

CARD MUST BE TYPED

State of Kansas

CARD MUST BE SIGNED

NOTICE OF INTENTION TO DRILL

(see rules on reverse side)

~~CORRECTION~~

~~CORRECTION~~
6-2-86

Starting Date ~~7-25-86~~ 6 3 86
month day year

API Number 15- 059-24,002 00-00

OPERATOR: License # 6142
Name Town Oil Co
Address Rt. 4
City/State/Zip Paola, KS 66071
Contact Person Lester Town
Phone 913-294-2125

X East
SW Sec. 21 Twp. 16 S, Rg. 21 West
2310 Ft. from South Line of Section
3630 Ft. from East Line 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

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

Lease Name Thomas Well # *BW-2
Ground surface elevation _____ feet MSL
Domestic well within 330 feet: —yes Xno

If OWWO: old well info as follows:
Operator _____
Well Name _____
Comp Date _____ Old Total Depth _____

Municipal well within one mile: —yes Xno
Depth to bottom of fresh water 20
Depth to bottom of usable water 200
Surface pipe by Alternate: 1 2X

I certify that well will comply with K.S.A. 55-101, et seq., plus eventually plugging hole to KCC specifications.
Date 5-27-86 Signature of Operator or Agent Donna Lambhart Title Partner

Surface pipe planned to be set 20
Conductor pipe required none
Projected Total Depth 600 feet
Formation Bartlesville

For KCC Use:
Conductor Pipe Required _____ feet; Minimum Surface Pipe Required _____ feet per Alt. 1 2
This Authorization Expires 7-25-86

Approved By Donna Lambhart Title Partner Agent

X was # C-1 Authorization extended to 7-25-86 on 1-23-86

