 Hours               | Oil Bbls.                                                                                                                                                               | Gas Mcf | Water Bbls. | Gas-Oil Ratio Gravity |

|                                                                                                                                                                         |                                                                                                                                                                                                                                                                              |                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>DISPOSITION OF GAS:</b><br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18)</i> | <b>METHOD OF COMPLETION:</b><br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i><br><input type="checkbox"/> Other (Specify) _____ | <b>PRODUCTION INTERVAL:</b><br>_____<br>_____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|

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

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1  
June 2009  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

OPERATOR: License # 1a  
Name: 1b  
Address 1: 1c  
Address 2: 1c  
City: 1d State: 1d Zip: 1d + 1d  
Contact Person: 1e  
Phone: ( 1f ) 1f  
CONTRACTOR: License # 1g  
Name: 1h  
Wellsite Geologist: 1i  
Purchaser: 1j

Designate Type of Completion: 1k  
 New Well     Re-Entry     Workover  
 Oil     WSW     SWD     SLOW  
 Gas     D&A     ENHR     SIGW  
 OG     GSW     Temp. Abd.  
 CM (Coal Bed Methane)  
 Cathodic     Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:  
Operator: 1k(1)  
Well Name: 1k(2)  
Original Comp. Date: 1k(3) Original Total Depth: 1k(4)  
 Deepening     Re-perf.     Conv. to ENHR     Conv. to SWD  
 Conv. to GSW  
 Plug Back: \_\_\_\_\_ Plug Back Total Depth  
 Commingled    Permit #: \_\_\_\_\_  
 Dual Completion    Permit #: \_\_\_\_\_  
 SWD    Permit #: \_\_\_\_\_  
 ENHR    Permit #: \_\_\_\_\_  
 GSW    Permit #: \_\_\_\_\_  
1m                      1n                      1o  
Spud Date or                      Date Reached TD                      Completion Date or  
Recompletion Date                                                                Recompletion Date

API No. 15 - 1p  
Spot Description: 1q  
1q . . . . . Sec. 1q Twp. 1q S. R. 1q  East  West  
1r(1) Feet from  North /  South Line of Section  
1r(2) Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
1s  NE  NW  SE  SW  
County: 1t  
Lease Name: 1u Well #: 1u  
Field Name: 1v  
Producing Formation: 1w  
Elevation: Ground: 1x(1) Kelly Bushing: 1x(2)  
Total Depth: 1y Plug Back Total Depth: 1z  
Amount of Surface Pipe Set and Cemented at: 1aa Feet  
Multiple Stage Cementing Collar Used?  Yes  No 1bb(1)  
If yes, show depth set: 1bb(2) Feet  
If Alternate II completion, cement circulated from: 1cc  
feet depth to: 1cc w/ 1cc sx cmt.

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)  
Chloride content: 2a ppm Fluid volume: 2b bbls  
Dewatering method used: 2c  
Location of fluid disposal if hauled offsite:  
Operator Name: 2d(1)  
Lease Name: 2d(2) License #: 2d(3)  
Quarter 2d(4) Sec. 2d(4) Twp. 2d(4) S. R. 2d(4)  East  West  
County: 2d(5) Permit #: 2d(6)

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-108 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

**AFFIDAVIT**

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: 3a  
Title: 3b Date: 3c

**KCC Office Use ONLY**

Letter of Confidentiality Received  
Date: \_\_\_\_\_  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  H  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Operator Name: 4a Lease Name: 4b Well #: 4b  
 Sec. 4c Twp. 4c S. R. 4c  East  West County: 4d

