

CARD MUST BE TYPED

STATE OF KANSAS

CARD MUST BE SIGNED

NOTICE OF INTENTION TO DRILL

(see rules on reverse side)

CARD MUST BE SIGNED

Starting Date November 6, 1985
month day year

API Number 15- 001-27621

OPERATOR: License # 7208
Name Loraine Cleaver
Address Box 54
City/State/Zip Piqua, KS 66761
Contact Person Loraine Cleaver
Phone 316-468-2050

app. SE SE SW. Sec. 4. Twp. 25 S. Rg. 18
500 Ft. from South Line of Section
2800 Ft. from East Line of Section
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 6056
Name Black Diamond Drilling
City/State same as above

Nearest lease or unit boundary line 500 feet
County Allen
Lease Name Hood Well # 2
Ground surface elevation 713 feet MSL
Domestic well within 330 feet: yes no
Municipal well within one mile: yes no
Surface pipe by Alternate: 1 - 2
Depth to bottom of fresh water 30
Depth to bottom of usable water 150
Surface pipe planned to be set 20
Projected Total Depth 650 feet
Formation

Well Drilled For: Well Class: Type Equipment:
 Oil SWD Infield Mud Rotary
 Gas Inj Pool Ext. Air Rotary
 OWWO Expl Wildcat Cable

If OWWO: old well info as follows:
Operator
Well Name
Comp Date Old Total Depth

I certify that well will comply with K.S.A. 55-101, et seq., plus eventually plugging hole to KCC specifications.
cementing will be done immediately upon setting production casing.

Date ... 11/6/85 ... Signature of Operator or Agent *Susan Arnold* Title .. AS. Agent .. *R.H. Kline*

For KCC Use:
Conductor Pipe Required feet; Minimum Surface Pipe Required feet per Alt. 2
This Authorization Expires 5-6-86 Approved By 11/6/85 *LC*

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Set Surface Black Diamond 6' 00" em. MATT