

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: ..... 6 ..... 26 ..... 1984 .....  
month day year 1/21

API Number 15- 059-23,596-00-00

**OPERATOR:** License # ..... 5666 .....  
Name ..... Finchs Drilling Co. ....  
Address ..... Route 2, Box 125 .....  
City/State/Zip ..... Ottawa, KS 66067 .....  
Contact Person ..... Gardner Finch .....  
Phone ..... (913) 878-3332 .....

..... SE Sec 34 Twp 15 S, Rge 21  East  
(location)  West  
..... 1485 Ft North from Southeast Corner of Section  
..... 1155 Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

**CONTRACTOR:** License # .....  
Name ..... Company Tools .....  
City/State .....

Nearest lease or unit boundary line ..... 165 ..... feet.  
County ..... Franklin .....  
Lease Name ..... Johnson ..... Well# ..... 22 .....

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

Domestic well within 330 feet:       yes       no  
Municipal well within one mile:       yes       no

If OWWO: old well info as follows:  
Operator .....  
Well Name .....  
Comp Date ..... Old Total Depth .....  
Projected Total Depth ..... 750 ..... feet  
Projected Formation at TD .....  
Expected Producing Formations .....

Depth to Bottom of fresh water ..... None ..... feet  
Lowest usable water formation .....  
Depth to Bottom of usable water ..... 200 ..... feet  
Surface pipe by Alternate:      1       2  .....  
Surface pipe to be set ..... 21 ..... feet  
Conductor pipe if any required ..... feet  
Ground surface elevation ..... feet MSL  
This Authorization Expires ..... 12-25-84 .....  
Approved By ..... 6-25-84 / [Signature] .....

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

Date ..... 6/25/84 .....  
Signature of Operator or Agent

Signature: *Luanne Corliss* Title: *As agent*  
*MHC/KONE 6-25-84*  
Form C-1 4/84

