

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: 9 18 1985
month day year

API Number 15- 121-26,662-00-00

OPERATOR: License # 6142

..... SE Sec 13 Twp 17 S, Rge 22 East
(location) West

Name TOWN OIL COMPANY

Address RR #4

City/State/Zip Paola, Kansas 66071

Contact Person Lester Town

Phone (913) 294-2125

..... 2245 Ft North from Southeast Corner of Section
..... 2145 Ft West from Southeast Corner of Section
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 6142

Nearest lease or unit boundary line 395 feet.

County MIAMI

Lease Name SCHERMAN Well# 2

Domestic well within 330 feet : yes no

Municipal well within one mile : yes no

Name COMPANY TOOLS

City/State

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

Depth to Bottom of fresh water 30 feet

Lowest usable water formation KC Group

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 970 feet MSL

If OWWO: old well info as follows:

Operator

Well Name

Comp Date Old Total Depth

Projected Total Depth 700 feet

Projected Formation at TD

Expected Producing Formations Squirrel

This Authorization Expires 3-17-86

Approved By 9-17-85 *ka*

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

Date 9-17-85

Signature of Operator or Agent *Frank Brant* Title

Agent

