

**CARD MUST BE SIGNED**

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

API Number 15- 207-25,134-00-00

**OPERATOR:** License # .....7208.....

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

Name .....Lorraine Cleaver.....

Address ..... Box 54 .....

City/State/Zip .....Piqua, KS...66761.....

**Contact Person** .....Lorraine Cleaver.....

**Phone** ..... 316.468.2050 .....

**CONTRACTOR:** License # .....6056.....

Name Black Diamond Drlg.....

City/State ..... Same as above .....

84.0..... Ft North from Southeast Corner of Section  
3109..... Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

Nearest lease or unit boundary line .....840..... feet.

County .....Woodson.....

Lease Name .....Sullivan Bros..... Well# .....15.....

**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..... 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** .....5-19-85.....

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 ..... **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 11/19/84 Signature of Operator or Agent

Title As agent

Form C-1 4/84

тнс/коне 11/9/24

STATE

RECEIVED

MISSION

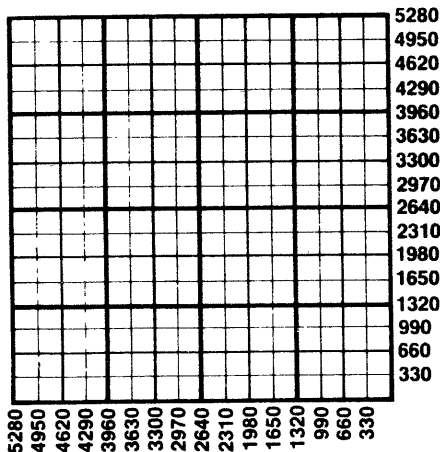
Must be filed with the K.C.C. five (5) days prior to commencing well  
This card void if drilling not started within six (6) months of date received by K.C.C.

NOV 19 1984

CONSERVATION DIVISION  
Wichita, Kansas

11-19-84

**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**