

CARD MUST BE TYPED

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

CORRECTION
CARD MUST BE SIGNED
7-25-84

Starting Date: *7* month *25* day *1984* year

API Number 15- *059-23,622-00-00*

OPERATOR: License # *5353*
Name *Don C. Bloomer*
Address *P.O. Box 40*
City/State/Zip *Rantoul, KS 66079*
Contact Person *Don C. Bloomer*
Phone *(913) 878-3497*

SE/4 SE/4 Sec 8 Twp 16 S, Rge 21 East West
(location)
820 Ft North from Southeast Corner of Section
825 Ft West from Southeast Corner of Section
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # *5353*
Name *Bloomer Well Service*
City/State *Same As Above*

Nearest lease or unit boundary line *165* feet.
County *Franklin*
Lease Name *Massengate* Well# *4*

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 *750* Old Total Depth
Projected Total Depth feet
Projected Formation at TD *Squirrel*
Expected Producing Formations

Depth to Bottom of fresh water *20* feet
Lowest usable water formation
Depth to Bottom of usable water *200* feet
Surface pipe by Alternate: *20* 2
Surface pipe to be set feet
Conductor pipe if any required feet
Ground surface elevation feet MSL
This Authorization Expires *1/19/85*
Approved By *7/19/84*

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

*was: 165 FSL
820 FEL*

Date *7/25/84* Signature of Operator or Agent

Luanne Corliss Title *as agent*

