CARD MUST BE TYPED

State of Kansas

NOTICE OF INTENTION TO DRILL

(see rules on reverse side)

CARD MUST BE SIGNED

Starting Date: 9 (month) 17 (day) 84 (year) 3.19

API Number 15- 205-23,969

OPERATOR: License # 7208

Name Loraine Cleaver

Address Box 54

City/State/Zip Piqua, KS 66761

Contact Person Loraine Cleaver

Phone 316 963 7700

CONTRACTOR: License # 5687

Name Sun Drilling Co.

City/State Box 54, Piqua, KS 66761

E/2 NW (location) Sec 10 Twp 29 S, Rge 15 ☒ East ☐ West

2805 Ft North from Southeast Corner of Section

2805 Ft West from Southeast Corner of Section

(Note: Locate well on Section Plat on reverse side)

Nearest lease or unit boundary line 165 feet.

County Wilson

Lease Name C. Puckett Well# 1

Domestic well within 330 feet: ☐ yes ☒ no

Municipal well within one mile: ☐ yes ☒ no

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

Projected Total Depth 1400 feet

Projected Formation at TD

Expected Producing Formations

Depth to Bottom of fresh water 20 feet

Lowest usable water formation

Depth to Bottom of usable water 150 feet

Surface pipe by Alternate: 1 ☐ 2 ☒

Surface pipe to be set 20 feet

Conductor pipe if any required feet

Ground surface elevation feet MSL

This Authorization Expires 3-17-85

Approved By 9-17-84

I certify that we will comply with K.S.A. 55-101, et seq., plus eventually plugging hole to K.C.C. specifications.

Date 9-17-84 Signature of Operator or Agent Rosie Robles Title As agent

mtHC/mtHE 9/17/84

Form C-1 4/84