**CARD MUST BE TYPED** 

## NOTICE OF State of Kansas TO DRILL CARD MUST BE SIGNED (see rules on reverse side)

| Starting Date:3/14/85                                                  |                        |                |                    | API Number 15- 059-23,855-00-00                                                                   |  |
|------------------------------------------------------------------------|------------------------|----------------|--------------------|---------------------------------------------------------------------------------------------------|--|
| J                                                                      | month day              |                |                    | XX East                                                                                           |  |
| <b>OPERATOR:</b> License #960.7                                        |                        |                |                    | .NW/4 Sec 33. Twp 15. S, Rge 20.  West                                                            |  |
| Name Max Painter                                                       |                        |                |                    | (Manus)                                                                                           |  |
| Address 9865 Fairwood Lane                                             |                        |                |                    | 3465 Ft North from Southeast Corner of Section                                                    |  |
| City/State/Zip Memphis, TN 38119  Contact Person Jim Mietchen          |                        |                |                    | 3465 Ft West from Southeast Corner of Section (Note: Locate well on Section Plat on reverse side) |  |
| Phone .316-242-27.00                                                   |                        |                |                    | Nearest lease or unit boundary line .825. feet.                                                   |  |
| CONTRACTOR: License #                                                  |                        |                |                    | Elsensels I si se                                                                                 |  |
| Name Unknown                                                           |                        |                |                    | County Frankiiii  Lease Name Pauline Scott Well# 25                                               |  |
| City/State                                                             |                        |                |                    | Domestic well within 330 feet :  yes 🙀 no                                                         |  |
| Well Drilled For:                                                      | Well Class:            | Type I         | Equipment:         | Municipal well within one mile : 🔲 yes 😾 no                                                       |  |
| ¥X Oil ☐ Swd                                                           | f X Infield            | XX Mu          | d Rotary           |                                                                                                   |  |
| 🗌 Gas 🔲 Inj                                                            | Pool Ext.              | ☐ Air          | Rotary             | Depth to Bottom of fresh waternone feet                                                           |  |
| ☐ OWWO ☐ Expl                                                          | ☐ Wildcat              | ☐ Cab          | le                 | Lowest usable water formation                                                                     |  |
| If OWWO: old well info as follows:                                     |                        |                |                    | Depth to Bottom of usable water200 feet                                                           |  |
| Operator                                                               |                        |                |                    | Surface pipe by Alternate : 1 🔲 2 🚟                                                               |  |
| Weli Name                                                              |                        |                |                    | Surface pipe to be set                                                                            |  |
| Comp Date Old Total Depth                                              |                        |                |                    | Conductor pipe if any required feet                                                               |  |
| Projected Total Depth80.0                                              |                        |                |                    | Ground surface elevation feet MSL                                                                 |  |
| Projected Formation at TD                                              |                        |                |                    | This Authorization Expires 9-1/-85 /                                                              |  |
| Expected Producing Formations                                          |                        |                |                    | Ground surface elevation feet MSL This Authorization Expires 9-1/85 Approved By 3-1/85            |  |
| certify that we will comply                                            | with K.S.A. 55-101, et | seq., plus eve | entually plugging  | hole to K.C.C. specifications.                                                                    |  |
| 3/11/85 Date Signature of Operator or Agent Susa Ornold Title As Agent |                        |                |                    |                                                                                                   |  |
| /ate                                                                   | Orginature or Opera    | to, or Agent   | CO per cores for a | Title Form C-1 4/84 WHC/WOHE 3-11-85                                                              |  |

CONSERVATION DIVISION Wichita, Kansas

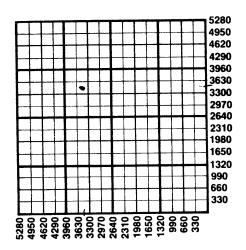
2881 + I AAM

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.

3-11-85

STATE CORPORATION COMMISSION

A Regular Section of Land 1 Mile = 5.280 Ft.



## 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.
- 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