

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: ..... 11 10 85  
month day year

API Number 15- 059-24,097-00-00

OPERATOR: License # 6084  
Name McMullin Well Service  
Address Rt. 1, Box 192  
City/State/Zip Wellsville, Ks. 66092  
Contact Person Doug McMullin  
Phone 913 883-4343

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

1600 ..... Ft North from Southeast Corner of Section  
.175 ..... 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 ..... 175 ..... feet.  
County Franklin  
Lease Name Neff ..... Well# 23

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

Depth to Bottom of fresh water ..... 20 ..... 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 5-6-86  
Approved By 11-6-85

If OWWO: old well info as follows:  
Operator .....  
Well Name .....  
Comp Date ..... Old Total Depth .....  
Projected Total Depth ..... 600 ..... feet  
Projected Formation at TD ..... Sq. ....  
Expected Producing Formations ..... Sq. ....

*RCM/KRM*

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

Date 11-2-85 Signature of Operator or Agent Douglas McMullin Title operator

