

State of Kansas

NOTICE OF INTENTION TO DRILL

Starting date 5 23 84  
 Month Day Year

Operator license # 7208  
 Operator Loraine Cleaver  
 name & Route 2  
 address Colony, KS 66015

Contact person Loraine Cleaver  
 Phone (316) 963-7700  
 Contractor license # 5687  
 Contractor Sun Drilling  
 name & Box 54  
 address Piqua, KS

Type equipment: rotary ☒ air \_\_\_\_\_ cable \_\_\_\_\_  
 Well drilled for: oil ☒ gas \_\_\_\_\_ SWD \_\_\_\_\_  
 Inj \_\_\_\_\_ OWWO \_\_\_\_\_  
 Well class: infield ☒ pool ext \_\_\_\_\_ wildcat \_\_\_\_\_

API Number 15 SE 30 23 17 East  
 \_\_\_\_\_, \_\_\_\_\_, Sec, Sec \_\_\_\_\_, T \_\_\_\_\_ S. R. \_\_\_\_\_ West

1880 ft. from ~~N~~ or S line of section  
2475 ft. from ~~W~~ or E line of section

Nearest lease or unit boundary line 165 feet  
 County Woodson

Lease name Homer German Well # 5  
 Surface pipe by alternate 1 \_\_\_\_\_ or 2 ☒  
 Domestic well within 330 ft. ☒ yes; Municipal well within one mile \_\_\_\_\_ yes  
 \_\_\_\_\_ ☒ no; \_\_\_\_\_ ☒ no

Depth of fresh water 20 feet  
 Lowest usable water formation \_\_\_\_\_  
 Depth to bottom of usable water 150 feet  
 Surface pipe to be set 40 feet **THIS PER.**  
 Conductor pipe if any required \_\_\_\_\_ feet  
 Ground surface elevation \_\_\_\_\_ feet MSL **NOV 22 1984**  
 Est. total depth 900 feet

**EXPIRES**

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

Date 5/22/84 Signature of operator or agent Luanne Corliss Title As Agent

Date received 5-22-84

To be filed with Kansas Corporation Commission

5 days prior to commencing well.

Card to be typed

MHC/UDNE 5-22-84

form C-1  
 4/83

RECEIVED  
STATE CORPORATION COMMISSION  
MAY 22 1984  
COMMUNICATIONS DIVISION  
Wichita, Kansas

5-22-84