FORM MUST BE TYPED

FORM C-1 4/90

EFFECTIVE DATE: 10-3-90

State of Kansas

NOTICE OF INTENTION TO DRILL

FORM MUST BE SIGNED ALL BLANKS MUST BE FILLED

Must be approved by the K.C.C. five (5) days prior to commencing well

	,,,,,,					East		
Expected Spud Date			O year ''	C SW SW sec	Twp3 s,	Rg .26. X West		
	A, Inc. 6 Union Ce Wichita, Doug McG ² 16) 269-90	enter Bui Kansas Inness II 052	lding 67202	(Note: Locate well on County: Decat Lease Name: Lipplemar Field Name: Wildc	feet from East Section Plat on ur -Wentz Well # at	s . X. no		
CONTRACTOR: Licer Name:Murf	nse #: 60; in Drilli	33 ng Co.		Target Formation(s): Nearest lease or unit bo Ground Surface Elevation	oundary:	feet MSL		
Well Drilled For:	Well	Class: Typ	e Equipment:	Domestic well within 330 Municipal well within on	feet: ye	s .X. no		
OWWO C	Storage Disposal .X of Holes	Pool Ext Wildcat	Mud Rotary Air Rotary Cable	Depth to bottom of fresh Depth to bottom of usabl Surface Pipe by Alternat Length of Surface Pipe P	water:	.X. 2 /		
Well Name:	information as t			Length of Conductor pipe required: None / 4100' / 4100' / Formation at Total Depth: Basal Pennsylvanian Water Source for Drilling Operations: well farm pond X. other / DWR Permit #:				
Directional, Devia If yes, total dept	ated or Horizonta	al wellbore?	yes .X. no	Will Cores Be Taken?: If yes, proposed zone: .	ye:	s.X. no		
			AFFIDAVI	<u>T</u>				
et. seq. It is agreed that 1. The appropriate the minimum pipe shall 3. If the we and the did. 4. The appropriate of spud do I hereby certify	the following moriate district of surfle set through ll is dry, a plugistrict office of priate district cernate II complet ate. In all case that the statement	inimum requirem office shall be ace pipe as spe- all unconsolid gging proposal n plug length a office will be ion, production es, notify dist nts made herein	ents will be met: notified before s cified above shall lated materials plu shall be submitte notified before we n pipe shall be cen crict office prior	he best of my knowledge ar	nt to the top; in to the underlying to the underlying to the underlying roduction casing e water to surfac	all cases surface formation; ween the operator is cemented in; se within 120 days		
59/201		Conductor pipe Minimum surface Approved by: M EFFECTIVE DATE: This authorizat	109-28-90 10-3-90 ion expires: 3-6	feet per Alt. • (2)	CONSERVATION DIVINISAS Wighita, Kansas			
/ N	- File Dr	6 months of ef Spud date: ill Pit Applica	fective date.) Ager	TO: with Intent to Drill;	SERVETICN DIVIDION NICHTA, Kansas	790		

- Notify appropriate district office 48 hours prior to workover or re-entry;

- File acreage attribution plat according to field proration orders;

- Submit plugging report (CP-4) after plugging is completed; - Obtain written approval before disposing or injecting salt water.

PLAT OF ACREAGE ATTRIBUTABLE TO A WELL

State Corporation Commission, Conservation Division 200 Colorado Derby Bldg. Wichita, Kansas 67202

OPERAT	PERATOR CMX, Inc.					LOCATION OF WELL:								
	EASE Lipp&eman-Wentz								h of SE corner					
	NUMBER #1					4620	of SE corner							
FIELD	Widdcat	·				<u>SW/4</u> Sec. 6 T <u>3S</u> R <u>/26</u> XXX/W								
NO. OF	NO. OF ACRES ATTRIBUTABLE TO WELL 160					COUNTY Decatur IS SECTION x REGULAR IRREGULAR? IF IRREGULAR, LOCATE WELL FROM NEAREST								
DESCRI	PTION OF AC	REAGE	SW,	/4		ER BOUN								
NOTE:	NOTE: If plat depicted is insufficient for your circumstances, you may attach your own scaled or surveyed plat.													
PLAT														
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In plott	ing the proposed	l locati	on of th	ne well, you mu	st show:	*								
1) -									s, i.e. 1 section, 1					
section with 8 surrounding partial sections, 4 sections, 16 sections, etc.; the well's location relative to the location of other wells producing from the same common source of supply in adjoining drilling units, pursuant to K.A.R. 82-3-108, 82-3-207, 82-3-312, or special orders of the Commission;														
3)	the distance of	the pro	pposed di	rilling locatio	n from t	he section	n's east	t and south	lines; and					
4)	the distance to the nearest lease or unit boundary line.													
I hereby certify that the statements made herein are true and to the best of my knowledge and belief.														
Signature of Operator or Agent Charge V. 14														
Date	09-27-90		Title _	Preside	ent									