

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: ..... 11 19 84  
month day year

API Number 15- 059-23,776-0000

OPERATOR: License # 6715  
Name William J. Burns  
Address 9650 Chadwick  
City/State/Zip Overland Park, KS 66206  
Contact Person William Burns  
Phone 913.649.1312

N/2 NE/4 ... Sec .6. Twp .17. S, Rge .21.  
(location)  East  West

4130 ..... Ft North from Southeast Corner of Section  
660 ..... 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 170 ..... feet.  
County Franklin  
Lease Name Peckham Well# 13

Domestic well within 330 feet:  yes  no  
Municipal well within one mile:  yes  no

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

Depth to Bottom of fresh water none ..... feet  
Lowest usable water formation .....  
Depth to Bottom of usable water 200 ..... 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 5-19-85  
Approved By 11.7.84 [Signature]

If OWWO: old well info as follows:  
Operator  
Well Name  
Comp Date Old Total Depth  
Projected Total Depth 750 ..... feet  
Projected Formation at TD  
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 11/19/84 Signature of Operator or Agent [Signature] Title As agent

MHC/NOHE 11/19/84  
Form C-1 4/84