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drill Stem Tests Taken <span style="float:right">5a <input type="checkbox"/> Yes <input type="checkbox"/> No</span><br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <span style="float:right">5b <input type="checkbox"/> Yes <input type="checkbox"/> No</span><br><br>Cores Taken <span style="float:right">5c <input type="checkbox"/> Yes <input type="checkbox"/> No</span><br>Electric Log Run <span style="float:right">5d <input type="checkbox"/> Yes <input type="checkbox"/> No</span><br>Electric Log Submitted Electronically <span style="float:right">5e <input type="checkbox"/> Yes <input type="checkbox"/> No</span><br><i>(If no, Submit Copy)</i><br><br>List All E. Logs Run:<br>5f | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name <span style="float:right">Top Datum</span><br><br>5g |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|

| 6a CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used |                   |                           |                   |               |                |              |                            |
|-----------------------------------------------------------------------------|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Report all strings set-conductor, surface, intermediate, production, etc.   |                   |                           |                   |               |                |              |                            |
| Purpose of String                                                           | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs. / Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
| 6b(1)                                                                       | 6b(2)             | 6b(3)                     | 6b(4)             | 6b(5)         | 6b(6)          | 6b(7)        | 6b(8)                      |
|                                                                             |                   |                           |                   |               |                |              |                            |
|                                                                             |                   |                           |                   |               |                |              |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD                                                                                                                            |                  |                |              |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|--------------|----------------------------|
| Purpose: 7a                                                                                                                                                      | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone | 7b               | 7c             | 7d           | 7e                         |
|                                                                                                                                                                  |                  |                |              |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|----------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------|
| 8a             | 8b                                                                                        | 8c                                                                                | 8d    |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |

|                                                    |                 |                                                                                                                                                                      |                   |                     |                                                                        |
|----------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|------------------------------------------------------------------------|
| TUBING RECORD:                                     |                 | Size: 9a(1)                                                                                                                                                          | Set At: 9a(2)     | Packer At: 9a(3)    | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No 9b |
| Date of First, Resumed Production, SWD or ENHR. 9c |                 | Producing Method:<br><input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) 9d |                   |                     |                                                                        |
| Estimated Production Per 24 Hours                  | Oil Bbls. 9e(1) | Gas Mcf 9e(2)                                                                                                                                                        | Water Bbls. 9e(3) | Gas-Oil Ratio 9e(4) | Gravity 9e(5)                                                          |

|                                                                                                                                                                         |                                                                                                                                                                                                                                                                             |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 9e(6) DISPOSITION OF GAS:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | 9e(7) METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i><br><input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL:<br>9e(8) _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|

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

## WELL COMPLETION FORM (FORM ACO-1) INSTRUCTIONS

### General Instructions.

1. The ACO-1 form must be typed.
2. All horizontal wellbore completions are required to upload the additional information with their ACO-1 on KOLAR as listed below in Section 10.

### ACO-1 SIDE I

#### Section 1: Operator, Contractor, and Well Information.

- 1a. **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) 337-6200.
- 1b. **Name.** Enter the operator's full name as it appears on the operator's license.
- 1c. **Address.** Enter the operator's mailing address (street or PO Box).
- 1d. **City/State/Zip.** Enter the operator's city, state, and zip code that corresponds with the operator's mailing address in "1c."
- 1e. **Contact Person.** Enter the name of the individual who will be the operator's contact person for this Well Completion Form, should Conservation Division Staff need to contact the operator about the Form. The contact person may be the operator or the operator's agent.
- 1f. **Phone.** Enter the phone number of the contact person listed in "1e" above.
- 1g. **Contractor License #.** Enter the Drilling Contractor's license number. The drilling contractor may be the operator or the operator's agent. 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.
- 1h. **Contractor Name.** Enter the name of the drilling contractor for the subject well as it appears on the drilling contractor's operator license. The drilling contractor may be the operator or the operator's agent.
- 1j. **Wellsite Geologist.** Enter the name of the wellsite geologist witnessing the completion work.
- 1j. **Purchaser.** Enter the name of the purchaser of the oil and/or gas produced from the subject well.
- 1k. **Designate Type of Completion.** Mark the appropriate box to indicate if the subject well completion is a new well, re-entry, or workover. In addition, mark the appropriate box(es) to indicate the type of completion. Multiple boxes may be checked, if more than one applies.
- 1l. **Old Well Information.** Only complete this section if the subject well is a workover or reentry.
  - 1l(1). **Operator.** Enter the name of the last operator of the subject wellbore, prior to workover or re-entry operations.
  - 1l(2). **Well Name.** Enter the name under which the subject well was last operated.
  - 1l(3). **Original Completion Date.** Enter the date on which the subject well was originally completed.
  - 1l(4). **Original Total Depth.** Enter the original total depth of the subject well.
  - 1l(5). **Deepening, Re-perforate, Convert to Enhanced Recovery/Saltwater Disposal/Gas Storage.** Mark the appropriate box(es) to indicate whether, through workover/re-entry operations, the operator has deepened, re-perforated, and/or converted the subject wellbore to

