

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: .....8...6.....1984.....  
month day year 4:23

API Number 15- 059-23,629-00-00

OPERATOR: License # ..... 6084 .....

..... W/2 SE/4. Sec 27.. Twp . 16. S, Rge 21. . . .  
(location)  East  West

Name ..... McMullin Well Service .....

Address ..... Route 1, Box 192 .....

City/State/Zip ..... Wellsville, Ks 66092 .....

Contact Person ..... Doug McMullin .....

Phone ..... 913 883 4343 .....

..... 515 ..... Ft North from Southeast Corner of Section  
..... 1510 ..... Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # .....

Nearest lease or unit boundary line ..... 515 ..... feet.  
County ..... Franklin .....

Name ..... Company tools .....

Lease Name ..... Van Horn ..... Well# 7 .....

City/State .....

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                 |

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 ..... Old Total Depth .....

Projected Total Depth ..... 650 ..... 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 ..... 250 ..... feet

Surface pipe by Alternate : 1  2

Surface pipe to be set ..... 20 ..... feet

Conductor pipe if any required .....

Ground surface elevation .....

This Authorization Expires 2/3/85

Approved By 8/3/84 *[Signature]*

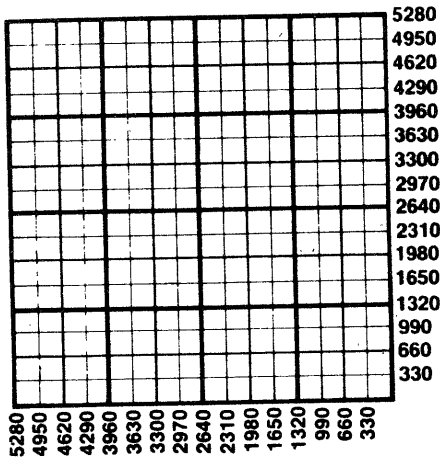
I certify that we will comply with K.S.A. 55-101, et seq., plus eventually plugging hole to K.C.C. specifications.

Date 7 8/3/84 Signature of Operator or Agent

*[Signature]* Title *As agent*

**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.**



**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 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.

83-84  
RECEIVED  
STATE CORPORATION COMMISSION

AUG 3 1984

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