

**CARD MUST BE SIGNED**

**Starting Date:** ..... 6 ..... 26 ..... 1984 .....  
month day year

API Number 15- 207-24920-00-00

**OPERATOR:** License # .....6745.....

..... W/2 NE/4 Sec 15 Twp 25 S, Rge 17 ☒ East  
(location) ☐ West

Name .....Donald Keys.....

Address .....Box 203.....

City/State/Zip Colony, Ks 66015

**Contact Person** ..... Donald Keys

**Phone** ..... 316 862 3376 .....

**CONTRACTOR:** License # .....6424.....

Name .....K-2 Enterprises.....

City/State Piqua, KS 66761

..3255..... Ft North from Southeast Corner of Section  
 ..1155..... Ft West from Southeast Corner of Section  
 (Note: Locate well on Section Plat on reverse side)

Nearest lease or unit boundary line ..... 165 ..... feet.

County ..... Woodson

Lease Name ..... Massoth ..... Well# ..... 8 .....

**Domestic well within 330 feet :** ☐ yes ☒ no

**Municipal well within one mile :**    ☐ yes    ☐ no

**Depth to Bottom of fresh water** ... none ..... feet

**Lowest usable water formation** ..... 700 .....

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

**Surface pipe by Alternate :**      1 ☐      2 ☒

**Surface pipe to be set** .....20..... **feet**

**Conductor pipe if any required** ..... feet

**Ground surface elevation** ..... 986 ..... feet MSL

This Authorization Expires 12-25-89

Approved By 6-25-89 K

Well Drilled For: Well Class: Type Equipment:

☒ Oil      ☐ Swd      ☐ Infield      ☒ Mud Rotary☐ Gas    ☐ Inj    ☒ Pool Ext.    ☐ Air Rotary☐ **OWWO** ☐ **Expl** ☐ **Wildcat** ☐ **Cable**

**If OWWO: old well info as follows:**

Operator .....

Well Name .....

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

**Projected Total Depth** .....840..... feet

**Projected Formation at TD .....**Squirrel.....

**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 6/25/84 Signature of Operator or Agent \_\_\_\_\_

*Barkem*

**Title** Ch. 2

Form C-1 4/84

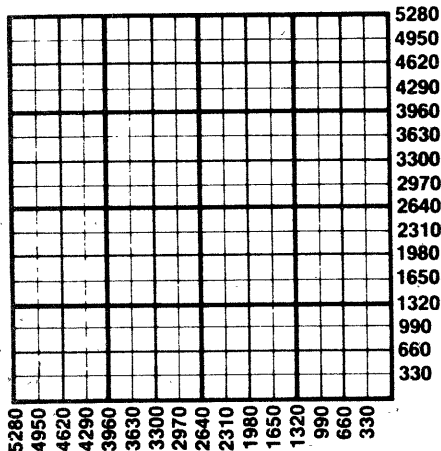
МНС/КОНЕ 6-25-84

RECEIVED  
STATE CORPORATION COMMISSION

JUN 25 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**