

**CARD MUST BE SIGNED**

Starting Date: ..October 16, 1984.....  
month day year

API Number 15- 207-25,077-00.00

**OPERATOR:** License # 5983  
Name Victor J. Leis  
Address P.O. Box 223  
City/State/Zip Yates Center, KS 66783  
Contact Person Victor J. Leis  
Phone (316)-625-2106

..C. SE. . . . Sec .6. Twp 26. S, Rge 16. ☒ East  
☐ West  
(location)

CONTRACTOR: License # 5367  
Name Double L Drilling  
City/State Yates Center KS

**1,320 ..... Ft North from Southeast Corner of Section**  
**1,320 ..... Ft West from Southeast Corner of Section**  
 (Note: Locate well on Section Plat on reverse side)

Nearest lease or unit boundary line .....1,320..... feet.

County .....Woodson.....

**Lease Name** .....Martin..... **Well#** ..1.....

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

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

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

**Depth to Bottom of fresh water .....15..... feet**

**Lowest usable water formation** .....Unknown.....

Depth to Bottom of usable water ...~~150~~... 250... feet

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

**Surface pipe to be set** .....40..... **feet**

**Conductor pipe if any required** .....None..... feet

**Ground surface elevation .....Unknown..... feet MSL**

**This Authorization Expires** ..... 7-5-85 .....

Approved By ..... 10-584 K .....

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

Operator .....

Well Name .....

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

**Projected Total Depth** ..... 1,400 ..... feet

**Projected Formation at TD** ..... Unknown

<b>Expected Producing Formations</b>	Unknown
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**I certify that we will comply with K.S.A. 55-101, et seq., plus eventually plugging hole to K.C.C. specifications.**

Date 10-9-84 Signature of Operator or Agent Victor J. Lewis Title Numerical Operator

Form C-1 4/84

гитс/коне 10/5/24

RECEIVED  
STATE CORPORATION COMMISSION

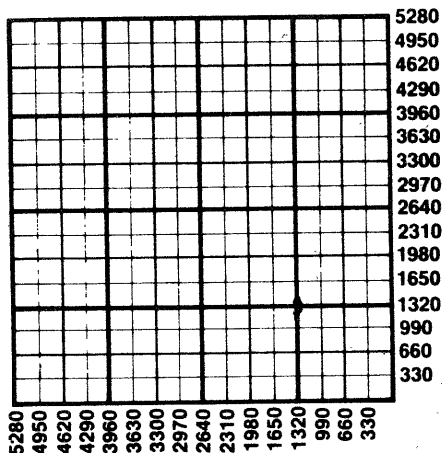
10-5-84

OCT 05 1984

**Important procedures to follow :**

CONSTITUTION DEPARTMENT  
Wichita, Kansas

**1 Mile = 5,280 Ft.**



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**