an enhanced recovery or saltwater disposal well. Multiple boxes may be marked, if more than one applies. For each box that is marked, enter the corresponding permit number to the right of the box.

- 1m. **Spud Date or Recompletion Date.** For new wells, enter the date on which the well was spud. For workovers and re-entries, enter the date on which current recompletion operations were commenced.
- 1n. **Date Reached TD.** Enter the date on which the operator reached total depth.
- 1o. **Completion Date or Recompletion Date.** For new wells, enter the date on which the new well was completed. For workovers and re-entries, enter the date on which recompletion operations were finished.
- 1p. **API No.** Enter the API Number for the subject well. This number is subject to change upon review by Conservation Division Staff. Production Staff will contact the operator if major changes are made to the subject well's API Number.
- 1q. **Spot Location.** Enter the geographic location of the subject well by  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ , Section, Township, and Range. Mark the appropriate box to indicate if the range is east or west of the Sixth Principal Meridian.
- 1r. **Footage Location from Section Lines.**
  - 1r(1). Enter the number of feet the subject well is located from the South or North section line and circle from which section line the measurement was taken.
  - 1r(2). Enter the number of feet the subject well is located from the East or West section line and circle from which section line the measurement was taken.
- 1s. **Footages Calculated From Nearest Outside Section Corner.** Mark the appropriate box indicating the outside section corner nearest the location of the subject well.
- 1t. **County.** Enter the county in which the subject well is located.
- 1u. **Lease Name/Well Number.** Enter the name of the lease and the well number.
- 1v. **Field Name.** List the name of the field in which the well is located. Field names are available on the KGS web site, <http://www.kgs.ku.edu/Magellan/Field/index.html>, or the Independent Oil & Gas Service's website, <http://www.iogsi.com>.
- 1w. **Producing Formation.** Enter the name of the geologic formation from which the well is producing.
- 1x. **Elevation.**
  - 1x(1). **Ground.** Enter the elevation in feet above sea level for the subject well's location.
  - 1x(2). **Kelly Bushing.** Enter the elevation in feet above sea level of the Kelly bushing during drilling operations.
- 1y. **Total Depth.** Enter the total depth of the subject well.
- 1z. **Plug Back Total Depth.** Enter the total depth of the plug back in the subject well.
- 1aa. **Amount of Surface Pipe Set and Cemented.** Enter the depth to which surface pipe is set and cemented in the subject well.
- 1bb. **Multiple Stage Cementing Collar Used.**
  - 1bb(1). Mark the appropriate box to indicate if the operator used a multiple stage cementing collar to complete/recomplete the subject well.
  - 1bb(2). If multiple stage cementing collar was used, fill in the blank with the depth at which the multiple stage cementing collar was set.
- 1cc. **Alternate II Completion.** If the subject well is an Alternate II Completion, enter the depth to which cement was circulated and the number of sacks of cement used.



**Section 2: Drilling Fluid Management Plan.**

- 2a. **Chloride Content.** Enter the chloride content in parts per million of reserve pit fluids.
- 2b. **Fluid Volume.** Enter the volume in barrels of reserve pit fluids used.
- 2c. **Dewatering Method Used.** Enter the dewatering method used at the subject well during drilling operations.
- 2d. **Location of Fluid Disposal if Hauled Offsite.**
- 2d(1). **Operator Name.** Enter the name of the operator who disposed of the drilling fluids.
- 2d(2). **Lease Name.** Enter the name of the lease at which the drilling fluids were disposed.
- 2d(3). **License Number.** Enter the license number of the operator who disposed of the drilling fluids. 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.
- 2d(4). **Geographic Location.** Enter the geographic location of the lease on which drilling fluids were disposed by ¼, Section, Township, and Range. Mark the appropriate box to indicate if the Range is East or West of the Sixth Principal Meridian.
- 2d(5). **County.** Enter the county in which the fluid disposal is located.
- 2d(6). **Permit Number.** If the fluid will be hauled offsite and injected into an enhanced recovery or disposal well, enter the permit number under which the operator is authorized to conduct injection operations into the well.

