

CARD MUST BE TYPED

State of Kansas

CARD MUST BE SIGNED

NOTICE OF INTENTION TO DRILL

(see rules on reverse side)

Expected Spud Date..... 5 2 1988
 month day year

API Number 15— 059-24,333-00-00 ✓

OPERATOR: License # 6142
Name TOWN OIL COMPANY
Address RR #4
City/State/Zip Paola, Kansas 66701
Contact Person Lester Town
Phone (913) 294-2125

NW NE NW Sec. 24 Twp. 15 S, Rg. 20 X East
 4950 _____ West
 3630 _____ Ft. from South Line of Section
 _____ Ft. from East Line of Section

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

CONTRACTOR: License #
Name COMPANY TOOLS
City/State

Nearest lease or unit boundary line 330 feet
County. FRANKLIN
Lease Name BROERS Well # 2

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

Ground surface elevation feet MSL
Domestic well within 330 feet: ___ yes X no
Municipal well within one mile: ___ yes X no
Depth to bottom of fresh water None
Depth to bottom of usable water 200 feet
Surface pipe by Alternate: 1 ___ 2 X
Surface pipe planned to be set 20
Conductor pipe required None
Projected Total Depth 900 feet
Formation Bartlesville

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.

Date 4-27-88 Signature of Operator or Agent Frank O'Connell Title Agent

For KCC Use:

Conductor Pipe Required feet; Minimum Surface Pipe Required 20 feet per Alt. X (2)

This Authorization Expires 10-27-88 Approved By RCH 4-27-88

EFFECTIVE DATE: 5-2-88

