

CARD MUST BE TYPED

State of Kansas

CARD MUST BE SIGNED

NOTICE OF INTENTION TO DRILL

(see rules on reverse side)

Starting Date 9¹⁴ 85
month day year

API Number 15— 107-22,737-00-00

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. NW..NE..NE Sec..12. Twp..22. S, Rg.21.... East
..... 5250 Ft. from South Line of Section
..... 880 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 30 feet
County Linn
Lease Name Ball "A" Well # 47-W

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

Ground surface elevation n.a. feet MSL
Domestic well within 330 feet: ___ yes ___ no
Municipal well within one mile: ___ yes ___ no
Surface pipe by Alternate: 1 ___ 2 ___ ~~3~~
Depth to bottom of fresh water 7.5
Depth to bottom of usable water 15.0
Surface pipe planned to be set 20
Projected Total Depth 900 feet
Formation Mississippian

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.

_____ cementing will be done immediately upon setting production casing.

PCA for KOHF

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 ~~3~~
This Authorization Expires 3-9-86 Approved By 9-9-85 *R*

