

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date:9-14-84.....
month day year 10.29

API Number 15- 121-26,345-00-00

OPERATOR: License #7060.....

.....NW/4. Sec .29. Twp 17. S, Rge 22. East
(location) West

NameNOXXE.....

AddressBox 127.....

City/State/ZipOttawa, KS....66067.....

Contact PersonJose Martinez.....

Phone913.242-1645.....

.....5115..... Ft North from Southeast Corner of Section
.....4455..... Ft West from Southeast Corner of Section
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License #

NameCompany Tools.....

City/State

Nearest lease or unit boundary line165..... feet.
CountyMiami.....
Lease NameHayes..... Well#12.....

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 water ...40.....165..... feet
Lowest usable water formationLansing Group.....
Depth to Bottom of usable water200..... feet
Surface pipe by Alternate: 1 2
Surface pipe to be set20..... feet
Conductor pipe if any required feet
Ground surface elevation feet MSL

If OWWO: old well info as follows:

Operator

Well Name

Comp Date Old Total Depth

Projected Total Depth450..... feet

Projected Formation at TD

Expected Producing Formations

This Authorization Expires 3-14-85
Approved By 8-14-84 [Signature]

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

Date9-14-84..... Signature of Operator or Agent

[Signature: David Hobbes]

Title As Agent

ma HC/KOHE 9/14/84

