

CARD MUST BE TYPED

State of Kansas

CARD MUST BE SIGNED

NOTICE OF INTENTION TO DRILL

(see rules on reverse side)

Starting Date 9¹⁴ / 6 / 85
month day year

API Number 15— 107-22,733-00-00

OPERATOR: License # 5756
Name Triple I Energy Corp.
Address 6600 College Blvd. # 310
City/State/Zip Overland Park, KS 66211
Contact Person Lila Highfill
Phone 913-345-8000

app. NE NE NE Sec. 12 Twp. 22 S, Rg. 21
..... 4840 East
..... 440 West
..... Ft. from South Line of Section
..... Ft. from East Line of Section

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

CONTRACTOR: License #
Name Unknown
City/State

Nearest lease or unit boundary line 440 feet
County Linn
Lease Name Ball "A" Well # 41-W

Well Drilled For: Well Class: Type Equipment:
___ Oil ___ SWD ___ Infield ___ Mud Rotary
___ Gas ___ Inj ___ Pool Ext. ___ Air Rotary
___ OWWO ___ Expl ___ Wildcat ___ Cable

Ground surface elevation na feet MSL
Domestic well within 330 feet: ___ yes ___ no
Municipal well within one mile: ___ yes ___ no

If OWWO: old well info as follows:
Operator
Well Name
Comp Date Old Total Depth

Surface pipe by Alternate: 1 ___ 2 ___
Depth to bottom of fresh water 75
Depth to bottom of usable water 150
Surface pipe planned to be set 20
Projected Total Depth 900 feet
Formation Mississippian

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

REH for KANE

_____ cementing will be done immediately upon setting production casing
Date 9/6/85. Signature of Operator or Agent Susan Arnold Title As Agent

For KCC Use:
Conductor Pipe Required feet; Minimum Surface Pipe Required feet per Alt. 1 2
This Authorization Expires 3-9-86 Approved By 9-9-85 RE

