CORRECTED

	RATION COMMISSION Form C-1 ISERVATION DIVISION December 2002
District #	Form must be Typed
	NTENT TO DRILL Form must be Signed All blanks must be Filled
Must be approved by KCC five	re (5) days prior to commencing well
Octimber 20 2005	
	Spot N/E S/W S/W 18 25 22 K East
month day year	Sec Iwp S. H West
OPERATOR: License# 33551	feet fromN / X S Line of Section
Name: S& K Oil Company	feet from XE /W Line of Section
Address: P.O. BOX 184	Is SECTION XRegularIrregular?
City/State/Zip: Blue Mound, Ks. 66010	(Note: Locate well on the Section Plat on reverse side)
Contact Person: Steve Jackson	County: Bourbon
Phone: 913-756-2622	Lease Name: Swisher Well #: 9
CONTRACTOR: License#_ 6157	Field Name: Bronson Zenia
CONTRACTOR: License#_ 015 7	Is this a Prorated / Spaced Field?
Name: - JEJ OIL CO.	Target Formation(s): Bartlesville
Well Drilled For: Well Class: Type Equipment:	Nearest Lease or unit boundary: 165'
XOil Enh Rec X Infield X Mud Rotary	Ground Surface Elevation: 1030' feet MSL
Gas Storage Pool Ext. Air Rotary	Water well within one-quarter mile:
OWO Disposal Wildcat Cable	Public water supply well within one mile:
Seismic; # of Holes Other	Depth to bottom of fresh water: 60'
Other	Depth to Dettom of Buddle Water.
	Surface Pipe by Alternate: 1 2 2 Length of Surface Pipe Planned to be set: 20 1
If OWWO: old well information as follows:	Length of Conductor Pipe required: None
Operator:	Projected Total Depth: 670 '
Well Name:	Formation at Total Depth: Bartlesville
Original Completion Date:Original Total Depth:	Water Source for Drilling Operations:
Directional, Deviated or Horizontal wellbore?	Well Farm Pond Other Return Water
If Yes, true vertical depth:	DWR Permit #:
Bottom Hole Location:	(Note: Apply for Permit with DWR)
KCC DKT #:	Will Cores be taken?
* WAS; STEVE JACKSON 33551	If Yes, proposed zone:
75: 737 31 4 (3157	IDAVIT
The undersigned hereby affirms that the drilling, completion and eventual programmes and eventual programmes.	
It is agreed that the following minimum requirements will be met:	ragging of this won win comply with the 1/1. 55 ct. 564.
Notify the appropriate district office <i>prior</i> to spudding of well;	
 Notify the appropriate district office prior to spudding of well, A copy of the approved notice of intent to drill shall be posted on ea 	ach drilling rig:
	et by circulating cement to the top; in all cases surface pipe shall be set
through all unconsolidated materials plus a minimum of 20 feet into	, •
 If the well is dry hole, an agreement between the operator and the The appropriate district office will be notified before well is either plu 	district office on plug length and placement is necessary prior to plugging;
	ted from below any usable water to surface within 120 days of spud date.
Or pursuant to Appendix "B" - Eastern Kansas surface casing order	#133,891-C, which applies to the KCC District 3 area, alternate II cementing
	be plugged. In all cases, NOTIFY district office prior to any cementing.
I hereby certify that the statements made herein are true and to the best of	if my knowledge and belief.
200 10 7-05 Simon of Sandara Assay	Title: Owner
Date: 10-7-05 Signature of Operator or Agent:	Title: DUTTE
	Remember to:
For KCC Use ONLY	- File Drill Pit Application (form CDP-1) with Intent to Drill;
API # 15 - 01 /- 23/47 - 00.00	- File Completion Form ACO-1 within 120 days of spud date;
Conductor pipe required	 File acreage attribution plat according to field proration orders; Notify appropriate district office 48 hours prior to workover or re-entry;
Minimum surface pipe requiredfeet per Alt 2	- Submit plugging report (CP-4) after plugging is completed;
Approved by: 10-12-05/127/10-20-05	- Obtain written approval before disposing or injecting salt water.
This authorization expires: 4/2-06	- If this permit has expired (See: authorized expiration date) please
(This authorization void if drilling not started within 6 months of effective date.)	check the box below and return to the address below.
	Well Not Drilled - Permit Expired
Spud date:Agent:	1.
	Signature of Operator or Agent:
	Signature of Operator or Agent: Date: Date: S. Market - Room 2078, Wichita, Kansas 67202