

**CARD MUST BE SIGNED**

**Starting Date:** ..... 5 ..... 10 ..... 85 .....  
month day year

API Number 15- 059-23,901-00-00

**OPERATOR:** License # 9775  
 Name H. + D. Drilling Co.  
 Address 745 S. Cedar  
 City/State/Zip Ottawa, Ks. 66067  
 Contact Person Dan Stitt  
 Phone 913-242-2219

..NW.  $\frac{1}{4}$  ... Sec .1.. Twp .16 S, Rge 18.. ☒ East  
(location) ☐ West

...4615..... Ft North from Southeast Corner of Section  
 ...4025..... Ft West from Southeast Corner of Section  
 (Note: Locate well on Section Plat on reverse side)

**CONTRACTOR:** License # 9775  
Name H. + D. Drilling Co.  
City/State Ottawa, Ks. 66067

Nearest lease or unit boundary line .....665..... feet.

County ..... Franklin .....

Lease Name .....Norman Watts... Well# 0-2.....

**Domestic well within 330 feet :** ☐ yes ☒ no

**Municipal well within one mile :** ☐ yes ☒ no

<b>Well Drilled For:</b>	<b>Well Class:</b>	<b>Type Equipment:</b>
<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 type="checkbox"/> Pool Ext.	<input type="checkbox"/> Air Rotary
<input type="checkbox"/> OWWO <input type="checkbox"/> Expl	<input checked="" type="checkbox"/> Wildcat	<input type="checkbox"/> Cable

**If OWWO: old well info as follows:**

Operator .....

Well Name .....

**Comp Date** ..... **Old Total Depth** .....

**Projected Total Depth** ..... 900 ..... feet

Projected Formation at TD ..... Squirrel

Expected Producing Formations .....Squirrel.....

**Depth to Bottom of fresh water** ..... 85 ..... feet

Lowest usable water formation ... *Danville Group* ...

Depth to Bottom of usable water ..... 500 ..... feet

**Surface pipe by Alternate :**    1 ☐    2 ☒

**Surface pipe to be set** ..... 40 ..... **feet**

**Conductor pipe if any required .....** feet

**Ground surface elevation** ..... 1050 ..... **feet MSL**

**This Authorization Expires** ..... 11-6-85

Approved By ..... 5-11-85 *[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 2-7-85 Signature of Operator or Agent

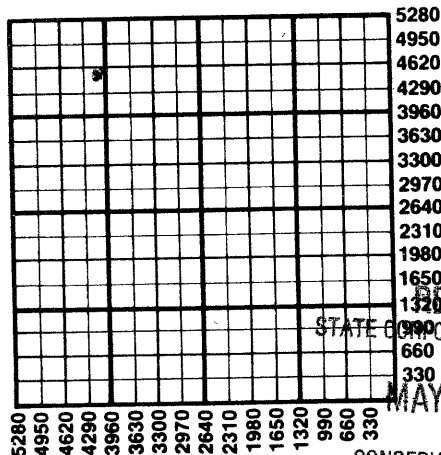
ns.  
v) Driller  
Title .....  
Form C-1 4/84  
MHC/KOHE 5-6-85

Form C-1 4/84

**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.**

**Important procedures to follow :**

**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.

RECEIVED  
STATE CORPORATION COMMISSION  
MAY 06 1985  
CONSERVATION DIVISION  
Wichita, Kansas

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

5-6-85