

CARD MUST BE TYPED

State of Kansas

CARD MUST BE SIGNED

NOTICE OF INTENTION TO DRILL

(see rules on reverse side)

Starting Date 8 / 18 / 85
month day year

API Number 15— 121-26,633-00-00
X East

OPERATOR: License # 6142
Name Town Oil Co.
Address Rt. 4
City/State/Zip Paola, KS. 66071
Contact Person..... Lester Town
Phone 913 294-2125

..... NW Sec. 24 Twp. 17 S, Rg. 22 West
4980 Ft. from South Line of Section
4930 Ft. from East Line of Section

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

CONTRACTOR: License # COMPANY TOOLS
Name
City/State

Nearest lease or unit boundary line 300 feet
County..... Miami
Lease Name..... Doherty Well # CW 2

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

Ground surface elevation feet MSL
Domestic well within 330 feet: yes no
Municipal well within one mile: yes no
Surface pipe by Alternate: 1 2

If OWWO: old well info as follows:

Operator
Well Name
Comp Date Old Total Depth.....

Depth to bottom of fresh water... 140
Depth to bottom of usable water 300 200
Surface pipe planned to be set 20
Projected Total Depth 800 feet
Formation..... Bartlesville

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

Date .. 8-8-85 Signature of Operator or Agent Sanna Woodcock Title.. Agent

PC-H FORKONE

For KCC Use:

Conductor Pipe Required feet; Minimum Surface Pipe Required feet per Alt. 1 2

This Authorization Expires 2-13-86 Approved By [Signature] 8-13-85

