

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: 11 19 84
month day year 3:30

API Number 15- 207-25,129-00-00

OPERATOR: License # 7208
Name Loraine Cleaver
Address Box 54
City/State/Zip Piqua, Ks. 66761
Contact Person Loraine Cleaver
Phone 316 468 2050

..... S/2 SW/4 Sec . 32 Twp . 23 S, Rge . 17. East
(location) West

..... 1195 Ft North from Southeast Corner of Section
..... 3450 Ft West from Southeast Corner of Section
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 6056
Name Black Diamond Drlg
City/State Same as above

Nearest lease or unit boundary line 1195 feet.
County Woodson
Lease Name Sullivan Bros Well# 6

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 150 feet
Depth to Bottom of usable water 150 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 5-16-85
Approved By 11-16-84 *R*

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

If OWWO: old well info as follows:
Operator
Well Name
Comp Date Old Total Depth
Projected Total Depth 1000 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 11/16/84 Signature of Operator or Agent *C. Robert* Title As agent

Form C-1 4/84
MHC/LOHE 11/16/84

