

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: Sept. 17, 1984
month day year

API Number 15- 121-26,342-00-00

OPERATOR: License # 7932

E $\frac{1}{2}$ NE $\frac{1}{4}$... Sec 17. Twp 17. S, Rge 22. East West
(location)

Name Bob Robert Smith

Address Rt. 1, Box 175

City/State/Zip Paola, Kansas 66071

Contact Person Robert Smith

Phone 1-913-294-5101

4715..... Ft North from Southeast Corner of Section

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

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

CONTRACTOR: License # 5682 Rig 305

Name Hughes Drilling Company

City/State Wellsville, Kansas 66092

Nearest lease or unit boundary line 465..... feet.

County Miami.....

Lease Name Hamlin..... Well# 7.....

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 type="checkbox"/> Infield	<input checked="" type="checkbox"/> Mud Rotary	
<input type="checkbox"/> Gas <input type="checkbox"/> Inj <input checked="" 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 feet

Lowest usable water formation feet

Depth to Bottom of usable water 2.00..... feet

Surface pipe by Alternate: 1 2

Surface pipe to be set 20..... feet

Conductor pipe if any required feet

Ground surface elevation feet MSL

This Authorization Expires 3-13-85.....

Approved By 9-13-84.....

If OWWO: old well info as follows:

Operator

Well Name

Comp Date Old Total Depth

Projected Total Depth 700..... feet

Projected Formation at TD #1 Squirrel.....

Expected Producing Formations #1 Squirrel.....

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

Date 9-9-84 Signature of Operator or Agent

Robert J. Smith

Title Owner-Operator

MHC/UDHE 9/13/84

Form C-1 4/84

