

CARD MUST BE TYPED

State of Kansas

CARD MUST BE SIGNED

### NOTICE OF INTENTION TO DRILL

(see rules on reverse side)

Starting Date ..... 1 22 1986  
month day year

API Number 15- 003-22, 725-00-00

OPERATOR: License # 7208  
Name Loraine Cleaver  
Address Box 54  
City/State/Zip Piqua, Kansas 66761  
Contact Person Loraine Cleaver  
Phone (316) 468-2050

app. NW NW SW Sec 22 Twp. 22 S, Rg. 19  
2475 Ft. from South Line of Section  
5115 Ft. from East Line of Section

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

CONTRACTOR: License # 5687  
Name Sun Drilling Co., Inc.  
City/State same as above

Nearest lease or unit boundary line 165 feet  
County Anderson  
Lease Name Tinsley Well # 1

Well Drilled For:	Well Class:	Type Equipment:
<input checked="" type="checkbox"/> Oil <input type="checkbox"/> SWD	<input checked="" type="checkbox"/> Infield	<input checked="" type="checkbox"/> Mud Rotary
<input type="checkbox"/> Gas <input type="checkbox"/> Inj	<input 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

Ground surface elevation ..... feet MSL  
Domestic well within 330 feet:       yes       no  
Municipal well within one mile:       yes       no  
Depth to bottom of fresh water 45  
Depth to bottom of usable water 125  
Surface pipe by Alternate:      1      2   
Surface pipe planned to be set 20  
Conductor pipe required  
Projected Total Depth 1000 feet  
Formation

If OWWO: old well info as follows:

Operator .....  
Well Name .....  
Comp Date ..... Old Total Depth .....

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

Date 1/21/86 Signature of Operator or Agent *Sherril Cochran* Title as agent

For KCC Use:

Conductor Pipe Required ..... feet; Minimum Surface Pipe Required ..... feet per Alt. *20*  
This Authorization Expires 7-21-86 Approved By *R* 1-21-86 *R*

