Effective Date: 12.6.69  District # 3  NOTICE OF IN	SERVATION DIVISION  GAS STORAGE Form must be TO STORAGE FORM must be TO STORAGE FORM must be Sign and December Form must be To Sign and December Form must be Sign and December Fo	yped gned :illed
Expected Spud Date month day year	Spot <u>SESWNESec. 16Twp. 33S. R. 17</u>	
OPERATOR: License# 33017 (3-30-05)	2310 Sec. IWP. S. H. V	Vest
DPERATOR: License# 33017 (3-36-05)  Name: Davis Operating Company	1650 feet from VE / W Line of Section	
Address: 2800 Mid-Continent Tower	Is SECTIONRegularIrregular?	
City/State/Zip: Tulsa, OK 74103	(Note: Locate well on the Section Plat on reverse side)	
Contact Person. Samantha Miller	County: Montgomery	
Phone: (918) 587-7782	Lease Name: Roscoe Well #: 2-16	
CONTRACTOR: License# 33374 (2.28-5)	Field Name: Coffeyville. Cherryunia	—— ¬
Name: L & S Well Service, LLC	Is this a Prorated / Spaced Field?	']No
	Target Formation(s): Mississippi  Nearest Lease or unit boundary: 330	
Well Drilled For: Well Class: Type Equipment:	Ground Surface Elevation: 855 feet	MSL .
Oil Enh Rec Infield Mud Rotary	Water well within one-quarter mile:	No
✓ Gas Storage Pool Ext. ✓ Air Rotary  OWWO Disposal ✓ Wildcat Cable	Public water supply well within one mile:	No No
Seismic: # of Holes Other	Depth to bottom of fresh water:	
Other	Depth to bottom of usable water: 200+	كالما
COMMON and small information on follows:	Surface Pipe by Alternate:  Length of Surface Pipe Planned to be set: 40	60
f OWWO: old well information as follows:  Operator:	Length of Conductor Pipe required: NONE	
Well Name:	Projected Total Depth: 1110'	
Original Completion Date:Original Total Depth:	Formation at Total Depth: Arbuckle	
Directional, Deviated or Horizontal wellbore? Yes ✓ No	Water Source for Drilling Operations:	
f Yes, true vertical depth:	Well Farm Pond Other Air drilled	
Bottom Hole Location:	DWR Permit #:  (Note: Apply for Permit with DWR )	_/
(CC DKT #:	Will Cores be taken?	No
BOP IS ADVISED WELL IS LOCATED	If Yes, proposed zone:	
and a second of the contract o	RECEN	ÆD
The undersigned hereby affirms that the drilling, completion and eventual p	olugging of this well will comply with K.S.A. 55 et. seg.	
t is agreed that the following minimum requirements will be met:	* * WAS: CHECKED ALT- BY O	Soor .
Notify the appropriate district office <i>prior</i> to spudding of well;	IS: ALT. 2	2004
5. The appropriate district office will be notified before well is either plug 6. If an ALTERNATE II COMPLETION, production pipe shall be cement Or pursuant to Appendix "B" - Eastern Kansas surface casing order must be completed within 30 days of the spud date or the well shall	et by circulating cement to the top; in all cases surface pipe <b>shall be set</b> the underlying formation.  district office on plug length and placement is necessary <b>prior to pluggin</b> , gged or production casing is cemented in; ted from below any usable water to surface within <b>120 days</b> of spud date.  #133,891-C, which applies to the KCC District 3 area, alternate II cement be plugged. <b>In all cases, NOTIFY district office</b> prior to any cementing.	
hereby certify that the statements made herein are true and to the best o	of my knowledge and belief.	
Date: 11/30/2004 Signature of Operator or Agent	Title: Production Department	
	Remember to:	
For KCC Use ONLY	- File Drill Pit Application (form CDP-1) with Intent to Drill;	1
API # 15 - 125 - 30673-00:00	- File Completion Form ACO-1 within 120 days of spud date;	2 6
Conductor pipe required NoNE feet	<ul> <li>File acreage attribution plat according to field proration orders;</li> <li>Notify appropriate district office 48 hours prior to workover or re-entry;</li> </ul>	
Minimum surface pipe required 20 feet per Alt. +(2)	<ul> <li>Notify appropriate district office 48 notifs prior to workover or re-entry;</li> <li>Submit plugging report (CP-4) after plugging is completed;</li> </ul>	1
Approved by: RSP 12.1-04 /RSP 12.1604	- Obtain written approval before disposing or injecting salt water.	W
This authorization expires 6-1-05	- If this permit has expired (See: authorized expiration date) please	W

(This authorization void if drilling not started within 6 months of effective date.)

\_\_\_\_\_ Agent: \_

Spud date:\_

- If this permit has expired (See: authorized expiration date) please check the box below and return to the address below.

Date:\_

Well Not Drilled - Permit Expired Signature of Operator or Agent:\_