

**CARD MUST BE SIGNED**

**Starting Date:** ..... 11 ..... 19 ..... 84 .....  
month day year

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

**CONTRACTOR:** License # ..... 6056  
 Name .. Black Diamond Drlg.....  
 City/State .. Same As Above .....

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

**API Number 15-**

NE SE SW

~~S. 1/4 SW 1/4~~  
(location)

Sec .32. Twp .23. S, Rge . 17. ☐ West

1195..... Ft North from Southeast Corner of Section  
 2768..... Ft West from Southeast Corner of Section  
 (Note: Locate well on Section Plat on reverse side)

Nearest lease or unit boundary line .....1195..... feet.

County Woodson

Lease Name ..... Sullivan Bros ..... Well# ..... 8 .....

**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 ... 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** ..... 5-16-83 D .....

Approved By ..... 11-16-84 *[Signature]*

**Title** ..... As agent .....

Form C-1 4/84

МНС/КОНЕ 11/16/84

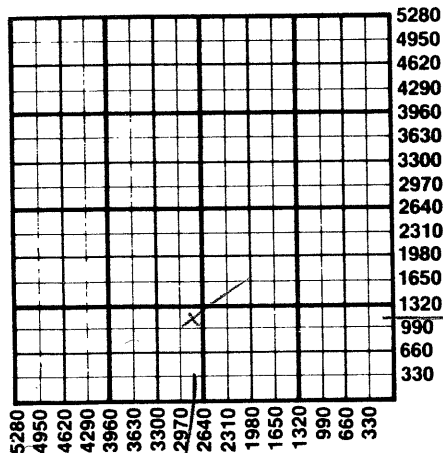
Must be filed with the K.C.C. five (5) days prior to commencing well  
This card void if drilling not started within six (6) months of date received by K.C.C.

6 1984

11-16-84

CONSERVATION DIVISION  
Wichita, Kansas

**A Regular Section of Land**  
**1 Mile = 5,280 Ft.**



**Important procedures to follow :**

1. Notify District office before setting surface casing.
2. Set surface casing by circulating cement to the top.
3. File completion forms ACO-1 with K.C.C. within 90 days of well completion, following instructions on ACO-1, side 1, and including copies of wireline logs.
4. Notify District office 48 hours prior to old well workover or re-entry.
5. Prior to plugging, prepare a plugging plan, then obtain agreement from the appropriate district office for an approved plugging plan.
6. Submit plugging report (CP-4) to K.C.C. after plugging is completed.
7. Obtain an approved injection docket number before disposing of salt water.
8. Notify K.C.C. within 10 days when injection commences or terminates.
9. If an alternate 2 completion, cement in the production pipe from below any usable water to surface within 120 days of spud date.

State Corporation Commission of Kansas  
Conservation Division  
200 Colorado Derby Building  
Wichita, Kansas 67202  
(316) 263-3238