

**S E E D GROUP  
P. O. BOX 771189  
WICHITA, KS 67277-1189  
316-807-1209**

March 9, 2012

Mr. Ryan A. Hoffman  
Kansa Corporation Commission  
130 S. Market, Room 2078  
Wichita, Kansas 67202-3082

RECEIVED

MAR 12 2012

Re: S E E D GROUP License Application

12-CONS-239-CMSE

KCC WICHITA

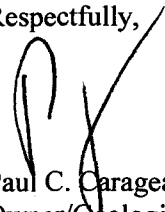
Dear Mr. Hoffman,

Please find enclosed application for license for S E E D GROUP along with the necessary application fees.

I am currently reviewing notes taken during our previous meeting with Mr. Klock and I will provide the additional needed documents as requested. Please also place these additional requirements in writing so I don't overlook anything.

I am able to satisfy all requirements for licensure and those under Docket #12-CONS-198-CSHO within 60 days of this letter.

Respectfully,



Paul C. Carageannis  
Owner/Geologist

RECEIVED  
KANSAS CORPORATION COMMISSION

MAR 12 2012

LEGAL SECTION

FOR KCC USE ONLY	
LICENSE NO:	
EXPIR DATE:	

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

RECEIVED

MAR 12 2012

Form OPL-1

August 2010

Form must be Typed

Form must be Signed

All blanks must be Filled

KCC LICENSE APPLICATION

KCC WICHITA

Notice: Read instructions before completing this information.

Name: SEED GROUP Attention: Paul C. Carageannis  
 Address 1: P.O. Box 771189 Phone: ( 316 ) 807-1209  
 Address 2: \_\_\_\_\_ City/State/Zip: Wichita, Kansas 67277

ALL REQUIRED FORMS RELATING TO THE CONSERVATION DIVISION MUST SHOW SAME ENTITY AS ON THIS APPLICATION.

Item 1 TYPE OF LICENSE APPLICABLE:  Operator  Stratgraphic/Seismic  Well Plugging  Drilling Contractor  Gas Storage  
 (Check All That Apply)  Drilling, Workover, Service Units  Case Puller  Residential  Gas Gatherer

Item 2 BUSINESS ENTITY:  Individual  General Partnership  Limited Liability Partnership  Kansas Corporation  
 Limited Liability Company  Foreign Corporation

Federal Employer Identification No. [REDACTED] or Social Security No. [REDACTED]  
 CORPORATIONS OR LIMITED PARTNERSHIPS are required to be authorized to engage in business in Kansas by the Office of the Secretary of State. Please enclose a Certificate of Good Standing from the Secretary of State's Office (785) 296-4564.

Item 3 REGISTERED RESIDENT AGENT (For Corporations, Limited Liability Companies, or Limited Partnerships Only)

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Item 4 NAME OF PARTNER(S) OR OFFICERS (Must list all. Include Name, Title, Address and Phone)

Item 5 EMERGENCY CONTACT PERSON (Must be other than Licensee) (Alternate Address and Phone)

Name: Joseph H. Cassell Phone: ( 316 ) 262-5500  
 Address: 229 E. William, Suite 100  
 City/State/Zip: Wichita, Kansas 67202 Email: jhcassell@eronlaw.net

Item 6 Dependent on type of entity, have you as an individual, partner or officer had a KCC Conservation Division License revoked, suspended or not renewed by the Commission?  Yes  No If yes, enclose a brief statement including name and date of revocation, suspension or non-renewal.

Item 7 Do you currently have any outstanding monetary penalties or compliance owed to the Commission or are you currently paying a monthly installment plan?  Yes  No

Item 8 ATTACH a copy of equipment assessment rendition sheets and paid personal property tax receipts ONLY on the drilling or movable well servicing equipment being licensed.

Item 9 EQUIPMENT TAG NUMBERS, YEAR, MAKE, MODEL AND TYPE OF EQUIPMENT AS LISTED ON PROPERTY TAX RENDITION

Item 10 Remittance enclosed: \$100.00 for license(s) + \$25.00 per equipment tag = \$ 100.00 Financial Responsibility provided by:  
 Remittance enclosed: \$25.00 for residential license = \$ \_\_\_\_\_ a) Cash \$ \_\_\_\_\_  
 b) Bond \_\_\_\_\_

Item 11 I do hereby certify that, to the best of my knowledge, the foregoing facts and information are true and correct.  
 Signature of authorized individual, Officer or Agent: [Signature] Title: owner/geologist  
 c) Letter of Credit \_\_\_\_\_

Item 12 Subscribed and sworn to before me this 9 day of March 20 12  
[Signature] My commission expires: 10/17/13  
 (Notary Public)

Item 13 Well Inventory Required: (Check One)  Attached  No wells

