

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: 5 23 1985
month day year 230

API Number 15- 001-27,347-00-00

OPERATOR: License # 7208
Name Loraine Cleaver
Address P.O. Box 54
City/State/Zip Piqua, KS 66761
Contact Person Loraine Cleaver
Phone (316) 468-2510

NE SE SE Sec 35 Twp 23 S, Rge 17 East
(location) West

990 Ft North from Southeast Corner of Section
165 Ft West from Southeast Corner of Section
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 5687
Name Sun Drilling
City/State Box 54, Piqua, KS 66761

Nearest lease or unit boundary line 165 feet.
County Allen
Lease Name Loraine Cleaver Well# 4

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

Domestic well within 330 feet: yes no
Municipal well within one mile: yes no

If OWWO: old well info as follows:
Operator
Well Name
Comp Date Old Total Depth
Projected Total Depth 1200 feet
Projected Formation at TD
Expected Producing Formations

Depth to Bottom of fresh water 30 feet
Lowest usable water formation
Depth to Bottom of usable water 150 feet
Surface pipe by Alternate: 1 2 20
Surface pipe to be set feet
Conductor pipe if any required feet
Ground surface elevation feet MSI
This Authorization Expires 11-23-85
Approved By 5-23-85 [Signature]

I certify that we will comply with K.S.A. 55-101, et seq., plus eventually plugging hole to K.C.C. specifications.

Date 5/23/85 Signature of Operator or Agent Susan Arnold Title As Agent