**Section 3: Verification.**

- 3a. **Signature.** The operator or the operator's agent must sign the Well Completion Form to verify that, to the best of their knowledge, all statutory and regulatory requirements have been complied with, and the information on the form is complete and accurate.
- 3b. **Title.** The title, with respect to the operator, of the individual signing the form.
- 3c. **Date.** Enter the date on which the form is completed.

**ACO-1 SIDE II**

**Section 4: Operator and Well Information.**

- 4a. **Operator Name.** Enter the operator's full name as it appears on the operator's license.
- 4b. **Lease Name/Well Number.** Enter the lease name and well number for the subject well.
- 4c. **Geographic Location.** Enter the location of the subject well by Section, Township, and Range, and mark the appropriate box to indicate if the Range is East or West of the Sixth Principal Meridian.
- 4d. **County.** Enter the name of the county in which the subject well is located.

**Section 5: Logs, Samples, and Test Reporting.**

- 5a. **Drill Stem Tests.** Mark the appropriate box to indicate whether drill stem tests were taken. If drill stem tests were taken, additional sheets must be attached to the ACO-1.
- 5b. **Samples Sent to Geological Survey.** Mark the appropriate box to indicate if geologic samples were taken and sent to the Kansas Geologic Survey.
- 5c. **Cores Taken.** Mark the appropriate box to indicate if cores were taken.
- 5d. **Electric Log Run.** Mark the appropriate box to indicate if electric log(s) were run on the subject well.

- 5e. **Electric Log Submitted Electronically.** If electric logs were run on the subject well, indicate whether the electric logs were submitted to the KCC electronically.
- 5f. **List All Electric Logs Run.** If electric logs were run on the subject well, list all of the electric logs conducted.
- 5g. **Formation (Top), Depth, and Datum.** Mark the appropriate "Log" or "Sample" box, or both boxes, to indicate whether the formation information is derived from a driller's log or geologic samples. Enter the name of each producing or storage formation penetrated, the formation top, and the datum of the formation top. The formation datum is the distance from the formation top to the mean sea level. It may be a positive or a negative number.

**Section 6: Casing Record.**

- 6a. **New or Used.** Mark the appropriate box to indicate if the subject well's casing is new or had been previously used.
- 6b. **Casing Strings Used.** For each separate string of casing used, enter the following information for each string:
- 6b(1). **Purpose of String.** The purpose of the casing string.
  - 6b(2). **Size Hole Drilled.** The size of hole drilled for the casing string.
  - 6b(3). **Size Casing Set.** The outside diameter of the casing.
  - 6b(4). **Weight.** The weight of the casing set, expressed in pounds per foot.
  - 6b(5). **Setting Depth.** The depth to which the casing string is set.
  - 6b(6). **Type of Cement.** The type of cement used to set the casing string.
  - 6b(7). **# Sacks Used.** The number of sacks of cement used to set the casing string.
  - 6b(8). **Type and Percent Additives.** The type and percent additives to the cement used to set the casing string.

**Section 7: Additional Cementing/Squeeze Record.**

- 7a. **Purpose.** Mark the appropriate blank to indicate the purpose of the additional cementing/squeeze. If more than one purpose applies, mark all that apply.
- 7b. **Depth Top Bottom.** Enter the depth of the additional cementing from top to bottom.
- 7c. **Type of Cement.** Enter the type of cement used for the additional cementing.
- 7d. **Number of Sacks Used.** Enter the number of sacks used for the additional cementing.
- 7e. **Type and Percent Additives.** Enter they type and percent of additives to the additional cementing.

