

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: 6 21 1985
month day year 4:00

OPERATOR: License # 6142
Name TOWN OIL COMPANY
Address RR #4
City/State/Zip Paola, Kans. 66071
Contact Person Lester Town
Phone (913) 294-2125

CONTRACTOR: License # 6142
Name
City/State COMPANY TOOLS,

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

If OWWO: old well info as follows:
Operator
Well Name
Comp Date Old Total Depth
Projected Total Depth 500 feet
Projected Formation at TD Bartlesville
Expected Producing Formations

API Number 15- 121-26,571-04-00
NWSE SW Sec 33 Twp 16 S, Rge 25
(location) East West

1150 Ft North from Southeast Corner of Section
3795 Ft West from Southeast Corner of Section
(Note: Locate well on Section Plat on reverse side)

Nearest lease or unit boundary line 1150 feet.
County MIAMI
Lease Name AIKENS Well# 13

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

Depth to Bottom of fresh water None feet
Lowest usable water formation
Depth to Bottom of usable water 300 feet
Surface pipe by Alternate : 1 2
Surface pipe to be set 20 feet
Conductor pipe if any required None feet
Ground surface elevation feet MSL

This Authorization Expires 12-20-85
Approved By 6-20-85 [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 6-20-85 Signature of Operator or Agent [Signature] Title Agent

