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

01/09/88	•	E/2 NE SW sec Tup s, Rg West
Expected Spud Date	year	5ec 1wp 5, kg XX
,		
7448 OPERATOR: License #		2970 feet from East line of Section
Name: BURCH EXPLORATION		(Note: Locate well on Section Plat Below)
Address: .11225 EDINBOROUGH	WAY	DECATIO
City/State/Zip: PARKER, Contact Person: DAVID BURCH	rn.80124	County: DECATUR
Contact Person: DHVID BURGH	• • • • • • • • • • • • • • • • • • • •	Lease Name: DWYER Well #: .1. Field Name: UNNAMED
Phone: (303) 841-9417	• • • • • • • • • • • • • • • • • • • •	Is this a Prorated Field? yes .XX no
CONTRACTOR: License #: .4083	•	Target Formation(s):ANSING
CONTRACTOR: License #: Name: WESTERN KANSAS DRILL	ING	Nearest lease or unit boundary:330
Name:	2	Ground Surface Elevation:2400 feet MSL
Well Drilled For: Well Class:	Type Equipment:	Domestic well within 330 feet: yes .XX no
wett bittled for.	.,,,,,,	Municipal well within one mile: yes .XX no
XX oil Inj Infield	XX Mud Rotary	Depth to bottom of fresh water:1.7.5
	Air Rotary	Depth to bottom of usable water: 1100 1350
OWWO Disposal XX Wildcat	Cable	Surface Pipe by Alternate: 1 .XX2
Seismic; # of Holes	N	Length of Surface Pipe Planned to be set: .20.0
		Length of Conductor pipe required: . ** ********************************
If OWWO: old well information as follows:		Projected Total Depth: .3900
Operator:		Formation at Total Depth:B/KANSASCITY Water Source for Drilling Operations:
Well Name:		well farm pond .XX other
Comp. Date: Old Total De	рш	DWR Permit #:
Directional, Deviated or Horizontal wellbor	e? yes .XX no	Will Cores Be Taken?: yes .X.X no
If yes, total depth location:		If yes, proposed zone:
11 yes, total depth total tota		
<u>AFFIDAVIT</u>		
	AFFIDA	<u>vit</u>
. The undersigned hereby affirms that the dri		
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Submit plugging report (CP-4) after plugging is completed;
Obtain written approval before disposing or injecting salt water.