**Section 8: Perforation, Acid, Fracture, Shot, and Cement Squeeze Record.** For each set of perforations in the subject well, enter the following information.

- 8a. **Shots per foot.** Enter the number of perforations per foot.
- 8b. **Perforation Record - Bridge Plugs Set/Type and Specific Footage of Each Interval Perforated.** Enter the type of bridge plugs, the depth at which the bridge plugs are set at each perforation interval, and the depth of each interval perforated.
- 8c. **Acid, Fracture, Shot, Cement Squeeze Record.** Enter the amount and kind of material used for any acid, fracture, or shot treatment, and any cement squeeze at each perforation interval.
- 8d. **Depth.** Enter the depth of the acid, fracture, shot, or cement squeeze at each perforation interval.

## **Section 9: Miscellaneous.**

### **9a. Tubing Record.**

9a(1). **Size.** Enter the size of tubing set in the subject well.

9a(2). **Set at.** Enter the depth at which the tubing is set in the subject well.

9a(3). **Packer at.** Enter the depth at which the tubing packer is set in the subject well.

9b. **Liner Run.** Mark the appropriate box to indicate if a liner is in the subject well.

9c. **Date of First or Resumed Production, SWD, or ENHR.** For newly completed wells, enter the date of first production, saltwater disposal, or enhanced recovery operations. For workovers or re-entries, enter the date of resumed production, saltwater disposal, or enhanced recovery operations.

9d. **Producing Method.** Mark the appropriate box to indicate by which method the subject well is producing: flowing, pumping, gas lift, or other. If the "other" box is marked, write in a brief explanation of the producing method.

9e. **Estimated Production Per 24 Hours.** Enter the following information regarding the estimated production from the subject well over a 24-hour period:

9e(1). **Oil Bbls.** Enter the estimated number of barrels oil produced from the subject well in a 24-hour period.

9e(2). **Gas Mcf.** Enter the estimated amount of gas produced from the subject well in a 24-hour period, expressed in thousands of cubic feet.

9e(3). **Water Bbls.** Enter the estimated number of barrels water produced from the subject well in a 24-hour period.

9e(4). **Gas-Oil Ratio.** Enter the gas-oil ratio for production from the subject well.

9e(5). **Gravity.** The API gravity (density) of produced oil, measured in degrees.

9e(6). **Disposition of Gas.** Mark the appropriate box to indicate the disposition of any gas produced from the subject well as vented, sold, or used on lease. If the gas is vented, you must submit an ACO-18 with the ACO-1.

9e(7). **Method of Completion; Production Interval.** Mark the appropriate box to indicate if the production interval in the subject well is open hole, perforated, dually completed, commingled, or other. If the "other" box is marked, specify the method of completion in the blank provided. If the subject well is producing from commingled zones, you must file an ACO-4 form. If the subject well is dually completed, you must file an ACO-5 form.

9e(8). **Production Interval.** Enter the footages where the wellbore is perforated.

