

CARD MUST BE TYPED

State of Kansas
NOTICE OF INTENTION TO DRILL

CARD MUST BE SIGNED

(see rules on reverse side)

Starting Date: 12 05 84
month day year

API Number 15- 163-22,58/0000

OPERATOR: License # 9476

N/2.. NW .SW Sec .34. Twp .8.. S, Rge .17.. East
(location) West

Name Glenn M. Drotts dba G-D Oils

Address P. O. Box 441

City/State/Zip Hays, Ks, 67601

Contact Person Glenn M. Drotts

Phone 913 628-3560

...2310..... Ft North from Southeast Corner of Section

...4620..... Ft West from Southeast Corner of Section

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

CONTRACTOR: License # 9087

Name R. & C Drilling

City/State Hays, Ks, 67601

Nearest lease or unit boundary line330..... feet.

CountyRooks.....

Lease Name Diehl/Knight..... Well# ...1.....

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 water100..... feet

Lowest usable water formationDakota.....

Depth to Bottom of usable water1800..... feet

Surface pipe by Alternate : 1 2

Surface pipe to be set200..... feet

Conductor pipe if any required feet

Ground surface elevation1991..... feet MSL

This Authorization Expires6-3-85.....

Approved By12-3-84 R.....

If OWWO: old well info as follows:

Operator

Well Name

Comp Date Old Total Depth

Projected Total Depth3500..... feet

Projected Formation at TDArbuckle.....

Expected Producing Formations

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

Date 11-27-84 Signature of Operator or Agent

Glenn M. Drotts

Title Operator

Form C-1 4/84

MHC/KOHE 12/3/84

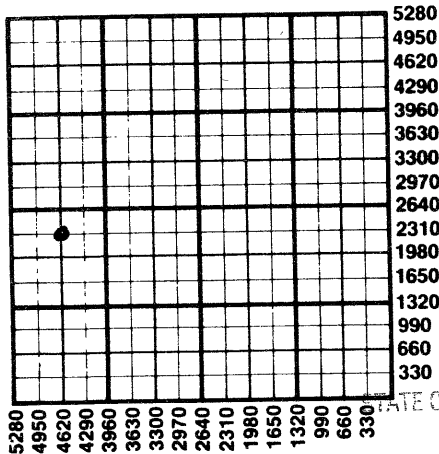
**Must be filed with the K.C.C. five (5) days prior to commencing well
This card void if drilling not started within six (6) months of date received by K.C.C.**

RECEIVED
STATE CORPORATION COMMISSION

Important procedures to follow:

DEC 03 1984

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



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.

CONSERVATION DIVISION
Wichita, Kansas

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STATE CORPORATION COMMISSION

NOV 28 1984

CONSERVATION DIVISION
Wichita, Kansas

11/28/84

State Corporation Commission of Kansas
Conservation Division
200 Colorado Derby Building
Wichita, Kansas 67202
(316) 263-3238