

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: .....8.....23.....84.....  
month day year 10:35

API Number 15- 059-23,662-00-00

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

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

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

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

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

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

Phone ... 913.883.4343.....

.....200..... 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 # .....

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

City/State .....

Nearest lease or unit boundary line ..... 200 ..... feet.

County .. Franklin.....

Lease Name .. Van Horn..... Well# ..... 8.....

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 ..... 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 ..... feet

Ground surface elevation ..... feet MSL

This Authorization Expires ..... 2-22-85.....

Approved By ..... 8-22-84 [Signature].....

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 .....

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

Date ..... 8/23/84. Signature of Operator or Agent

[Signature]

Title

[Signature]

MHC WOH 8/22/84

