| CARD MUST BE TYP | T.I. |
|------------------|------|
|------------------|------|

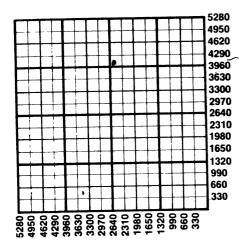
## NOTICE OF State of Kansas INTENTION TO DRILL (see rules on reverse side)

CARD MUST BE SIGNED

| Canada - Data                                     | 8 1                                   | 3 55                           | 15-059-13000  |
|---|---------------------------------------|--------------------------------|---|
| Starting Date:                                    | month day                             | year                           | API N 15-059-13,999-000                             |
|   |                                       | •••••                          | Sec Twp S, Rge    West                              |
|   |                                       | •••••                          | (location)  |
| AddressR.t.                                       | 4                                     |                                |   |
| City/State/Zip Paola, KS 66071                    |                                       |                                | 2600 Ft West from Southeast Corner of Section       |
| Contact Person Lester. Town                       |                                       |                                | (Note: Locate well on Section Plat on reverse side) |
| Phone 913-294-2125                                |                                       |                                | Nearest lease or unit boundary line 9 1275 feet.    |
| CONTRACTOR: License #6142.                        |                                       |                                | Franklin  |
| NameCOMPANY TOOLS                                 |                                       |                                | County Brown Well# 13                               |
| City/State  |                                       |                                | T) 11 13 1 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0     |
| Well Drilled For:                                 | Well Class:                           | Type Equipment:                | Domestic well within 330 feet :  □ yes  □ no        |
| X Oil □ Swd                                       | Weir Class.  X Infield                | Mud Rotary                     | Municipal well within one mile :   yes   no         |
|   |                                       |                                | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~               |
|   | Pool Ext.                             | Air Rotary                     | Depth to Bottom of fresh waterfeet                  |
| □ OWWO □ Expl                                     | ☐ Wildcat                             | ☐ Cable                        | Lowest usable water formation                       |
| If OWWO: old weil info as follows:                |                                       |                                | Depth to Bottom of usable water 300 200 feet        |
| Operator  |                                       |                                | Surface pipe by Alternate: 1 2 🛣                    |
| Well Name   |                                       |                                | Surface pipe to be set                              |
| Comp Date Old Total Depth                         |                                       |                                | Conductor pipe if any required 0                    |
| Projected Total Depthfeet                         |                                       |                                | Ground surface elevation                            |
| Projected Formation at TDBartlesville             |                                       |                                | This Authorization Expires 1-18-86                  |
| Expected Producing FormationsB.a.r.t.l.e.s.v.ille |                                       |                                | Approved By 7-18-85 Kg                              |
| certify that we will compl                        | y with K.S.A. 55-101, et :            | seq., plus eventually plugging | hole to K.C.C. specifications. DCH for KOHE         |
|   |                                       | 90                             | ATT   |
| ate 7-2-85  | . Signature of Operat                 | or or Agent                    | Clum Title Partner                                  |
|   | , , , , , , , , , , , , , , , , , , , | 3                              | 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.

A Regular Section of Land 1 Mile = 5,280 Ft.



7-18-85

SHATE SER HALL HOUSE MASSICA

STATE CORPORATION COMMISSIO Important procedures to follow:

- 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 40 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.

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