For KCC Une:	5.23-04
Effective Date:	
District #	
SGA? TV Yes	No

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## NOTICE OF INTENT TO DRILL

Must be approved by KCC live (5) days prior to commencing well

CORRECTED December 2003

Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License# 6 Name: T Address: 1 City/State/Zip: E Contact Person: I Phone: C	Cown Oil Co. 6205 West 2 Paola, Kansa Lester Town	/	* 825   Sec. 1   Twp. 18   S.	S Line of Section
	Cown Oil Co. 6205 West 2 Paola, Kansa Lester Town	287th St. is 66071	1815 teel from XX E / N	S Line of Section W Line of Section
Address: 1 Dity/State/Zip: E Contact Person: 1 Phone: C	6205 West 2 Paola, Kansa Lester Town	287th St. is 66071	Is SECTION X Regular Irregular?	W Line of Section
City/State/Zip: F Contact Person: I Phone: C	Paola, Kansa Lester Town	ıs 66071		
Contact Person: I	Lester Town		and the second s	
Thone: C	sester lown		(Note: Locale well on the Section Plat on reve	erse side)
	313 00/ 0105		County: Miami	**************************************
	913-294-2125	)	Lease Name: 0'Brien	Well # 2-04
CONTRACTOR Represent. (	Company Tool	ls 🖊	Field Name: Paola-Rantoul	* ****
Name:			Is this a Prorated / Spaced Field?	Yes Tho
			Target Information(s): Bartlesville	
Well Drilled For:	Well Class:	Type Equipment:	Nearest Lease or unit boundary: 165	
XX OllZ Enh Rec	X Infield	Mud Rolary	Ground Surface Elevation:	1 1 1 1
Gas Storage	Pool Ext.	X Air Rolary	Water well within one quarter mile:	Yes XNo
Disposal	Wildcat	RECEIVED	Public water supply well within one trille:  Depth to bottom of fresh water: 40 / 05	Yes XNo
Seismic; # of Holes	Other	POEINED	Depth to bottom of usable water:200	رر الم
Other		OCT 0000	Custoon Ding by Allowster 200	
If OWWO: old well information a	nn Inllowe:	0 0 2004	Surface Pipe by Alternate: 1 1 X 2  Length of Surface Pipe Planned to be set: 20	
Operator:	as tollows.	OCT 0 8 2004 KCC WICHITA	Length of Conductor Pipe required: None	
Well Name:	to the financial file and the control of the control of the control of the second section of the section of the second section of the section of the second section of the section of t	VICHITA	Projected Total Depth:600	
Original Completion Date:			Formation at Total Depth: Bartlesvill	
Original Completion Date.	Ongma	ii iolai Depin;	Water Source for Drilling Operations:	E .
Directional, Deviated or Horizon	ntal wellbore?	Yes XX No	Well Farm Pond Other X	
Il Yes, true vertical depth:		Camel Camel		
Bottom Hole Location:			DWR Permit #:	
* WAS 165 FSL			(Note: Apply for Permit with DW⊓   Will Cores be taken? ⊋	ECEIVED <sub>ves</sub>  X No
TS: 825' FS L, 18 The undersigned hereby affirm It is agreed that the following	ns that the drilling,	completion and eventual	plugging of this well will comply with K.S.A. 55 et. seq.	Y 17 2004
Notily the appropriate of the second se	•			RVATION DIVISION WICHITA, KS
2. A copy of the approved 3. The infilmum amount of through all unconsolide 4. If the well is dry hole, 5. The appropriate district 6. If an ALTERNATE II Compared to Append Or pursuant to Append	I notice of intent to of surface pipe as ated materials plus an agreement betwoeld to the could be notified by the could be notified by the could be made as a could be not the could be made.	drill shall be posted on e specified below shall be a minimum of 20 feet into ween the operator and the fied before well is either pl duction pipe shall be ceme ansas sufface casing ord		e pipe shall be set ary prior to plugging; O days of spud date.
I hereby certily that the state	ements made herei	in are true and to the best	t of my knowledge and belief.	or to any comerning.
Dale: 5-14-64	Signature of Oper	ralor or Agent: Sale	ecta Tacon Tille: age	eit
		1		
For KCC Use DNLY	070		Remember to:	
10/	- 219	55.00 M	File Drill Pil Application (form CDP-1) with Intent to     File Completion Form ACO-1 within 120 days of second control of the completion Form ACO-1.	o Drill;
API # 15 /0X/	11/20115	2000	File acreage attribution plat according to field pro	spud date;
Conductor pipe required	IVONE	feet	<ul> <li>Notify appropriate district office 48 hours prior to</li> </ul>	workover or re-entry;
Minimum surface nipe requ	5-18 C	14/RJP10-12-	- Submit plugging report (CP-4) after plugging is c	completed;
Approved by:	11-19.0	Ϋ́	If this permit has expired (See: authorized expira	tion date) please
This authorization expires:	illing not started within	n 6 months of effective date 1	check the box below and return to the address t	below.
This authorization expires:		n 6 months of effective date.)	Well Not Drilled - Permit Expired	