

CARD MUST BE TYPED

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

Extended to: 7-25-86
~~1-23-86~~ CARD MUST BE SIGNED

Starting Date: 7 23 85
month day year

API Number 15-059-24,003-00-00
~~2970~~ ~~8630~~

OPERATOR: License # 6142
Name Town Oil Co.

~~SW~~ ^{SE} 2NW $\frac{1}{4}$ Sec 21 Twp 16 S, Rge 21 East West
(location)

Name
Address Rt. 4
City/State/Zip Paola, KS 66071
Contact Person Lester Town
Phone 913-294-2125

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

CONTRACTOR: License # 6142
Name Company Tools
City/State

Nearest lease or unit boundary line 330 feet.
County Franklin
Lease Name Winkleman Well# C-2

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 Old Total Depth
Projected Total Depth 600 feet
Projected Formation at TD Bartlesville
Expected Producing Formations Bartlesville

Depth to Bottom of fresh water 0 220 feet
Lowest usable water formation
Depth to Bottom of usable water 300 200 feet
Surface pipe by Alternate: 1 2 20
Surface pipe to be set None feet
Conductor pipe if any required None feet
Ground surface elevation feet MSL
This Authorization Expires 1-25-86
Approved By RCH 7-25-85

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

Date 7-10-85 Signature of Operator or Agent Dorinda Cornhart Title

Partner Agent
Form C-1 4/84