## **Section 10: Information to upload in .pdf format on KOLAR for horizontal wellbores.**

1. Upload a directional survey indicating the final path of the horizontal wellbore.

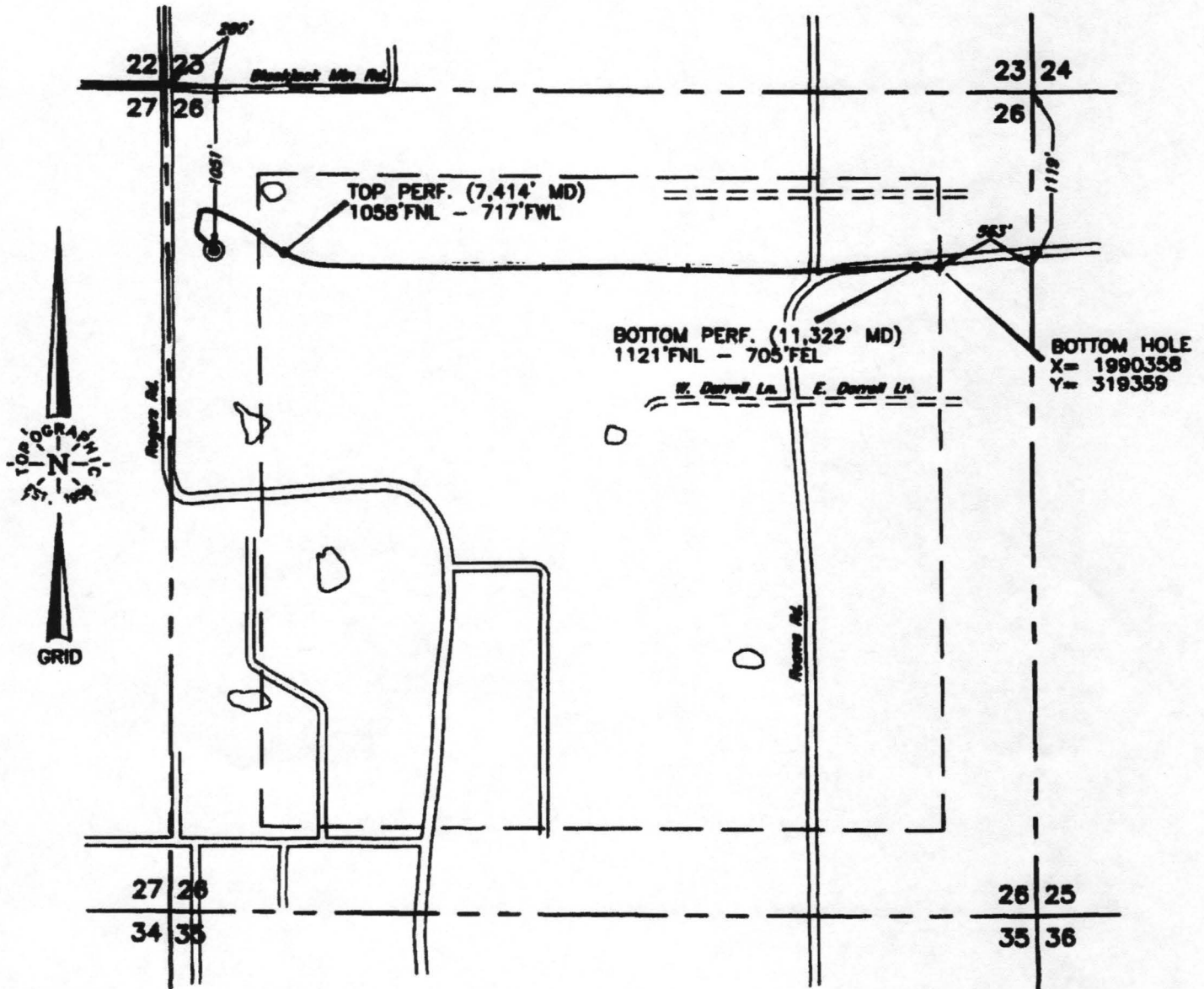
2. Upload a plat map depicting the well as it is drilled.

- a. For horizontal wellbores completed open hole, the plat must depict the surface location, the point at which the wellbore encounters the producing formation (depth and distance from the nearest lease or unit boundary line), any isolation packers and the terminus of the wellbore (depth and distance from the nearest lease or unit boundary line). The lease and unit boundaries must be clearly depicted. Include GPS latitude and longitude readings for each point and specify which GPS planar projection was used to determine any footages listed on the map.
- b. For cased horizontal wellbores, upload a plat that shows the well as it is drilled, including the surface location, the point the wellbore enters the producing

formation (depth and distance from the nearest lease or unit boundary line), the location of the first perforation (depth and distance from the nearest lease or unit boundary line), the location of the last perforation (depth and distance from the nearest lease or unit boundary line), and the terminus of the wellbore (depth and distance from the nearest lease or unit boundary line). The lease and unit boundaries must be clearly depicted. Include GPS latitude and longitude readings for each point and specify which GPS planar projection was used to determine any footages listed on the map.

