

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: 7 10 1985
 month day year 1107
 9549

OPERATOR: License #
 Name Douglas Baker
 Address Suite 1320, One Townsite Plaza
 City/State/Zip Topeka, KS 66603
 Contact Person N. L. Cornelius
 Phone (913) 294-5157

CONTRACTOR: License # 5938
 Name C & M Drilling Inc.
 City/State Paola, KS 66071

| | | | |
|---|-------------------------------|---|--|
| Well Drilled For: | Well Class: | Type Equipment: | |
| <input checked="" type="checkbox"/> Oil | <input type="checkbox"/> Swd | <input checked="" type="checkbox"/> Infield | <input checked="" type="checkbox"/> Mud Rotary |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Inj | <input type="checkbox"/> Pool Ext. | <input type="checkbox"/> Air Rotary |
| <input type="checkbox"/> OWWO | <input type="checkbox"/> Expl | <input type="checkbox"/> Wildcat | <input type="checkbox"/> Cable |

If OWWO: old well info as follows:

| | |
|---|-----------------------------------|
| Operator Well Name Comp Date Projected Total Depth | Old Total Depth 800 feet |
|---|-----------------------------------|

Projected Formation at TD

Expected Producing Formations

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

Date 7/9/85 Signature of Operator or Agent Susan Arnold Title As Agent

Form C-1 4/84

API Number 15-

121-26,596-00-00

 EastC. N/2 N/2. SE. Sec. 10. Twp. 17. S. Rge. 22. West
(location)

...2020..... Ft North from Southeast Corner of Section

...1320..... Ft West from Southeast Corner of Section

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

Nearest lease or unit boundary line 620..... feet

County Miami

Lease Name Baker Well# A1

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

Depth to Bottom of fresh water 22..... feet

Lowest usable water formation Kansas City Group

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

Ground surface elevation feet MSL

This Authorization Expires 1-9-86

Approved By 7-9-85

RCH for KOHE

Must be filed with the K.C.C. five (5) days prior to commencing well
This card void if drilling not started within six (6) months of date received by K.C.C.

RECEIVED
STATE CORPORATION COMMISSION

JUL 09 1985

Important procedures to follow:

A Regular Section of Land
1 Mile = 5,280 Ft.

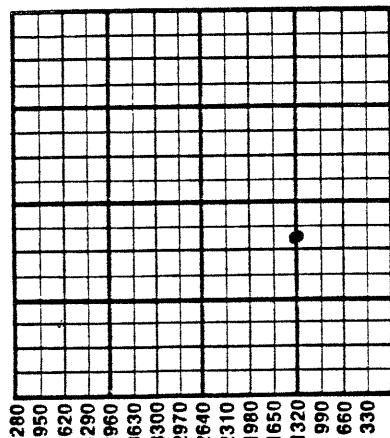
CONSERVATION DIVISION

Wichita, Kansas

1. Notify District office before setting surface casing.

2. Set surface casing by circulating cement to the top.

3. File completion forms ACO-1 with K.C.C. within 90 days of well completion, following instructions on ACO-1, side 1, and including copies of wireline logs.
4. Notify District office 48 hours prior to old well workover or re-entry.
5. Prior to plugging, prepare a plugging plan, then obtain agreement from the appropriate district office for an approved plugging plan.
6. Submit plugging report (CP-4) to K.C.C. after plugging is completed.
7. Obtain an approved injection docket number before disposing of salt water.
8. Notify K.C.C. within 10 days when injection commences or terminates.
9. If an alternate 2 completion, cement in the production pipe from below any usable water to surface within 120 days of spud date.



State Corporation Commission of Kansas

Conservation Division

200 Colorado Derby Building

Wichita, Kansas 67202

(316) 263-3238