

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

API Number 15- 207-25,139-00-00

OPERATOR: License # 7208

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

Name Loraine Cleaver

Address Box 54

City/State/Zip Piqua, KS 66761

Contact Person Loraine Cleaver

Phone 316 468 2050

..... 485..... Ft North from Southeast Corner of Section

..... 379L..... 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 .485..... feet.

County Woodson

Lease Name ... Sullivan Bros Well# 21

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 20

Lowest usable water formation

Depth to Bottom of usable water 150

Surface pipe by Alternate : 1 2

Surface pipe to be set 20

Conductor pipe if any required

Ground surface elevation

This Authorization Expires 5-19-85

Approved By 11-19-84 *[Signature]*

If OWWO: old well info as follows:

Operator

Well Name

Comp Date Old Total Depth

Projected Total Depth 1000

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 11/19/84 Signature of Operator or Agent

[Signature]

Title As agent

MHC/NDHE 11/19/84

