

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: 3 11 85
month day year

API Number 15- 121-26,497-00-00

OPERATOR: License # 6168
Name Lester Scheuneman
Address Box 331
City/State/Zip Brookfield, MO 64628
Contact Person Lester Scheuneman
Phone (913) 755-2342

..... SE 1/4 Sec 26 Twp 16S, Rge 21. East
(location) West

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

CONTRACTOR: License #
Name Unknown
City/State

Nearest lease or unit boundary line 200 feet.
County Miami
Lease Name Cummings Well# CA1

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

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

If OWWO: old well info as follows:

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

Depth to Bottom of fresh water none feet
Lowest usable water formation
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 3/10/85 9-11-85
Approved By [Signature]

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

Date 3/7/85 Signature of Operator or Agent [Signature] Title AS AGENT

