

CARD MUST BE TYPED

State of Kansas

CARD MUST BE SIGNED

NOTICE OF INTENTION TO DRILL

(see rules on reverse side)

CORRECTION

11-6-85

Starting Date Nov. 4 1985
month day year

API Number 15- 121-26,617 - 00 - 00

OPERATOR: License # 8246 App. C S2. NW SW Sec. 14. Twp. 17. S, Rg. 21 West

Name Stanton Explorations, Inc.

Address Box 392

City/State/Zip Osawatomie, KS 66064

Contact Person Steve Cottrell

Phone 913.294.4204 or 294.5500

CONTRACTOR: License # 6251

Name Ballou Oil Well Services

City/State Route 5, Box 159, Paola, KS 66701

Well Drilled For: Well Class: Type Equipment:

X Oil SWD X Infield X 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

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

_____ cementing will be done immediately upon setting production casing.

Date 11/4/85 Signature of Operator or Agent

_____ Title

For KCC Use:

Conductor Pipe Required _____ feet; Minimum Surface Pipe Required _____ feet per Alt. 1 2

This Authorization Expires 1-31-86

Approved By 7-31-85

X East

1500 Ft. from South Line of Section

4620 Ft. from East Line of Section

(Note: Locate well on Section Plat on reverse side)

Nearest lease or unit boundary line 330 feet

County Miami

Lease Name Black Well # B-4

Ground surface elevation _____ feet MSL

Domestic well within 330 feet: yes no

Municipal well within one mile: yes no

Surface pipe by Alternate: 1 2 X

Depth to bottom of fresh water 43

Depth to bottom of usable water 200

Surface pipe planned to be set 20

Projected Total Depth 650 feet

Formation Peru

NEWSW 2150 FSL

was: #0-6 3990 FSL

as agent

