

CARD MUST BE TYPED

State of Kansas

CARD MUST BE SIGNED

NOTICE OF INTENTION TO DRILL

(see rules on reverse side)

Nov. 27 1985

Starting Date ..... month day year

OPERATOR: License # ..... 9430
Name Cnt. Petro Resources Inc.
Address R.R. 2 Box 149
City/State/Zip Canton, Mo. 63435
Contact Person Steve Slater
Phone 316 625 2983

CONTRACTOR: License # ..... 9430
Name CMT Petro Resources Inc.
City/State Canton, Mo. 63435

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

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

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

Date Nov./7/85 Signature of Operator or Agent Steve Slater Title Supervisor

For KCC Use:
Conductor Pipe Required ..... feet; Minimum Surface Pipe Required ..... feet per Alt. 2
This Authorization Expires 5-12-86 Approved By 11-12-85 R

API Number 15- 207-25,418-00-00
SE NE SW East
Sec. 29 Twp. 23 S, Rg. 15 West
1520 Ft. from South Line of Section
2970 Ft. from East Line of Section

(Note: Locate well on Section Plat on reverse side)

Nearest lease or unit boundary line ..... 200 ..... feet
County Woodson
Lease Name Bowers Well # 1
Ground surface elevation ..... feet MSL
Domestic well within 330 feet: yes X no
Municipal well within one mile: yes X no
Surface pipe by Alternate: 1 2x
Depth to bottom of fresh water .....
Depth to bottom of usable water ..... 150
Surface pipe planned to be set ..... 40'
Projected Total Depth ..... 1550 ..... feet
Formation Mississippi

Handwritten signature/initials

