

CARD MUST BE TYPED

State of Kansas  
NOTICE OF INTENTION TO DRILL  
(see rules on reverse side)

CARD MUST BE SIGNED

Starting Date: May 1 1985  
month day year

API Number 15- 121-26,522-00-00

OPERATOR: License # 6168  
Name Lester Scheuneman  
Address Box 331  
City/State/Zip Brookfield, Mo. 64628  
Contact Person Lester Scheuneman  
Phone 913.755.2342

SW SE <sup>1</sup>/<sub>4</sub> ... Sec 26 Twp 16 S, Rge 21 ...  East  West  
(location)

..500..... Ft North from Southeast Corner of Section  
..750..... Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License #  
Name Unkown  
City/State

Nearest lease or unit boundary line ..500..... feet.  
County Miami  
Lease Name Cummings Well# GA.# 5

Domestic well within 330 feet:  yes  no  
Municipal well within one mile:  yes  no

Well Drilled For: Well Class: Type Equipment:  
 Oil  Swd  Infield  Mud Rotary  
 Gas  Inj  Pool Ext.  Air Rotary  
 OWWO  Expl  Wildcat  Cable

Depth to Bottom of fresh water .....200..... feet  
Lowest usable water formation .....unkown.....  
Depth to Bottom of usable water ...200..... feet  
Surface pipe by Alternate: 1  2   
Surface pipe to be set .....20..... feet  
Conductor pipe if any required ..... feet  
Ground surface elevation ..... feet MSL  
This Authorization Expires 10-22-85  
Approved By 4-22-85 [Signature]

If OWWO: old well info as follows:

Operator  
Well Name  
Comp Date Old Total Depth  
Projected Total Depth 700 feet  
Projected Formation at TD Squirell  
Expected Producing Formations Squirell

I certify that we will comply with K.S.A. 55-101, et seq., plus eventually plugging hole to K.C.C. specifications.

Date 4-18-1985... Signature of Operator or Agent Lester Scheuneman Title Owner  
Lester Scheuneman MHC/WOHE 4-22-85