3. All operators must certify that the information contained on the plat depicting the well as drilled is accurate. Furthermore, all operators must retain the well's completion information depicting how the wellbore was perforated for the life of the well and make it available upon Commission request.

WHITE County, Arkansas  
 1051' FNL - 280' FWL Section 26 Township 7N Range 10W P.M.



This location has been very carefully staked on the ground according to the best official survey records, maps, and photographs available to us, but its accuracy is not guaranteed. Review this plot and notify us immediately of any possible discrepancy.

( The following information was gathered using a GPS receiver Accuracy ±2-3 Meters. ) Scale: 1" = 1000'

Operator:  
 Lease Name:

Well No.: 1-26H

**ELEVATION:**  
 549' Gr. of Stake

Topography & Vegetation Loc. fell in rolling pasture, Powerlines to the West

Good Drill Site? Yes

Reference Stakes or Alternate Location  
 Stakes Set None

Best Accessibility to Location From North

Distance & Direction  
 from Hwy Jct or Town From Jct. of Hwy 31 & Hwy 5 in Romance AR, go ±0.75 mi. South on Hwy 5, then ±1.37 mi. East on Blackfoot Mtn Rd., then ±800' South on Rogers Rd. Well is East of Rogers Rd.

PROPOSED LANDING POINT AND PROPOSED BOTTOMHOLE INFORMATION PROVIDED BY OPERATOR LISTED, NOT SURVEYED. BEARING AND/OR DISTANCE TO LANDING POINT AND BOTTOMHOLE ARE CALCULATED. POSITION & ELEVATION WERE DETERMINED WITH GPS RECEIVER USING NGS-OPUS BASE STATION

170599  
 Invoice # 164084 Date Staked: Jan. 28, 2011 JP

SURFACE LOCATION  
 1051' FROM NORTH SEC. LINE  
 280' FROM WEST SEC. LINE  
 DATUM: NAD-27  
 LAT: 35°12'40.9"N  
 LONG: 92°02'50.0"W  
 LAT: 35.211385478  
 LONG: 92.047217831

# FINAL AS-DRILLED PLAT

STATE PLANE COORDINATES:  
 ZONE: AR-NORTH  
 X: 1985895  
 Y: 319581


BOTTOM HOLE  
 1119' FROM NORTH SEC. LINE  
 563' FROM EAST SEC. LINE  
 DATUM: NAD-27  
 LAT: 35.210780479  
 LONG: 92.032277134

STATE PLANE COORDINATES:  
 ZONE: AR-NORTH  
 X: 1990358  
 Y: 319359

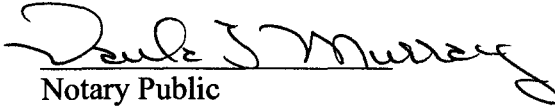
**VERIFICATION**

STATE OF KANSAS            )  
                                          ) ss:  
COUNTY OF SEDGWICK    )

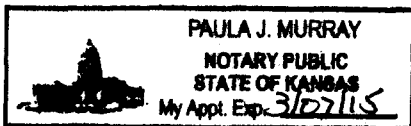
John McCannon, being first duly sworn, deposes and says that he is Litigation Counsel for the Conservation Division of the State Corporation Commission of the State of Kansas, and that he has read and is familiar with the foregoing "Application to Establish Rules for Horizontal Wells Drilled in the Mississippi Formation", and that the statements contained therein are true and correct to the best of his knowledge, information and belief.

  
John McCannon  
Litigation Counsel  
State Corporation Commission of the  
State of Kansas, Conservation Division

SUBSCRIBED AND SWORN to before me on this 14 day of October  
2011.

