

CARD MUST BE TYPED

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

CORRECTION

COLLECTOR
CARD MUST BE SIGNED
6-884

Starting Date: 6 7 84
month day year

API Number 15- 001-26,876 *00-00*

OPERATOR: License # 6745
Name Donald Keys
Address Box 203
City/State/Zip Colony, KS. 66015
Contact Person Donald Keys
Phone 316.852-3376

..... NE. Sec .36. Twp 24. S, Rge .17. East
(location) West

.....2840... Ft North from Southeast Corner of Section
.....1000... Ft West from Southeast Corner of Section
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 6424
Name K-2 Enterprises
City/State Box 72, Piqua, KS. 66761

Nearest lease or unit boundary line200..... feet.
County Allen

*Lease Name Ling Well# 5A.....

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 NONE feet

Lowest usable water formation LIMESTONE feet

Depth to Bottom of usable water 150 feet

Surface pipe by Alternate : 1 2

Surface pipe to be set 120 feet

Conductor pipe if any required feet

Ground surface elevation feet MSL

This Authorization Expires

Approved By

If OWWO: old well info as follows:

Operator
Well Name
Comp Date Old Total Depth
Projected Total Depth 820 feet
Projected Formation at TD
Expected Producing Formations

Kwas Lang

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

Date 6/7/84 Signature of Operator or Agent

Jeanne Hicks Title *AS Agent*

