

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date:6.....12.....1984.....
month day year

API Number 15- 121-26, 205-00-00

OPERATOR: License #8701.....

NE/4 30 17 22 East
..... (location) Sec Twp S, Rge West

Name ..Triple J. Production.....

Address ...Box 59.....

City/State/ZipRantoul, KS. 66079.....

Contact PersonJohn Herrick.....

Phone(913). 878-3495.....

3135 Ft North from Southeast Corner of Section
1815 Ft West from Southeast Corner of Section
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License #5682.....

Nearest lease or unit boundary line 825 feet.

CountyMiami.....

Name ...Hughes Drilling Co.....

Lease NameLowe..... Well# 7.....

City/StateWellsville, KS...66092.....

Domestic well within 330 feet : yes no

Municipal well within one mile : yes no

Well Drilled For: Well Class: Type Equipment:

- | | | | |
|---|-------------------------------|---|--|
| <input checked="" type="checkbox"/> Oil | <input type="checkbox"/> Swd | <input type="checkbox"/> Infield | <input checked="" type="checkbox"/> Mud Rotary |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Inj | <input checked="" type="checkbox"/> Pool Ext. | <input type="checkbox"/> Air Rotary |
| <input type="checkbox"/> OWWO | <input type="checkbox"/> Expl | <input type="checkbox"/> Wildcat | <input type="checkbox"/> Cable |

Depth to Bottom of fresh waterNone..... feet

Lowest usable water formation

Depth to Bottom of usable water200..... feet

Surface pipe by Alternate : 1 2

Surface pipe to be set20..... feet

Conductor pipe if any required

Ground surface elevation feet MSL

This Authorization Expires 12/6/84

Approved By 6/6/84 *[Signature]*

If OWWO: old well info as follows:

Operator

Well Name

Comp Date Old Total Depth

Projected Total Depth560..... 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 ..6/6/84..... Signature of Operator or Agent

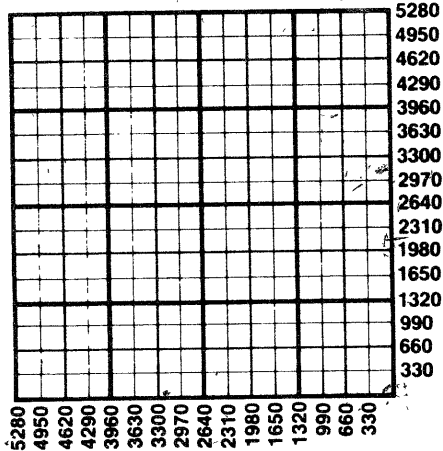
Luanne Corless Title *As agent*
MHC/KOHE 6-6-84

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.

RECEIVED
STATE CORPORATION COMMISSION

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

JUN 06 1984
CONSERVATION DIVISION
Wichita, Kansas



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