

CARD MUST BE TYPED

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

CORRECTED INTENT
9-18-85 CARD MUST BE SIGNED

Starting Date:Sept. 20, 1985.....
month day year

API Number 15- 121-26,570 - 00 - 00

OPERATOR: License # 6293
Name Continental Exploration, Inc.
Address 7315 Frontage Rd., #110
City/State/Zip Shawnee Mission, KS. 66204
Contact Person Bill Moore
Phone 913-384-2234

NE SW SW Sec 29 Twp 17 S, Rge 22 East
(location) West

* 1,295 Ft North from Southeast Corner of Section
* 4,495 Ft West from Southeast Corner of Section
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 6142
Name Town Oil Company
City/State Paola, KS. 66071

Nearest lease or unit boundary line ***530 feet.
County Miami
Lease Name Feebeck #1 Well# 204

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:

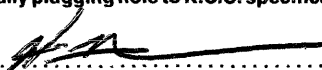
Depth to Bottom of fresh water45..... feet
Lowest usable water formation
Depth to Bottom of usable water200..... feet
Surface pipe by Alternate: 1 2
Surface pipe to be set20..... feet
Conductor pipe if any requiredNone..... feet
Ground surface elevation feet MSL
This Authorization Expires 12-20-85
Approved By 6-20-85

Operator
Well Name
Comp Date Old Total Depth
Projected Total Depth500..... feet
Projected Formation at TDWayside.....
Expected Producing Formations Wayside.....

*Was 1,055 ***Was 490
**Was 4,500

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

Date 9/16/85 Signature of Operator or Agent

 Title President

