

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: ..... 9 ..... 6 ..... 85 .....  
month day year *3-08*

API Number 15- *065-22,234-0-00*

OPERATOR: License # *6177*

SE NW NW ..... Sec *35* Twp *7* S, Rge *23* .....  
(location)  East  West

Name ..... *Foxfire Exploration, Inc.*

Address ..... *1022 Union Center Building*

City/State/Zip ..... *Wichita, Kansas 67202*

Contact Person ..... *D. C. Marchant/Maxine Starr*

Phone ..... *1 (316) 265 6296*

*4290* ..... Ft North from Southeast Corner of Section  
*4290* ..... Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # *8430*

Nearest lease or unit boundary line ..... *330* ..... feet.

Name ..... *Foxfire Drilling Co., Inc.*

County ..... *Graham*

City/State ..... *P. O. Box 133, Wakeeney, KS 67672*

Lease Name ..... *Korb* ..... Well# ..... *3*

Domestic well within 330 feet :  yes  no

Municipal well within one mile :  yes  no

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                 |

Depth to Bottom of fresh water ..... *75* ..... feet

Lowest usable water formation ..... *Dakota* ..... feet

Depth to Bottom of usable water ..... *500' / 150'* ..... feet

Surface pipe by Alternate : 1  2

Surface pipe to be set ..... *294' - 8-5/8"* ..... feet

Conductor pipe if any required ..... *None* ..... feet

Ground surface elevation ..... *2250 EST* ..... feet MSL

This Authorization Expires ..... *3-6-86* ..... feet

Approved By ..... *8-6-85* ..... feet

If OWWO: old well info as follows:

Operator .....

Well Name .....

Comp Date ..... Old Total Depth .....

Projected Total Depth ..... *3750* ..... feet

Projected Formation at TD ..... *Marmaton* .....

Expected Producing Formations ..... *Lansing* .....

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

Date ..... *8-20-85* ..... Signature of Operator or Agent

*D. C. Marchant* ..... President  
*PCH for PDHE*

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

RECEIVED

STATE CORPORATION COMMISSION

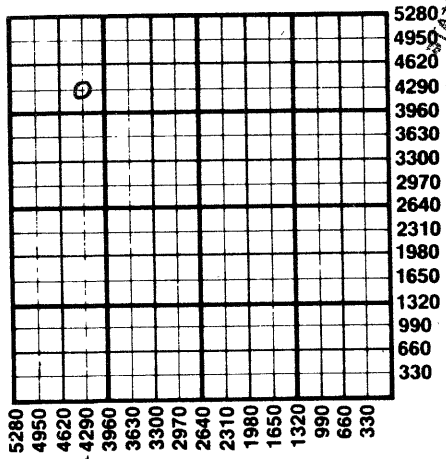
SEP 6 1985  
 9/6/85

A Regular Section DIVISION  
 1 Mile = 5,280 ft. Wichita, Kansas

RECEIVED  
 AUG 26 1985  
 STATE CORPORATION COMMISSION  
 CONSERVATION DIVISION  
 Wichita, Kansas

**Important procedures to follow:**

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