

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- 207-25,137-00-00

OPERATOR: License # 7208

.. S/2 SW/4 ... Sec 32 . Twp 23 . S, 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.....

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

.. 4475..... Ft West from Southeast Corner of Section

(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 6056

Nearest lease or unit boundary line 485..... feet.

Name Black Diamond, Drlg.....

County Woodson.....

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

Lease Name .. Sullivan Bros..... Well# 19.....

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

Ground surface elevation

This Authorization Expires 5-19-85.....

Approved By 11-19-84..... R

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

Roger R. Baker

Title As agent.....

MHC/WOHE 11/19/84

