

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: .....5-11-84.....  
month day year

API Number 15-207-24827-*Correction*  
*NEY4 0000 7-23-84*  
.....~~NW~~..... Sec .12 . Twp .24 S, Rge .16.  East  
 West

OPERATOR: License # .....6807.....  
Name .....Oil Drillers & Dev., Inc.....  
Address .....7939 S.W. 29th.....  
City/State/Zip .....Topeka, Kansas 6614.....  
Contact Person .....Dr. Jerry Feagan.....  
Phone .....913-354-9591.....

\* 4785 ..... Ft North from Southeast Corner of Section  
\* 1155 ..... Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # .....  
Name .....Company Tools.....  
City/State .....

Nearest lease or unit boundary line .....660..... feet.  
County .....Woodson.....

Lease Name .....Beck-Mason Farm..... Well# 5

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 .....46..... feet

Lowest usable water formation .....

Depth to Bottom of usable water .....150..... feet

Surface pipe by Alternate : 1  2

Surface pipe to be set .....40..... feet

Conductor pipe if any required .....

Ground surface elevation ..... feet MSL

This Authorization Expires *11/10/84*

Approved By *5-10-84*

If OWWO: old well info as follows:

Operator .....

Well Name .....

Comp Date ..... Old Total Depth .....

Projected Total Depth .....1350..... 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 *JUL 12 1984*

Signature of Operator or Agent

*Tom W. Stander*  
Tom W. Stander

*Agent*

*X WAS 3 NW/4 660FNL, 660FNL*

