

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: ..... 9 ..... 21 ..... 84 .....  
month day year **3:00**

API Number 15- **059-23,734-00-00**

OPERATOR: License # ..... 5938 .....

..... NE ..... Sec 15 Twp 17 S, Rge 21 .....  
(location)  East  West

Name ..... C & M Drilling Co, .....

Address ..... Route 5 .....

City/State/Zip ..... Paola, Kansas 66071 .....

Contact Person ..... N.L. Cornelius .....

Phone ..... 913 294 5157 .....

..... 3300 ..... Ft North from Southeast Corner of Section  
..... 495 ..... Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # ..... 5938 .....

Name ..... C & M Drilling .....

City/State ..... Route 5 Paola, KS 66071 .....

Nearest lease or unit boundary line ..... 495 ..... feet.  
County ..... Franklin .....

Lease Name ..... Barrow ..... Well# ..... 10 .....

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 .....

Ground surface elevation ..... feet MSL

This Authorization Expires ..... **3-20-85** .....

Approved By ..... **9-20-84** *[Signature]* .....

If OWWO: old well info as follows:  
Operator .....  
Well Name .....  
Comp Date ..... Old Total Depth .....  
Projected Total Depth ..... 800 ..... 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 ..... 9-20-84 ..... Signature of Operator or Agent

*[Signature: Lexi Robly]*

Title ..... As agent .....

*[Signature: MHC/MORR 9/20/84]*  
Form C-1 4/84

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.

9-20-84

**Important procedures to follow:**

STATE RECEIVED  
REGION

**A Regular Section of Land  
1 Mile = 5,280 Ft.**

SEP 20 1984

																							5280
																							4950
																							4620
																							4290
																							3960
																							3630
																							3300
																							2970
																							2640
																							2310
																							1980
																							1650
																							1320
																							990
																							660
																							330

5280  
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3960  
3630  
3300  
2970  
2640  
2310  
1980  
1650  
1320  
990  
660  
330

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.

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