  
Notary Public

My Commission expires:



**CERTIFICATE OF SERVICE**

I hereby certify that on 10-14-2011, I caused a true and correct copy of the foregoing "Horizontal Well Rules Application" to be served by placing the same in the United States mail, postage prepaid, to the following parties:

Edward P. Cross, Executive President  
KIOGA  
800 SW Jackson, Ste 1400  
Topeka, KS 66612-1216

David Bleakley  
EKOGA  
4350 Shawnee Mission Pkwy, Ste 280  
Fairway, KS 66205

Kenny Carter  
EKROA  
18240 K47 Hwy  
Altoona, KS 66710

Ken Peterson, Executive Director  
KPC  
800 SW Jackson St #1005  
Topeka, KS 66612

Erick E. Nordling  
SWKROA  
PO Box 250  
Hugoton, Kansas 67951-0250

Hugo Speiker  
EKROA  
P.O. Box 295  
Fredonia, KS 66736

J M Vess  
Vess Oil Corporation  
1700 Waterfront Pkwy, Bldg 500  
Wichita, KS 67206-6619

Douglas H McGinness II  
CMX Inc.  
1700 N Waterfront Pkwy, Bldg 300B  
Wichita, KS 67206

Bryan T. Reeder  
Reeder Operating LLC  
4925 Greenville Ave., Ste 1400  
Dallas, TX 75206

David Belden  
D & Z Exploration, Inc  
901 N Elm St.  
PO Box 159  
St Elmo, IL 62458

Matt Hester  
Vitruvian Exploration, LLC  
4 Waterway SQ. Pl., Ste 400  
The Woodlands, TX 77380

Ben Crouch  
OSAGE Resources, LLC  
6209 N K61 Hwy  
Hutchinson, KS 67502-8608

James R. Lawson  
Lawco Exploration, Inc.  
113 S. Main  
PO Box 425  
Bentonville, AR 72712

Klee R Watchous  
Palomino Petroleum, Inc.  
4924 SE 84th St  
Newton, KS 67114-8827

Gary Taraba, VP & Gen Counsel  
Rosewood Resources, Inc.  
2101 Cedar Springs Rd, Ste 1500  
Dallas, TX 75201



Chuck Long  
Husky Ventures, Inc.  
204 N. Robinson, Ste 1800  
Oklahoma City, OK 73102

Tracy Streeter, Director  
Kansas Water Office  
901 S. Kansas Ave  
Topeka, Kansas 66612

David W. Barfield  
Division of Water Resources  
Kansas Department of Agriculture  
109 SW 9th St, 2nd Floor  
Topeka, Kansas 66612-1283

Office of the Secretary  
Kansas Department of Wildlife, Parks and Tourism  
1020 S. Kansas, Rm 200  
Topeka, KS 66612-1327

Robert Moser, MD, Secretary  
Kansas Department of Health and Environment  
1000 SW Jackson St., Ste 410  
Topeka, KS 66612-1367


Dale Rodman, Secretary of Agriculture  
Kansas Department of Agriculture  
109 SW 9th St, 4th Floor  
Topeka, KS 66612-1280

And via-e-mail to:

Alan DeGood  
Aletha Dewbre  
Bill Lamb  
Bob Costello  
Bob Lytle  
Brent Sonnier  
Brett Blazer  
Byron E. Trust

Charles Steincamp  
Charles Woodin  
Clint Goos  
Damonica Pierson  
Dana G. Wreath  
David Bengston  
David G. Seely  
David Jervis  
David Nickel  
Dean Pattisson  
Diana Edmiston  
Diana Coe  
E Richmond  
Erik Bartsch  
Gil Messersmith  
Greg Melton  
Javier Macias  
J Carlson  
Jeff Kennedy  
Jeffrey D. Jabara  
Jimmie Hammontree  
John Callen  
John Chandler  
John Donley  
John Pike  
Karen Sharp  
Kathy Gentry  
Kenny Carter  
Kenton L. Hupp  
Kyle Nevels  
Linda Guthrie  
Martin Medina  
M Brown  
Michael Irvin  
Mike Cochran  
Mike Dealy  
Richard Felts  
Richard Lewis  
Richard Smith  
Sam Ritchie  
Stan Smith  
S Lambert  
Steve Ladner

Steve White  
Steven Bryson  
Terry Holdren  
Tim Boese  
Tim McKee  
Tom Rhoads  
Tom Schnittker  
Wayne Woolsey

  
John McCannon  
Litigation Counsel  
Kansas Corporation Commission